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: | Ardmore |
| Name of provider: | St Michael's House |
| Address of centre: | Dublin 5 |
| Type of inspection: | Unannounced |
| Date of inspection: | 29 March 2022 |
| Centre ID: | OSV-0002353 |
| Fieldwork ID: | MON-0035214 |

## About the designated centre

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

Ardmore is a residential centre which is located in a North County Dublin suburb. The centre is operated by St. Michaels' House and caters for the needs of six male and female adults over the age of 18 years, who have an intellectual disability. The centre comprises one two-storey detached house which offers each resident their own bedroom, shared bathroom facilities, sitting rooms, a kitchen and dining area, utility and garden area. The centre is located close to public transport, shops and amenities. The centre is staffed with a team of social care workers and is managed by a person in charge who in turn reports to a senior manager.

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

| | |
|---|---|
| Number of residents on the date of inspection: | 5 |

## 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 29 March 2022 | 09:00hrs to 17:10hrs | Michael Muldowney | Lead |

## What residents told us and what inspectors observed

In line with public health guidance, the inspector wore appropriate personal protective equipment during the inspection and maintained physical distancing as much as possible during interactions with residents and staff.

The centre comprised a two-storey house located in Co. Dublin. The centre was in close proximity to many amenities and resources such as shops, cafés, and public transport links. Each resident had their own bedroom which were decorated to their tastes. There were two sitting rooms and a large kitchen dining area. The inspector found that the premises were not kept in a good state of repair, for example, painting was required throughout the house, and some furniture, flooring, skirting boards and walls were damaged. Parts of the house were not homely, for example, some of the doors and flooring were very different in aesthetic, and the bathrooms were not well maintained to be inviting spaces to use. The house was also found to be in a poor standard of cleanliness and infection prevention hazards and risks were found. The premises and infection prevention and control matters are discussed further under the quality and safety section of the report.

The inspector met all of the residents living in the centre during the inspection. Three of the residents chose to speak with the inspector together. They told the inspector that they liked living in the centre and were happy with the house and their bedrooms. The residents said they liked living together and all got on well. There was one resident temporarily living in the centre and the three residents said that they liked the new resident and enjoyed their company. The residents told the inspector that the staff working in the centre were very nice, helpful, and responding to any of their concerns or queries. The residents spoke about how they were supported with cooking and doing laundry, and also advised the inspector on the evacuation procedures. The residents attended day services and told the inspector about the activities that enjoyed, such as exercising, drama classes, and bowling. At the weekends, the residents said they liked to visit family, and go out for meals. The residents also told the inspector about their experiences of the COVID-19 pandemic and how they were supported and cared for during this time. The residents were familiar with aspects of hand hygiene, wearing face masks, and respiratory etiquette.

Another resident spoke to the inspector on their own. The resident told the inspector, that they loved living in the centre and got on well with their housemates. The resident was very complimentary about the care and support from staff and the person in charge. The resident attended a day service, but on the day of inspection was going to attend an appointment independently. The resident told the inspector that they enjoyed using their community and public transport independently. The inspector also briefly spoke to a resident who was temporarily living the centre while they own home was under renovation. The resident said that they were happy residing in the centre and liked their housemates.

The inspector observed interactions between staff and residents to be very cordial and respectful. It was clear that the staff including the person in charge and residents knew each other well, and that the residents were relaxed and comfortable with staff. The inspector also spoke to staff members during the inspection, and found them to be very knowledgeable on the needs of the residents, and spoke about them in a very person-centred and dignified manner.

Since the previous inspection in May 2021, there has been a significant reduction in the number of safeguarding concerns, and the staff and some of the residents told the inspector that the centre is now a quieter and more relaxed home.

From what the inspector was told and observed during the inspection, it appeared that the residents were happy living in the centre and with the care and support they received. However, the issues identified with the premises and infection prevention and control measures presented a risk to the safety and quality of service delivered to residents, and improvements were required in these areas.

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 for the the service provided to residents to be safe, consistent, monitored, and appropriate to their needs. However, improvements were required to these systems and associated arrangements to ensure that the service was effectively monitored and managed.

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 also responsible for another designated centre, however, informed the inspector that this did not impinge on their oversight and management of the centre. The person in charge had a strong understanding of the residents needs and associated supports, and was promoting the delivery of a person-centred service.

The person in charge was supported in their role by a programme manager and Director of Service. There had been a recent change of person participating in the management of the centre, however, the registered provider had failed to notify the Chief Inspector.

As part of the governance of the centre, the provider had prepared written policies and procedures. The policies were available in electronic and paper copies. The person in charge was ensuring that up-to-date paper copies of the policies were available in the centre to ensure that staff were following the current policies and

procedures. The inspector reviewed a sample of the provider's policies, such as the policies on the safeguarding of residents, provision of intimate care, risk management, and medication management. These policies were found to have been reviewed within three years' of approval.

The provider had also prepared a written statement of purpose. The statement of purpose was up-to-date, available to residents and their representatives, and met the requirements of Schedule 1. The inspector found two minor inaccuracies in the statement of purpose, and they were rectified by the person in charge.

The registered provider had implemented systems for the oversight and monitoring of the service. Unannounced inspections of the quality of care and support in the centre were carried out every six months, and areas for improvement were identified and actioned. The provider also carried out an annual review that included consultation with residents. The inspector found that the annual review required enhancement to be in line with the national standards. There was also monthly health and safety inspection checklists. However, the oversight and monitoring systems required enhancement. There had been no audit on the medication practices in the centre. There had also been no infection prevention and control or hygiene audits carried out, which was especially concerning due to the poor infection prevention and control findings outlined in this report. Furthermore, although the provider was aware of the issues with the premises, they had not adequately addressed the issues to ensure that the residents were living in a home that was maintained to an adequate standard.

The staff complement in the centre consisted of social care workers. The staffing arrangements at night had recently increased due to the needs of a resident temporarily residing in the centre. The person in charge was satisfied with the staff skill-mix, and it was found to be appropriate to the needs and number of residents. The person in charge maintained planned and actual rotas outlining the staff working in the centre.

As part of their professional development, and to support the provision of evidence based care, staff working in the centre completed a suite of training including training on fire safety, safeguarding of residents, medication administration, positive behaviour support, manual handling, and dysphagia. The person in charge maintained staff training records, and the records viewed by the inspector indicated that the training was up-to-date.

The inspector spoke with a staff member during the inspection. The staff member was knowledgeable on the needs of the residents, and described the quality of care and support provided to residents as being very high. The staff member advised the inspector on residents' care plans, and described how the plans are implemented by staff to ensure that residents' needs are met. The staff member told the inspector about the safeguarding arrangements in the centre, including the procedure for reporting safeguarding concerns. The staff member was happy with the level of support and supervision from the person in charge and felt confident in raising any concerns.

The person in charge provided staff with informal and formal supervision. The person in charge was mostly based in the centre enabling them to adequately supervise and support staff. When the person in charge was not on duty, staff reported to the programme manager, and to a nurse manager on-call outside of office hours. While there were arrangements for the formal supervision of staff, the records of these supervision sessions required enhancement to reflect that the sessions had taken place.

Staff also attended team meetings which further allowed them to raise any concerns. The inspector reviewed a sample of the team meetings. There were minutes of meetings from January and February 2022, and prior to those, September 2021. The recording and consistency of meetings could be enhanced to ensure that any concerns raised by staff were been recorded.

## Registration Regulation 7: Changes to information supplied for registration purposes

The registered provider had not notified the Office of the Chief Inspector in writing of the change of a person participating in the management of a designated centre.

Judgment: Not compliant

## Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff working in the centre was appropriate to the number and needs of the residents. There were no staff vacancies and residents were supported in a consistent manner. Staff were supporting residents in line with their needs, will and preferences.

The person in charge maintained a planned and actual staff rota, showing staff on duty during the day and night.

Judgment: Compliant

## Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their continuous professional development. Training programmes included training on fire safety, manual handling, safeguarding of residents, positive behaviour support, medication administration, hand hygiene, and dysphagia. The training records indicated that all staff training was up-to-date. Staff were observed

providing support to residents in a kind, professional, and respectful manner.

The person in charge was mostly based in the centre, and was providing good support and supervision to their staff team. There were also support arrangements for staff when the person in charge was not on duty. The staff spoken with were very complimentary of the support received by the person in charge. However, the arrangements for the recording of the formal supervision of staff required enhancement to reflect that supervision sessions had taken place.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The registered provider had ensured that there was a clearly defined management structure with identified lines of accountability and authority. The person in charge was full-time and based in the centre. The person in charge was temporarily managing another centre, however, did not feel that these extra responsibilities impacted on their management of this centre. The person in charge reported to a programme manager, who in turn reported to a Director of Service.

There were management systems in place to monitor and oversee the consistency, safety, and quality of care in the centre. The provider was completing annual reviews and unannounced audits on the safety and quality of care provided. The annual review and unannounced audits identified areas for improvement and corresponding actions were identified. The annual review required enhancement to be in line with the standards. Overall, the oversight arrangements required improvement, for example, there had been no audits conducted in relation to infection prevention and control, or medication administration. The findings of this inspection in relation to regulation 27 did not provide assurances that the oversight arrangements were effective. It was also found that the provider had not adequately addressed the premises issues to ensure that the residents were living in a home that was maintained to an adequate standard.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose in line with the requirements of Schedule 1. The statement of purpose was also in an easy-to-read format for residents to understand, and was readily available to them and their representatives.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The inspector reviewed a sample of the registered provider's written policies and procedures on the matters set out in Schedule 5. The policies and procedures were found to have been reviewed at intervals not exceeding three years.

Judgment: Compliant

## Quality and safety

Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Despite some of the poor findings outlined in the report, the inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received. It was also found that residents were supported by staff in line with their will and preferences, and there was a person centred approach to care and support. However, improvements were required to the service provided to residents, particularly in relation to the premises and infection precautions and measures, to ensure that the service was safe and of a good quality.

The centre consisted of a two-storey house in Co. Dublin. There were five residents living in the house and they each had their own bedrooms. There were two living rooms, large kitchen dining area, and bathrooms on both floors. There had been recent works in the house to improve a dampness problem, and some doors including the front door had been replaced. However, the premises were found to be in poor state of repair. Painting was needed throughout the house including the hallway, living areas, on doors, bathrooms and some bedrooms. Some property and furnishings were damaged such as skirting boards, flooring and furniture. Carpet on the stairs was very worn and the carpet in the staff room was stained. The flooring in the hallway and the doors clashed in appearance and did not provide a homely appearance. There had been a recent leak and the storage space under the stairs was inaccessible. A front sitting room was found to be untidy and uninviting to use due to the storage of unused furniture and black bags. A resident was using an electric bed, however, it was unclear why they required an electric bed and if the bed had been serviced.

The centre was also found to be in a poor state of cleanliness and there were inadequate infection prevention and control (IPC) measures. Due to the findings, the provider was required to submit an urgent compliance plan to address the urgent risks under regulation 27. The provider's response did provide assurance that the risks were being adequately addressed. The cleaning arrangements and regimes

were found to be ineffective. For example, some furniture and areas of the house were dirty, mould was observed in some areas, and the arrangements for cleaning of shared equipment required enhancement. There were also poor infection measure control practices and controls, such as inappropriate storage of prescribed creams, poor storage and availability of cleaning equipment, and inappropriate drying of clothes. The inspector spoke with staff, and found that staff required further guidance on matters such as management of soiled laundry and bodily fluids. Infection related risk assessments were also found to require review.

The COVID-19 precautions reviewed during the inspection required improvement. Although, there had been a COVID-19 outbreak in the centre, there was no COVID-19 contingency plan, and the COVID-19 self-assessment tool and related risk assessments were overdue review. There were also gaps in the recording of COVID-19 symptom checks. A COVID-19 folder for staff to refer to contained old information. However, there was up-to-date guidance on the provider's website for staff to access. The provider had also established infection prevention and control supports such as IPC specialists and an outbreak team, and there were adequate arrangements for access to personal protective equipment. Resident had also been supported during the COVID-19 pandemic with education and easy-to-read information.

The fire safety management systems in the centre were not adequate. There was fire detection, fighting and prevention equipment such as extinguishers, alarms, and lighting. The equipment was serviced and staff were also completing daily fire checks. However, the fire containment measures required enhancement as some of the fire doors did not have self-closing devices.

The rear exit doors had recently been changed and were key operated. However, the inspector found that the keys in the break glass units beside the doors had not been changed and could not open the doors which impinged on a prompt and safe evacuation during a fire. The inspector requested the person in charge to address this matter before the inspection concluded. The person in charge required a smaller hammer to break the glass. The glass broke into shards of glass which obstructed access to the key. The person in charge contacted the maintenance department to properly replace the units.

The person in charge had prepared fire evacuation plans to be followed in the event of a fire, and there were regular fire drills to test the evacuation plans. Staff working in the centre had also completed fire safety training.

The centred was last inspected in May 2021, and regulation 8 was found to be not compliant. Since then, the compatibility of residents has greatly improved and there has been a significant reduction in the number of safeguarding incidents. The inspector found that safeguarding concerns were been reported and managed appropriately. Safeguarding plans were developed where required and staff spoken with were able to describe how plans were implemented. Some residents also told the inspector that their home was quieter and a nicer place to live since the compatibility issues had been resolved.

Individualised assessments of residents needs were undertaken which informed the development of personal plans. The inspector reviewed a sample of the residents' assessments and personal plans. The assessments were comprehensive, however, it was found that the assessment of need for one resident had not been reviewed annually. Falls assessments for some residents also required review. Personal plans were in place for residents outlining the associated interventions to meet their needs. The inspector found that some of the plans required update to ensure that they accurately reflected all current interventions required by residents. The review and updating of social goals also required enhancement to demonstrate that residents were fully supported in this area.

Positive behaviour support plans were developed for residents where required. The plans were up-to-date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern. There were no restrictive practices implemented in the centre, and the inspector observed residents to have free access to their environment.

## Regulation 17: Premises

The inspector found that the centre had not been not maintained in good state of repair and upkeep:

- Painting was needed throughout the centre.
- The kitchen cupboards were damaged and there was a hole in the wall.
- Skirting boards were stained damaged in places.
- The carpets on the stairs and in the staff room needed to be replaced.
- The flooring in the hallway and doors differed in style and colour and were not aesthetically pleasing.
- The main bathrooms were not maintained or decorated to be inviting spaces to use.

There had been a recent leak in the centre, and the storage space under the stairs was no longer accessible. Old furniture and plastic bags were stored in a living room which impacted on residents using it.

The inspector observed that one resident was using an electric bed. The need for the bed over a regular bed was unclear, and it was not clear if it had been serviced.

Judgment: Not compliant

## Regulation 27: Protection against infection

The inspector found that the registered provider had not implemented effective

measures to protect residents against the risk of infection. The inspector found the house to be a poor state of cleanliness and repair which presented infection hazards and risks, for example:

- Sofas in the front living room were stained and dirty, and the fabric on one was frayed which impinged on how effectively it could be cleaned.
- The kitchen cabinets and drawers were chipped and damaged in places, and could not be effectively cleaned. The insides of some kitchen presses and a kitchen shelf were visibly dirty.
- In the dining room, the window frames and floors needed to be cleaned.
- High dusting and clearing of cobwebs was required throughout the house.
- A support chair used by a resident in the dining area was dirty, however, the inspector requested that it was cleaned before the inspection concluded.
- In the downstairs bathroom, there was a thick layer on dust on residents' personal cleaning products. The shower chair used by residents did not appear to have been cleaned after use as there was soap and powder residue. There was also rust on a shower hose and storage rack, and mould was present in the shower and around the window.
- In the upstairs bathroom, the floor and shower required deep cleaning, and there was mould on the tiles.
- Dirt was ingrained on the banisters and the window on the landing was dirty.
- Both bathroom vents were dirty.
- Presses in utility room required cleaning.
- Window frames in bedrooms required cleaning, particularly in one bedroom where there was mould on the wall, ceiling, and window blind (this bedroom was not been used on the day of inspection).

Other infection risks found during the inspection, included:

- Hand sanitising facilities were not readily available throughout the centre.
- Cleaning equipment was inappropriately stored outside of the house, and there was insufficient supply of some cleaning equipment such as mop heads and colour coded clothes.
- Clothes were drying on radiators by the dining room table and in a bathroom presenting a risk of infection cross contamination.
- Inappropriate storage of medical creams that further presented a risk of infection cross contamination, for example, medical creams were found to be stored in a cup with toothbrushes and toothpaste, and in a shower rack.
- Staff required further guidance on the management of infection risks such as soiled laundry and for cleaning the washing machine.

In addition to the above, the documentation of infection prevention measures required improvement. The cleaning schedules required enhancement to ensure that the house was effectively cleaned. Infection related (including COVID-19) risk assessments were found to be overdue review. The centre had experienced a COVID-19 outbreak, however, there was no contingency plan for COVID-19, and COVID-19 self-assessment tools had not been updated. There were also gaps in the recording of COVID-19 checks.

Under this regulation the provider was required to submit an urgent compliance plan to address the risks found. The provider's response did provide assurance that the risks were being adequately addressed.

Judgment: Not compliant

## Regulation 28: Fire precautions

The registered provider had implemented fire safety management systems, however, improvements in order for the systems to be effective. The fire safety risk assessment was found to be overdue review. There was fire detection, prevention, and fighting equipment in the centre, such as extinguishers, alarms, and emergency lighting. The equipment was up-to-date with its servicing, and staff were also completing daily fire safety checks. However, it was found that some of the fire doors required self-closing devices. In addition, the new rear exit doors were key operated, however, the break glass units beside the doors contained old keys. This presented a risk to prompt evacuation of persons during a fire. The person in charge sought guidance from a relevant person within the service on changing the keys, and was advised to break the glass and replace the keys. The person in charge required a small hammer to break the unit, and the glass remained in shards that obstructed access to the key. The person in charge then sought support from the maintenance department to safely replace the keys.

The person in charge had prepared written evacuation procedures and personal evacuation plans to be followed in the event of a fire. The plans had been recently reviewed and were available to staff. There was regular fire drills, including drills with the least amount of staff on duty and all residents present to demonstrate that the residents could be safely evacuated. The registered provider has ensured that staff working in the centre completed fire safety training.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had ensured that individualised assessments of residents' needs were undertaken and corresponding personal plans were developed. The inspector reviewed a sample of the residents' assessments and personal plans. The assessments were comprehensive, however, it was found that the assessment of need for one resident had not been reviewed annually. Falls assessments for some residents also required review. Personal plans were in place for residents, however, the inspector found that some of the plans required update to ensure that they accurately reflected all current interventions required by residents. The review and updating of social goals also required enhancement to demonstrate that residents

were fully supported in this area.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The person in charge had ensured that staff had knowledge and skills to appropriately respond to behaviours of concern from residents. Staff completed positive behaviour support training to support their effective delivery of care. Positive behaviour support plans were developed where required and were available for staff to follow.

There were no restrictive interventions implemented in the centre.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had implemented procedures, underpinned by a comprehensive policy, to protect residents from abuse. Safeguarding concerns were reported and plans were developed where required. The person in charge had ensured that staff completed safeguarding training to detect and response to safeguarding concerns, and staff spoken with understood the safeguarding procedures and plans.

Since the last inspection of the centre in May 2021, the compatibility of the residents had improved. This has resulted in a significant reduction in the number of safeguarding incidents and improved the residents lived experience in the centre.

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** | |
| Registration Regulation 7: Changes to information supplied for registration purposes | Not compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Not compliant |
| Regulation 27: Protection against infection | Not compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Ardmore OSV-0002353

## Inspection ID: MON-0035214

## Date of inspection: 29/03/2022

**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** |
|---|---|
| Registration Regulation 7: Changes to information supplied for registration purposes | Not Compliant |
| Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes:<br>Going forward the Provider will notify the office of chief Inspector of any changes to the Person Participating in Management of the designated centre in a timely manner. | |
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>· The Person in Charge will ensure each staff has recieved a formal supervision/support meeing by the (15/06/2022).<br>· The Person in Charge will conduct formal supervision/support meetings every 3 months going forward,<br>· A record of each meeting with be kept in the designated centre.<br>· The Person in Charge will develop an audit tool to record all staff supervision/Support meeting (15/06/2022) | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>· The Annual review template will be reviewed to ensure it is in line with national standards<br>· Infection Prevention Control audit completed 30/04/2022. The Person in Charge will complete Infection Prevention Control Audits going forward in a timely manner.<br>· An audit of medication management has been completed on 27/04/2022 and will be completed quarterly. | |

| | |
|---|---|
| Regulation 17: Premises | Not Compliant |

Outline how you are going to come into compliance with Regulation 17: Premises:
· Director of estates and maintenance manager visited the designated centre on 31.03.2022 to assess outstanding works.
· Action Plan to be developed to address all of maintenance work required by 30/6/2022
· The SMH Housing Association will replace floors as an interim measure (30/06/2022)
· The Person in Charge removed the old furniture and declutered the designated centre. All residents have access to the living room. (30/03/2022)
· The provider's bed specialist, carried out an assessment for one resident who has a medical condition. The bed in place was sourced for this resident to met their needs. The Person in Charge has requested an service to be carried out on the bed (15/05/2022) The bed will be serviced annaully.

| | |
|---|---|
| Regulation 27: Protection against infection | Not Compliant |

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
As per the urgent compliance plan

· Deep clean was completed in the designated centre. (31/03/2022)
· Designated Centre is currently awaiting renovation to premises, site visit conducted by Director of estates and acting Director of technical services on the 31/03/20220. Costing approved for new flooring in hallway and stairs as an interim measure(completion date 30/06/2022) until full renovation works can proceed
· Cleaning Schedule reviewed and discussed at staff meeting (01/04/2022)
· Contingency plan reviewed and in place within IPC folder
IPC folder in place which contains up-to date information. (31/03/2022).
· Safety storage of medication was discussed at staff meeting (31/03/2022)
· Hand sanitisers wall units positioned throughout the Designated Centre. (07/04/2022)
· Discussed practise at staff meeting on 31/03/2022 and identified an area for clothes horse to be in situ when drying required.
· Mops and buckets stored in outdoor storage box. Replacement mop heads purchased. 31/03/2022
· HIQA self-assessment completed by Service Manager on the 30/04/2022, monthly IPC audit completed 30/04/2022.
· SMH Environmental Hygiene & Cleaning Policy & Guidelines have been updated to guide good practice's.

| | |
|---|---|
| Regulation 28: Fire precautions | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
· Fire Safety Risk assessment was reviewed. This Document is available for review in the Designated Centre. (30/03/2022)
· All the dooors in the Designated Centre have been fitted with Self- closing devices (30/03/2022)
· Thumb turns were fitted to patio door and back door on (04/04/2022)

| |
|---|
| · The break glass units have the correct keys in situ and one unit was replaced 29/03/2022 |

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

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

· Assessment of Need for one service user has been reviewed and updated; it is available for review in the Designated Centre.

· All Support plans are in the process of been reviewed, going forward all reviews will be complete quarterly. (31/05/2022)

· Falls risk assessment was reviewed and updated. The Person the Charge will review falls assessments in line with the policy. Fall Risk Assessment is available for review in the Designated Centre. (05.04.2022)

· Physiotherapist assessment completed in Designated Centre for individual on 20.04.2022

· Goal tracker for all residents to be implemented. 31/05/2022 The Person in Charge will review quarterly.

## 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 |
|---|---|---|---|---|
| Registration Regulation 7(3) | The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre. | Not Compliant | Orange | 09/05/2021 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 15/06/2022 |

| | | | | |
|---|---|---|---|---|
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Not Compliant | Orange | 31/10/2022 |
| Regulation 17(1)(c) | The registered provider shall ensure the premises of the designated centre are clean and suitably decorated. | Not Compliant | Orange | 01/04/2022 |
| Regulation 17(4) | The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents. | Substantially Compliant | Yellow | 15/05/2022 |
| Regulation 17(7) | The registered provider shall make provision for the matters set out in Schedule 6. | Substantially Compliant | Yellow | 31/10/2022 |
| Regulation 23(1)(c) | The registered provider shall ensure that | Substantially Compliant | Yellow | 06/05/2022 |

| | | | | |
|---|---|---|---|---|
| | management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | | | |
| Regulation 23(1)(d) | The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards. | Substantially Compliant | Yellow | 31/12/2022 |
| 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. | Not Compliant | Red | 06/04/2022 |
| Regulation 28(1) | The registered provider shall ensure that effective fire safety management systems are in | Substantially Compliant | Yellow | 04/04/2022 |

| | | | | |
|---|---|---|---|---|
| | place. | | | |
| Regulation 28(2)(c) | The registered provider shall provide adequate means of escape, including emergency lighting. | Substantially Compliant | Yellow | 04/04/2022 |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 30/03/2022 |
| Regulation 28(5) | The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre. | Substantially Compliant | Yellow | 30/03/2022 |
| Regulation 05(1)(b) | The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. | Substantially Compliant | Yellow | 27/04/2022 |
| Regulation 05(6)(a) | The person in charge shall ensure that the | Substantially Compliant | Yellow | 15/05/2022 |

| | | | | |
|---|---|---|---|---|
| | 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. | | | |
| 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 | 15/05/2022 |
| Regulation 05(6)(c) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall | Substantially Compliant | Yellow | 15/05/2022 |

| | | | | |
|---|---|---|---|---|
| | 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 | 31/05/2022 |