



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

## Issued by the Chief Inspector

Name of designated centre:	Cois Dara
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	25 October 2022
Centre ID:	OSV-0007698
Fieldwork ID:	MON-0028798

## About the designated centre

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

Cois Dara is a designated centre operated by Autism Initiatives Ireland Company Limited by Guarantee. It provides a community residential services to up to four adults with a disability. The centre comprises of a main house which can accommodate two residents and there are two attached individual apartments which each accommodate one resident. The main house consists of a kitchen, dining room, utility room, living room, two bedrooms, bathroom, staff bedroom and office. The first apartment contains a living room, bedroom, office, bathroom and kitchen. The second apartment comprises a kitchen/living room and a bedroom with an en suite. The centre is situated close to a suburban area of County Wicklow. The centre is staffed by a person in charge, senior social care workers, social care workers and support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 25 October 2022	09:15hrs to 17:00hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

The purpose of this inspection was to inform a registration renewal recommendation for this designated centre. During the inspection, the inspector visited the main house and the two adjoining sole occupancy apartments.

During the day, residents were coming and going from community activities such as going out for a walk and eating breakfast in a local cafe, a drive in the countryside, attending a literacy class and enjoying a game of bowling and quasar with their staff. The inspector briefly met with one resident during the morning, who had returned from a drive and had chosen to go back out again for another drive. The resident communicated non-verbally however, it was clear that the staff member understood the choice the resident was communicating.

Overall, residents were facilitated and encouraged to engage in their communities. While none of the residents were attending a day service, they enjoyed participating in different activities in their local community. For example, residents enjoyed dining out in local cafes and restaurants, bowling, going to the cinema, drives in the countryside, attending activities at a local hub run by the organisation and participating in education courses, such as literacy programmes.

In advance of the inspection, residents and their families were provided with the option of completing Health Information and Quality Authority (HIQA) questionnaires. Two questionnaire were completed advocating on behalf of the residents; one by a staff member and one by a family member .

Overall, the questionnaires noted that residents were satisfied with the quality of care and support provided to them. Residents were happy with the amount of choice they were provided around their daily lives and were happy that their right to privacy and dignity was promoted. Residents were content with their rooms and had been consulted in the décor of them so that they were in line with their likes and preferences.

In general, residents were happy with the activities they engaged in, both in their home and out in the community. The questionnaire noted that residents were able to express to their staff if they were unhappy about something. Some of the staff expressed on behalf of the residents, that relationship building with staff was important to some residents and that it could take a long time for the resident to form a good relationship with new staff. The questionnaire noted, that in line with multidisciplinary meetings, plans were in progress to support relationship-building support plans for residents.

During a walk-around of the centre the inspector observed numerous Halloween decorations outside the premises and in particular, inside and outside one resident's apartment. The inspector was informed by staff that the resident enjoyed the different festive seasons and in particular, enjoyed putting up decorations and

celebrating the festivities associated with each season. The inspector observed that the resident's apartment had been freshly painted inside with new furniture in their sitting room to support them better enjoy their hobbies and interests. For example a new consoles table and shelving unit had been purchased to support the resident's interest in computer activities.

The other apartment in the centre had also been freshly painted with new flooring recently laid in the resident's bedroom. The apartment was observed to be a homely and relaxing environment and included family photographs, pictures and memorabilia that was important to the resident. There were some improvements needed to the resident's en-suite however, plans were in place for them to be completed the day after the inspection.

In the main house, there was a large sitting room with dining area, a kitchen and across the hall, a relaxation and sensory room. The bathroom in the house required some upkeep and repair to the facilities however, quotes had been received for work on this area also.

There were two bedrooms in the main house, one of which was large and included an en-suite bathroom. The resident living in the main house was availing of the smaller bedroom and a bathroom close to it. The inspector was advised that consultations were in progress to assess if the larger bedroom with the en-suite would better meet the needs of the resident living in the main house.

There had been a significant reduction of restrictive practices in the main house and in particular, one of the most noticeable was the reduction in noise levels. For example, during an inspection in October 2021, there were several loud alarms activated throughout the day, which took away from a relaxed atmosphere. While there was an alarm system still in place, as part of a behaviour support plan, they were now in the form of a staff pacer. As a result, the noise of the alarm was not heard by resident. This saw the resident living in a quiet and relaxed environment, which was in line with their needs and preferences.

On speaking with some staff, the inspector was informed that they had received training in human rights. They informed the inspector that the training had enhanced their practice in providing care through a human rights based approach.

The keys to one resident's apartment were stored in a key coded box outside of their front door. The resident was happy for staff to use these keys to gain entry into their home to administer medication, or meet with the resident to choose and plan their days' activities. The inspector was informed that staff always knocked and waited for a response from the resident before entering. While the resident had expressed that they were happy for staff to come straight in, staff spoke with the resident about their right to privacy and the importance of choosing to give permission, if they were happy to let a person into their home.

Overall, as residents were primarily out for most of the day of the inspection, the inspector did not get to observe many interactions between staff and residents however, on speaking with staff about the residents, it was evident that they were aware of their needs, likes and preferences and the person-centred supports

required to meet them.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard. Overall, the inspector found that systems in place endeavoured to ensure residents were in receipt of safe and good quality care and support. There had been continuous improvements to the centre's premises, infection prevention and control measures and a reduction in restrictive practices however, some further improvements were needed. In addition, improvements were needed to ensure that there were adequate staff in place to ensure good quality care and support to residents at all times.

Both of these are discussed further in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

The registered provider and person in charge, were striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. Overall, the inspector found that the care and support provided to the residents was of good quality. On the day of the inspection, there was a clearly defined management structure in place. There was a new person in charge, supported by a person participating in management, who were knowledgeable of the needs of the residents living in the centre and the supports required to meet those needs.

The inspector found that since the last inspection, a number of improvements had been made which resulted in positive outcomes for residents, and in particular, continued improvements to a number of infection prevention and control systems in place and reductions in restrictive practices.

There had been some improvement to the staffing levels in the centre however, a number of vacancies remained to be filled. In addition, while there was a newly appointed person in charge in place in the centre, the previous person in charge had been absent since 25th of August 2022. The interim person in charge assigned to the role for three weeks during this period endeavoured to ensure the effective governance, operational management and administration of the designated centre however, overall, the arrangements in place, since the 25th of August, were not satisfactory and impacted on some of the systems in place.

Notwithstanding the above, the provider had completed an annual review of the quality and safety of care and support in the designated centre during January 2021 to January 2022 and there was evidence to demonstrate that the residents and their families were consulted about the review. In addition, unannounced visits of the

centre were taking place on a six monthly basis with the most recent review completed on 3rd of August 2022.

There were a variety of other audits being completed on a regular basis in the centre which endeavoured to ensure continuous quality improvements and positive outcomes for the residents living in the centre. For example, audits relating to residents' finance, medication and health and safety had also been completed by the provider and local management team.

A comprehensive visual inspection of the centre, was completed by the person participating in management in August 2022. There were a number of unannounced visits to the centre by the person participating in management to ensure residents' safety, health and wellbeing, with the most recent occurring in July 2022. These visits included a staff knowledge check, regarding safeguarding, infection prevention and control and restrictive practice.

In addition, peer-to-peer reviews were regularly completed by senior management who were not associated with this centre. These reviews were announced and were part of the organisation's quality assurance framework.

There was a staff roster in place which was maintained appropriately. The staff roster clearly identified staff roles and times worked each day.

While there were a number of staff vacancies in the designated centre, there was a core relief panel in place, including a number of redeployed staff employed to fill these vacancies. The provider was continuously running recruitment campaigns, such as recruitment days, to fill vacancies however, in the interim, staff vacancies were impacting on some of the systems in place that endeavoured to ensure that good quality and safe care was provided to residents.

The inspector met and spoke with two staff members on the day of the inspection. Staff demonstrated good understanding of the residents' needs and the supports in place to meet those needs. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The inspector reviewed a sample of staff folders and found that they included all of the Schedule 2 regulatory requirements.

The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. Overall, staff training was up to date however, some improvements were needed to ensure that all staff had been provided with refresher training in infection prevention and control.

## Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted



to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

### Regulation 14: Persons in charge

There was a new person in charge appointed on the day of the inspection. The appropriate notification had been submitted to HIQA. On the day of the inspection, the required associated documentation had not yet been submitted. However, the inspector was shown documentation that demonstrated that the person in charge held the appropriate qualifications for the role. Subsequent to the inspection, the required documentation was submitted and demonstrated that the person in charge had sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

On meeting and speaking with the person in charge on the day of the inspection, the inspector found that the person in charge was familiar with the residents' needs and was endeavouring to ensure that they were met in practice.

The inspector found that the person in charge, who had worked in the centre as a senior social care worker since July 2022, had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found that the centre was not sufficiently resourced to ensure the effective delivery of care and support at all times.

There were currently three staff vacancies in the centre, these vacancies included a team leader, a social care worker and a support worker.

The management were endeavouring to ensure continuity of care as much as possible through employing a core relief panel. At times, where relief staff were not available, senior management covered shifts on the roster. However, on review of the roster, the inspector found that a number of shifts had not been adequately covered during the month of September and part of October 2022.

Judgment: Not compliant

## Regulation 16: Training and staff development

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, managing behaviours that challenge including de-escalation techniques, fire safety, infection control, medication management and manual handling, for example.

Overall, senior management were endeavouring to ensure that staff training was kept up-to-date, including refresher training however, there were a number of staff due refresher training in infection prevention and control. (This has been addressed in Regulation 27).

Staff were provided with training relating to human rights to support them apply a human rights-based approach to their practice. For example, all staff had completed the Health Information and Quality Authority's (HIQA) e-learning course: *Applying a Human Rights-based Approach in Health and Social Care: putting national standards into practice*.

On speaking with two staff, the inspector was informed of a number of examples of how staff applied this training to their daily practice when supporting residents. For example, on considering residents' right to consultation and participation in their community, staff advised the inspector about the enhanced consultation process in place for residents. Residents were provided with additional consultation meetings in advance of their annual future planning meetings, where their planned community goals were discussed and chosen. The additional meetings endeavoured to ensure more meaningful participation of the resident.

Another example demonstrated how staff empowered residents to be aware of, and expect, the right to have their privacy respected at all times and in particular, when allowing staff and visitors into their home. (Further detail of these examples have been included in the *'What residents told us and what inspectors observed'* section of the report).

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

## Regulation 23: Governance and management

For the most part, the provider had satisfactory governance and management systems in place within the designated centre to monitor the safe delivery of care and support to residents.

The provider was endeavouring to ensure that the centre was adequately resourced however, on the day of the inspection there was a number of vacancies which was, at times, impacting on the quality of service delivery. The previous inspection had seen seven staff vacancies however, on the day of the inspection, this had reduced to three.

In addition, since August 2022, where the previous person in charge went absent and subsequently left the post, the provider had nominated the person participating in management to be responsible for the role of person in charge. While they were supported by two senior social care workers to carry out their duties as person in charge, they were also responsible for monitoring and overseeing a number of other designated centres, including covering shifts on the rota for this centre and for one other (due to staff vacancies).

Overall, the arrangements in place when there was no person in charge were not adequate and in turn impacted on some of the systems in place that ensured the effective governance, operational management and administration of the designated centre at all times. While an interim person in charge endeavoured to ensure systems were kept on schedule, such as team meetings and one to one supervision meetings (practice support meetings), not all meetings had taken place as frequently as planned. These gaps potentially impacted on the systems in place that provided support and shared learning regarding matters relating to the care and support provided to residents.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

## Regulation 31: Notification of incidents

Overall, incidents that occurred in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. The person in charge had submitted notifications regarding adverse incidents within the required three working days as set out in the regulations and had ensured that quarterly notifications were submitted as required.

Judgment: Compliant

## Quality and safety

The wellbeing and welfare of residents who lived in the centre was maintained by a good standard of evidence-based care and support. On speaking with the person in charge, person participating in management and staff, the inspector found that they were aware of the residents' needs and knowledgeable in the person-centred care and support practices required to meet those needs.

There had been a continued reduction in the use of restrictive practices which led to better outcomes for residents. In addition, there had been a number decorative upkeep and repairs made to some areas of the centre which was in line with residents' likes and preferences. While there had been significant improvements in the area of infection prevention and control since an inspection in October 2021, some further improvements were identified on this inspection and required action so that the centre was conducive to a safe and hygienic environment, at all times.

The management were endeavouring to ensure that the infection prevention and control measures were effective and efficiently managed to ensure the safety of residents. There were satisfactory contingency arrangements in place for the centre during should an outbreak of COVID-19 occur. Residents were provided with self-isolation plans which were person-centre in nature. There were policies and procedures in place relating to infection prevention and control that provided guidance to staff in preventing and minimising the occurrence of healthcare-associated infections. Overall, the inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

For the most part the designated centre appeared clean and tidy and in good state of decorative and structural repair. However, there were some upkeep and repair works needed to two separate toilet and shower facilities to ensure that they could be effectively cleaned and to mitigate the potential risk of the spread of infection.

There were cleaning schedules in place and, for the most part, there was evidence to demonstrate that staff were adhering to the schedules. There had been improvements made to the schedule, protocol and practice in place for cleaning a resident's bedroom and in particular, where the cleaning of soiled linen and soiled areas of the room were required. In addition, a new medical mattress, waterproof pillows and coverings were purchased to better support the infection prevention

control measures in place. However, a further review of the cleaning systems in place was needed. This was to ensure that a malodour, which was intermittently present in the room, was removed completely.

Each resident was provided with a personal plan which included an assessment of their health, personal and social care needs as well as the arrangements in place to meet those needs. The plans were regularly reviewed. Residents and, where appropriate their family members, were consulted in the planning and review process of their personal plans. Overall, the inspector found that residents' personal plans were found to be person-centred in nature and that the reviews of plans and in particular, preparation for the annual review of personal plans, were conducted in a manner that promoted meaningful participation of each resident.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and overall, were endeavouring to ensure that evidence-based specialist and therapeutic interventions were implemented appropriately. Staff who spoke with the inspector had a clear understanding of the supports and strategies in place to support residents during times of behaviours that challenged. In particular, where PRN medicine, (a medicine only taken as required), staff informed the inspector of the de-escalating strategies they used in advance of using therapeutic interventions. However, on review of a sample of behaviour support incident logs, the inspector found that improvements were needed to the way incidents were recorded to ensure they demonstrated that least restrictive practice was used at all times.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. All staff had received appropriate training in the safeguarding and protection of vulnerable adults. Staff who spoke with the inspector were familiar with reporting systems in place, should a safeguarding concern arise. The provider had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and fire-fighting equipment. These were all subject to regular checks and servicing with a fire specialist company. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions. These were being completed in a timely and efficient manner.

## Regulation 17: Premises

The inspector observed that overall, the physical environment of the house was clean and for the most part, in good structural repair. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe,

comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre.

Residents expressed themselves through their personalised living spaces. The residents were consulted in the décor of their rooms. There had been a number of decorative upkeep and repair works completed throughout the different living areas in the centre and in particular, to some of the residents' rooms. Where residents' rooms had been painted, or new furniture installed, the inspector was advised that the residents were consulted in the process and were part of the decision making. (Where some upkeep and repair work was required, these are addressed in Regulation 27).

Judgment: Compliant

### Regulation 27: Protection against infection

While the centre was observed to be clean and tidy and overall, had appropriate infection control measures in place in case of an outbreak of infectious disease, some improvements were needed.

On the morning of the inspection, the inspector found that there was a malodour in a resident's bedroom. While the room appeared clean, with a freshly changed bed linen, there remained a malodour and improvements required. The inspector was advised that this was identified during one of the weekly health and safety checks however, was not present during other weekly health and safety checks. Some staff who spoke with the inspector also mentioned that there were times when there was a malodour in the room.

The required upkeep and repair in the centre was primarily related to two shower rooms in the centre where disrepair to the shower bases including grime and lack of sealant was observed. On the day of the inspection, the management team showed the inspector quotes for the renovation and upgrade of three shower rooms in the house. While works were commencing on one of the resident's bathroom the day after the inspection, there were no commencement dates for the upkeep and repair work of the other two.

On the day of the inspection, not all staff had been provided with refresher training relating to infection prevention and control.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire safety checks took place regularly and were recorded appropriately. Fire drills were taking place at suitable intervals. The mobility and cognitive understanding residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were provided with personal plans which were regularly reviewed. On an annual basis residents, residents were provided with a future planning meeting (personal plan review meeting), where residents' families and multidisciplinary input were included.

On a monthly basis, residents were provided the opportunity to meet with their keyworker to engage in a consultation meeting about the progress of their chosen goals.

In addition, to promote residents right to meaningful participation and consultation, residents were provided with a number of preparation meetings leading up to their future planning meeting. At these meetings residents, with the support of their keyworker, teased out and researched, the new goals they might like to put forward at their annual personal plan review meeting. These meetings resulted in more meaningful participation for the residents at their annual future planning meeting and had the potential to lead to better informed decisions.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where appropriate, residents were provided with a positive behaviour support plan. The plans included strategies to guide staff manage residents' assessed support needs. Where a behavioural incident occurred, these were recorded in each resident's individual positive behaviour support incident log book. On review of a sample of residents' logs, the inspector found that some improvements were needed to the way incidents were recorded in the logs.

This was to ensure that the record included all strategies used in advance of using therapeutic interventions so that the record demonstrated that the least restrictive for the shortest amount of time was used.

For example, where residents were provided with PRN medicine, the protocol, risk assessment and behaviour support plans all provided guidance of when the PRN medicine should be administered. However, on review of a sample of incident log books, not all logs adequately documented what proactive strategies had been used in advance of administering the medication.

In addition, improvements were also needed to ensure that the language contained within the incident logs were appropriate, respectful and person centred, at all times.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents were provided with a safeguarding support plan which were included in their personal plans. In addition, and in line with the implementation of a safeguarding plan, easy to read safeguarding social stories were being put in place to better support residents understand how to protect themselves and keep safe in their home and in the community.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cois Dara OSV-0007698

Inspection ID: MON-0028798

Date of inspection: 25/10/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Current relief staff contracts are changing to part time and full time flexible contracts this will support the designated center vacancies as well as continuous improvement towards continuity of care</p> <p>The Designated Centre has a temporary rota in place for October and November that was implemented to promote continuity of care while new staff are trained in,</p> <p>Recruitment and retention remains a top priority for the organisation and regular HR/Operational meetings will continue to take place to review existing recruitment and retention strategies and continuously explore new strategies.</p> <p>Recent recruitment for the designated centre has resulted in one vacancy at offer stage and a second vacancy at interview stage</p> <p>Upon completion of the pay restoration process in 2023 the organisation plan to return to incremental pay increases to promote the retention of staff.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A yearly schedule of team meeting dates will be completed at the beginning of each year and displayed in service office.</p>	

A yearly schedule for practice supports will be completed at the beginning of each year and communicated to individuals.

Team meetings will move from 6 weekly to monthly and will be scheduled for the following 12 months at the beginning of the year and the provider unannounced audit tool will be updated to reflect and monitor this.

Individuals in deputy manager roles will be identified and supported to complete a manager qualification that meets the criteria for the role of person in charge to ensure there is a continuity plan in place for any absence of the PIC.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Ensuring mandatory training is up to date will be a key part of the criteria for incremental pay increases, this will be communicated during practice supports,

Staff team meeting scheduled in November to discuss the importance of mandatory training being refreshed as required and to explore the option of resident using alternative bedroom and the measures required to prevent further occurrences of odour.

Risk assessment specifically on malodour to be introduced in the centre to specifically outline measures in place to reduce and prevent,

Provider unannounced audit tool and weekly manager checklists to be updated to identify the presence of malodours in the designated centre and to identify actions to address if present.

A Staff training that is due refresher document will be displayed in the office for staff to identify training requirements and complete during the required timeframe.

The Operational team to review the three training modules on infection control to determine if there is an overlap and explore if this training could be effectively delivered over two modules,

Planned bathroom works to commence at earliest opportunity for the two outstanding bathrooms, external maintenance checklist now in place to identify priority rating of planned works.

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>PIC and/or Senior Social Care Workers will sign off on incident reports on a weekly basis to ensure that incidents are recorded professionally with an emphasis on language used and ensuring strategies implemented prior to implementation of restrictive practices are documented. PPIM will sign off on incident reports on a monthly basis, the provider unannounced inspection tool and the weekly manager checklist will be updated to reflect this.</p> <p>Where improvements are identified as required in report writing skills this will be discussed during staff practice supports and training will be provided to support improvement.</p> <p>Incident reports and the required documenting of proactive strategies used will be discussed during the next staff team meeting,</p> <p>Quarterly returns submitted to HIQA will now contain further detail on proactive strategies used prior to the implementation of restrictive practice.</p>	

## 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	Orange	01/03/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/03/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Substantially Compliant	Yellow	10/01/2023

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	10/01/2023
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	01/03/2023
Regulation 07(4)	The registered provider shall ensure that, where	Substantially Compliant	Yellow	18/01/2023

	restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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