



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

Issued by the Chief Inspector

Name of designated centre:	Ballylusk Cottage and Apartment
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	23 September 2021
Centre ID:	OSV-0001846
Fieldwork ID:	MON-0027868

About the designated centre

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

Ballylusk Cottage and Apartment designated centre provides respite and residential care for children with an intellectual disability. Up to four children can be provided respite care in the main property building at any one time. The centre also comprises of a stand-alone building referred to as an apartment. Pending completion of an application to vary registration, the apartment can provided residential services for one adult between the age of 18-25.

A number of residents availing of respite services in this centre require autism specific supports and also supports in the management of behaviours that challenge. A high staff to resident resource ratio is in place in this centre. The centre is resourced with two transport vehicles. The designated centre is managed by a full-time person in charge and a deputy manager also forms part of the operational management of the centre.

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 - 2015 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
Thursday 23 September 2021	09:30hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The provider of this designated centre has submitted an application to vary the registration to provide respite services for four children in one premises (the cottage) and an adult service for one resident in a separate premises (the apartment). The resident moved into the apartment in August 2021 and for the most part, was residing in the apartment for four nights a week while residing with their family for the remainder of the week.

During the afternoon, the inspector met with two of the young persons who were availing of the respite service in the cottage and afterwards met with the resident staying in the apartment. Engagements between the inspector and the residents in the two locations endeavoured to take place from a two metre distance and wearing the appropriate personal protective equipment (PPE) in adherence with national guidance.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using non-verbal communication, the inspector found that the staff clearly interpreted what was being communicated. At times staff engaged with the residents using specific communication aids such as pictures and reference items and it was obvious that the residents understood what was being relayed to them. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by some of the residents.

Overall, the inspector observed the cottage to be tidy. There were a number of collages on the walls of the hall of the cottage including photographs of residents engaging in activities through-out 2021. There were other similar group collages from previous years including individual collages which had been completed by residents with the support of their staff. There was a variety of accessible signage throughout the house to support residents with matters relating to safety, staffing on shift and meal choices.

A number of bedrooms and en-suite shower facilities in the cottage had been recently decorated with newly painted walls and in some cases, new furniture and new curtains. There was a large sensory room which included a bubble tube, mirrors, sensory lighting and an array of bean bags. On observing a resident use the room in the afternoon, the inspector saw that they appeared relaxed, comfortable and happy in their environment. The sitting room was large in size, as was the play room, and both provided lots of light through numerous large windows. In addition to the provision of en-suite facilities, there was a bathroom upstairs available for residents to use, if they so wished. There was a large garden out the front of the house that include age-appropriate facilities such as a trampoline, football goals and

a swing.

On the day of the inspection, the inspector observed that, overall, the cleanliness of the cottage required improving so that it ensured residents were enjoying a respite break in an environment that was appropriately cleaned, in good decorative repair and mitigated the risk of infection.

On a walk-around of the apartment section of the centre, the inspector found it to be clean and tidy and overall, in good structural and decorative and repair. There was a large garden space outside the apartment that was available for the resident to enjoy. The garden included a large net swing which the resident liked to spend a lot of time relaxing on. There were plans to provide a cover for the swing so that in times of bad weather the resident could still avail of this outdoor facility.

Residents were encouraged and supported around active decision making and social inclusion. Residents were supported to engage in house meetings through a variety of social stories and pictures. For example, residents were provided with social stories and pictures relating to meal choices, health related matters, personal hygiene matters, staying safe on transportation and the centre's fire evacuation drill.

The inspector found that the health and wellbeing of respite residents were promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. For example, on the day of the inspection, the inspector observed food in the fridges in the cottage and apartment which demonstrated a choice of healthy meal, beverage and snack options available to them. However, the inspector found that some improvements were needed to ensure that at all times residents' food was safely stored.

In summary, the inspector found that overall, the well-being and welfare of the residents availing of the service was maintained to a good standard. There was a person-centred culture within the designated centre and for the most part, the inspector found that there were systems in place to ensure the residents were in receipt of good quality care and support.

Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that the provider, person in charge and staff were striving to ensure that residents' choices and wishes were met.

However, a number of improvements to the cleanliness and upkeep of the cottage was needed including other safety matters which are addressed in the next two sections of the report. These sections present 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 service being delivered to each resident staying in the centre.

Capacity and capability

The inspector found that overall, a good quality service was being provided to residents who were availing of the centre's respite service for children and to the resident availing of the adult service. There was a clearly defined management structure in place. The service was led by a capable person in charge who was supported by a deputy children service manager. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The inspector found that since the last inspection, some improvements had been made which resulted in positive outcomes for residents availing of this service. However, to better ensure the safety of residents at all times, the inspector found that improvements were needed to some of the systems in place in the designated centre.

For the most part, governance and management systems in place endeavoured to ensure that residents received the delivery of a safe and quality service. There were clear lines of accountability at individual, team and organisational level and were aware of who they were accountable to. Provider audits, annual reviews and unannounced visits were taking place to ensure that service delivery was safe and that a good quality service was provided to residents.

In addition, the provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak, which was regularly reviewed. Furthermore, the provider had ensured there were adequate contingency plans, self-isolation plans and infection prevention control check lists in place during the current health pandemic.

There were local weekly, monthly and quarterly auditing systems in place to evaluate and improve the provision of service and to achieve better outcomes for residents availing of the service. However, to ensure local audits were effective at all times, the inspector found that a review of the systems in place to monitor the cleanliness of the centre was required. On the day of the inspection, the inspector observed some areas of the respite premises to be unclean, despite local audits reflecting they had been cleaned.

A new person in charge had commenced their role in the designated centre in May 2021. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and to meet its stated purpose, aims and objectives. The person in charge was familiar with residents' needs and endeavoured to ensure that they were met in practice. Since commencing their role, the person in charge had introduced a number of administrative improvements which enhanced the current systems in place. For example, using a colour coded system to upgrade and provide better clarity on the staff roster and improvements to the local auditing system by including additional sections for actions required and review of their progress. Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose.

Overall, there was sufficient numbers of staff with the necessary experience to meet

the needs of residents availing of the service. The inspector found that overall, there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. While there had been a number of staff newly recruited in the centre, there was a core team of staff who had worked in the centre for a number of years and were familiar to the residents, and of their needs and the supports required to meet those needs. Where relief staff had been required, the roster demonstrated that the same three staff were employed.

All new staff were provided with a robust induction which included information on the safety measures in place during the current health pandemic. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents staying in the centre.

There was a staff roster in place and overall, it was maintained appropriately including some recent improvements by the person in charge to enhance and provide better clarity of the location of staff on site. For the most part, the roster identified the times worked by each person however, an improvement was needed to the roster so that it clearly recorded when the person in charge and the deputy children's service manager was present on-site in the designated centre.

The person in charge and the deputy manager provided one to one supervision meetings to staff to support them perform their duties to the best of their ability. Staff who spoke with the inspector advised that they had found the meetings beneficial to their practice.

There was a training matrix in place for all staff working in the centre. Staff were provided with mandatory training in fire safety, managing behaviours that challenge, safe medicine practices and food hygiene but to mention a few. However, a number of staff had yet to complete training courses while a number of other staff were due refresher training courses. For the most part, staff had been provided training that was specific to the assessed needs of residents. However, as a high number of residents availing of the service were assessed as being on the autistic spectrum, improvements were warranted to ensure that staff were provided with training in this area to better support the needs of the residents.

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice.

Judgment: Compliant

Regulation 15: Staffing

Overall, there was sufficient numbers of staff with the necessary experience to meet the needs of residents availing of the services provided in the centre. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted.

Overall, the staff roster was maintained appropriately, however, an improvement was required so that the roster clearly recorded when the person in charge and the deputy children's service manager were present on-site in the designated centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with training in fire safety, managing behaviours that challenge, safe medicine practices and food hygiene but to mention a few. For the most part, staff training and refresher training was up-to-date and regularly reviewed and monitored. However, on the day of the inspection, the inspector found that not all staff had completed all of the centre's mandatory training courses and a small number staff had yet to complete refresher training courses.

Food Hygiene (3 staff), Manual handling (4 staff), Children's First (5 staff), Safeguarding (7 staff) Epilepsy (2 staff) Medicine management (1 staff).

For the most part, staff had been provided training that was specific to the assessed needs of residents, however, improvements were warranted to ensure that training relating to Autism was provided to all staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The designated centre's directory of residents was made available to the inspector when requested and included all the required information.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance and management systems in place endeavoured to ensure that residents received the delivery of a safe and quality service. The provider had completed an annual report in June 2021 of the quality and safety of care and support in the designated centre and this was made available to residents and their families. In addition, in April 2021 a six monthly review of the quality and safety of care and support provided to residents had been carried and included an action plan for the person in charge to follow up on.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to all residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had systems in place to record and follow up on incidents in the centre and to notify them to the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were provided with a service that endeavoured to ensure their well-being was maintained by a good standard of evidence-based care and support. The person in charge and staff team were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. The care and support provided to the residents was person-centred and promoted an inclusive environment where overall, each of the residents' needs, wishes and intrinsic value were taken into account. However, to better ensure the safety and welfare of residents at all times, some improvements were required to the quality and safety systems in the centre.

The inspector looked at a sample of personal plans and found that each respite

resident was provided with a personal plan which, for the most part, was continuously developed and reviewed in consultation with the resident, relevant keyworker, their parents and where required, allied health professionals. Where appropriate, respite residents were provided with an accessible format of their personal plan to ensure participation, consultation and understanding of their plan. Overall, the inspector found that residents' personal plans demonstrated that they were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected.

However, the inspector found that not all residents' personal plans had been reviewed and updated as required. On review of one plan, the inspector found that aspects of the review were not effective as it did not take into account all the changes in circumstances and new developments in the resident's life. For example, the resident's personal plan was not fully reflective of the care and support provided to the resident and in particular, regarding their transition from child to adult services including the new accommodation they were currently availing of. The inspector found that the events to date, to support the resident during their transition, had not been captured in the resident's personal plan under the 'significant events' section. As a result, the resident's personal plan, which is owned by the resident as a record of their care and support, did not sufficiently reflect all changes to ensure it remained valid and clearly identified all important changes in the resident's life.

In addition, the inspector found that further improvements were required to the plan to ensure that other sections relating to supports in place for the resident were updated. For example, the inspector observed the 'weekend review' section had not been updated to reflect the current single occupancy service the resident was in receipt of.

Notwithstanding the above, the resident had been provided with a transition plan of which they were consulted about. The plan was in an accessible format for the resident to better understand. The transition plan included steps leading up to the resident moving into their new accommodation including a time frame of goals to be achieved. The resident was also provided with a 'memory folder' which included an array of photographs showing different occasions and activities the resident had enjoyed throughout their time in the children's respite service.

The inspector found that residents were encouraged to eat a varied diet when they so wished and were always communicated about their meal and their food preferences. On observing the centre's fridges, freezers and food cupboards, the inspector saw that there was an adequate amount of food and drink which was wholesome, nutritious and offered choice at meal times. Residents had the choice to participate in the preparation, cooking and serving of their meals if they so wished. Mealtimes throughout the day were planned to fit around the needs of the residents staying in the centre.

For the most part, there was adequate provision for food to be stored in hygienic conditions however, to ensure that residents' food was safely stored at all times, improvements were required to ensure that opened food packages and containers in

the centre's three fridges were appropriately labelled and dated. Furthermore, improvements were required to the food safety checking systems in the apartment to ensure all food was safely prepared and stored and that this was effectively monitored.

The inspector found that the residents were protected by practices that promoted their safety. Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. Staff who spoke with the inspector understood their role in child and adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary.

Overall, the design and layout of the two premises in the designated centre ensured that residents 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 during their stay in both the cottage and apartment. Many rooms in the cottage had been freshly painted with new furniture in place and in some rooms, new flooring had been laid.

The inspector found that staff had completed specific training in relation to the prevention and control of COVID-19. There were satisfactory contingency arrangements in place for the centre during the current health pandemic including self-isolation plans for residents, an outbreak response plan and protocols on entering and leaving the centre, cleaning, travelling in the bus, but to mention a few. The inspector noted there was adequate supply of hand sanitizer, hand washing facilities and soap for staff and residents to use and there was ready access to an ample supply of PPE gear.

However, the inspector found that a review of the day to day infection prevention and control measures and systems in place was needed. This was to make sure that they were effective and efficiently managed and ensured the safety of residents at all times including mitigating the risk of infection. For example, the inspector observed areas of the respite service to be unclean with heavy layers of dust and cobwebs found in hallways and in an upstairs bathroom. There was chipped and peeling paint on the sensory room's timber radiator cover and on the walls of the laundry room, upstairs bathroom and sensory room.

There was a risk register in place in the centre and it was regularly reviewed. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. Overall, appropriate individual and location risk assessments were in place to ensure that safe care and support was provided to residents staying in the centre. The inspector observed a garden hose unravelled and spread across an external area out the back of the house which posed as a trip hazard. The inspector also observed an unlocked combination lock hanging on a garden gate which was part of a fire evacuation route. Although the lock was opened, there was a potential risk of the lock being unintentionally closed impacting on the safe evacuation of residents in the event of a fire. By the afternoon of the inspection, the person in

charge had removed the combination lock from the gate completely.

The inspector found that for the most part, there were satisfactory systems in place for the prevention and detection of fire. The majority of staff had received suitable training in fire prevention and emergency procedures. Fire fighting equipment and fire alarm systems were appropriately serviced and checked. There were adequate means of escape, including emergency lighting. Fire safety checks took place regularly and were recorded appropriately. Residents were provided with personal emergency evacuation plans, which ensured the mobility and cognitive understanding of residents was adequately accounted for. For the most part, fire drills were taking place at suitable intervals however, on review of the fire evacuation drills taking place in the apartment, the inspector found that the drills did not include all possible scenarios such as a night-time scenario where there were less staff on duty than during the day-time.

Regulation 17: Premises

Overall, the design and layout of the two premises in the designated centre ensured that residents could enjoy living in an accessible, safe, comfortable and homely environment. There were some improvements needed to the state of repair and upkeep of the premises however, these are addressed in Regulation 27.

Judgment: Compliant

Regulation 18: Food and nutrition

Overall, there was adequate provision for food to be stored in hygienic conditions however, to ensure that residents' food was safely stored at all times, improvements were required to ensure that opened food packages and containers in the centre's three fridges were appropriately labelled and dated. Furthermore, improvements were required to the food safety checking systems in the apartment to ensure all food was safely prepared and stored and that this was effectively monitored.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

For the most part, the inspector found that appropriate individual and location risk assessments were in place which endeavoured to ensure that safe care and support was provided to residents staying in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

A review of the day to day infection prevention and control measures in place was needed.

Areas of the respite service was unclean. There was heavy layers of dust and cobwebs found in the upstairs bathroom, and at the bottom of the main hall downstairs.

The windows in the sitting room and conservatory room were observed as unclean.

There was a number of hand and finger print markings observed on the mirrors in the sensory room either side of a sensory facility (bubble tube).

The sensory room radiator cover was chipped in areas and there was a large chip out of the wall beside the door in this same room.

Chipped and peeling paint, including a number of marks, were observed on the wall of the toilet in one of the laundry rooms and on the upstairs bathroom walls.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found that for the most part, there were satisfactory systems in place for the prevention and detection of fire.

Fire drills were taking place at regular intervals in the designated centre however, on review of the fire evacuation drills taking place in the apartment, the inspector found that the drills did not include all possible scenarios such as, a night-time scenario where there were less staff on duty than during the day-time.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector looked at a sample of personal plans and found that each resident availing of the service was provided with a personal plan, which, for the most part,

was continuously developed and reviewed.

However, not all plans were fully reflective of the care and support provided to residents. For example, the transition from child to adult services, including the provision of new single occupancy accommodation, had not been updated in a resident's personal plan.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the inspector found that the residents were protected by practices that promoted their safety. Staff treated residents with respect and personal care practices regarded residents' privacy and dignity. Staff who spoke with the inspector understood their role in child and adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary.

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 - 2015 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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ballylusk Cottage and Apartment OSV-0001846

Inspection ID: MON-0027868

Date of inspection: 23/09/2021

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. Monthly Planned rosters will include proposed rostered hours per location for the Person-In-Charge. Monthly planned rosters will include emergency contact protocol to ensure frontline HCW's have appropriate access to their line manager at all times. 2. Actual rosters will be updated weekly with details of the Person-In-Charge whereabouts if it differs from the proposed monthly Planned roster. <p>Time-scale;</p> <ol style="list-style-type: none"> 1. 26th November 2021 – Complete 2. 26th November 2021 – Complete 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. On the day of inspection Ballylusk Cottage & Apartment were 96% compliant in terms of mandatory / compulsory staff training requirements. Following inspection, the Person-In-Charge completed a full review of all training deficits, in line with the requirements of the center's Statement of Purpose, and appropriate steps were taken to address any gaps. Where deficits were identified, the relevant staff member has been booked to attend the next available training opportunity; <ol style="list-style-type: none"> a. Food Hygiene (3 staff due) - All staff to have completed by 30th November 2021 b. Manual Handling (4 staff due) – 2 staff completed by 13th November 2021. The 	

remaining 2 staff were unavailable to attend the course of 13th November and will be scheduled to complete at next arranged training date in Q1 2022; no later than 25th February 2022.

c. Children's First (5 staff due) – Training completed on 13th October 2021. 4 staff unavailable to attend as training date required to be changed at short notice. Remaining staff to complete at next scheduled training; scheduled for 14th December 2021. Please note that all staff member had completed the Children's First HSE online module on the day of inspection.

d. Safeguarding (7 staff due) – All staff to complete at next scheduled training on 23rd November 2021.

Please note that all staff member had completed the safeguarding HSE online module on the day of inspection.

e. Epilepsy (2 staff due) – Both staff scheduled to complete training on the 2nd December 2021.

f. Medication Management (1 staff due) – Staff booked on for 26-28th October but unable to attend due to illness. Staff will be rescheduled onto the next available training course in Q1 2022; no later than 31st March 2022.

2. Based on currently available training opportunities remaining in 2021, the deficits identified on the day of inspection in Ballylusk will be fully addressed by 31st March 2022. Where a staff member is unable to attend and / or the course does not proceed as scheduled, a further booking will be made for the next available training opportunity.

3. With respect to Autism specific training, 5 of the current staff team attended an Autism seminar in 2019. St Catherine's will explore the possibility of hosting a further Autism seminar in early 2022, but no later than 31st March 2022. All staff are fully qualified social care workers with the required skills and competencies to work with a broad range of intellectual disabilities.

4. As per the Ballylusk Cottage and Apartment Statement of Purpose, all staff training requirements are coordinated by the organisational Training Development Officer (TDO) & training records stored centrally. Regular communication between the PIC and TDO ensure staff members receive appropriate training in line with regulations 16. (1)(a). This ensures that all employees of St Catherine's have access to appropriate training, including refresher training, as part of a continuous professional development program.

Time-scale;

1. 31st March 2022
2. 31st March 2022
3. 31st March 2022
4. 23rd September 2021 - Complete

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

1. Following inspection, the Person-In-Charge completed a full review of existing food labelling protocols in the centre. While a majority of food is labelled appropriately, deficits in the labeling of bottles / jars of cooking sauces, etc. were evident. The Person-In-Charge has therefore revised current food labeling protocols to include all opened bottles / jars, and to ensure a consistent approach in both Ballylusk Cottage and Apartment implemented the revised protocol across the centre.
2. The Person-In-Charge / designate will ensure monitoring of labelling practices as part of on-going weekly in-house management audits. Where deficits arise, they will be addressed with the staff team directly through the next staff meeting forum.

Time-scale;

1. 1st October 2021 - Complete
2. 29th November 2021 – Complete

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

1. The Person-In-Charge will review and update, as necessary, existing cleaning protocols to ensure all areas of the centre are appropriately maintained; with particular focus on weekly dusting in all areas, daily removal of cobwebs, and monitoring for hand / finger marks on frequent touch items/areas (i.e. sensory room equipment) after use. For areas that are hard to reach, the Person-In-Charge will explore and implement alternative cleaning solutions.
2. Deficits to paintwork, noted in laundry room and upstairs bathroom, will be referred to the St Catherine's maintenance team for repair.
3. The Person-In-Charge will review and update local management audit practice to ensure on-going, appropriate monitoring of daily housekeeping.
4. The provider will review current six-monthly provider audit practices to ensure that an appropriate renewed emphasis is placed on the upkeep of the premises.

Time-scale;

1. 11th October 2021 – Complete
2. 30th November 2021
3. 4th September 2021 – Complete
4. 15th October 2021 - Complete

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Following the inspection, the Person-In-Charge arranged a night-time, walk-through fire drill in Ballylusk Apartment with night / sleepover staff. 2. As per the location's Statement of Purpose, monthly fire drills will continue to be conducted in the location; incl. two annual night-time drills to ensure all staff are familiar with fire evacuation procedures. A record of all fire drill, incl. those who participated, will be maintained in the Ballylusk Cottage and Apartment Fire & General Register. <p>Time-scale;</p> <ol style="list-style-type: none"> 1. 13th October 2021 – Complete 2. 23rd September 2021 - Complete 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. The Person-In-Charge tasked the relevant key-worker to update a resident's personal plan to take into account changes in circumstances pertaining to the residents recent transition from child to adult service within St Catherine's; incl. any relevant environmental changes. 2. The Person-In-Charge will continue to ensure that all personal plan are subject to a review, and that reviews are carried out annually or more frequently if there is a change in needs or circumstances. <p>Time-scale;</p> <ol style="list-style-type: none"> 1. 1st December 2021 2. 23rd September 2021 - Complete 	

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(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	26/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2022
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	29/11/2021

Regulation 18(2)(a)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	01/10/2021
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 control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/11/2021
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	13/10/2021
Regulation	The person in	Substantially	Yellow	01/12/2021

05(6)(d)	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.	Compliant		
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