



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

Issued by the Chief Inspector

Name of designated centre:	Tonniscoffey House Designated Centre (with Lisdarragh as a unit under this centre)
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Short Notice Announced
Date of inspection:	08 April 2021
Centre ID:	OSV-0002452
Fieldwork ID:	MON-0032023

About the designated centre

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

Tonniscoffey House Designated Centre (with Lisdarragh as a unit under this centre) provides 24 hour full-time residential support to both male and female residents some of whom have complex support requirements. The centre can accommodate 10 adults and comprises of two detached houses, one of which is a dormer bungalow and the other is a split level bungalow. The properties are located within close proximity to a large town in Co. Monaghan. A service vehicle is provided in each house to accommodate residents' access to community facilities and day services. Each resident has their own bedroom some of which include an en suite bathroom. Both houses have considerable collective space and spacious gardens. Nursing staff and health care assistants are on duty during the day and health care assistants are on duty at night time. All of the residents attend formal day services Monday to Friday and are supported to access community facilities in the evening times and at weekends by the staff in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 8 April 2021	10:00hrs to 16:00hrs	Caroline Meehan	Lead
Thursday 8 April 2021	10:00hrs to 15:07hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

Inspectors found that the residents in this centre were supported to enjoy a good quality life, were consulted in the running of the centre and played an active role in the decision making within the centre.

There were ten residents living in the centre on the day of inspection. Inspectors met with all five residents living in one unit of the centre and with three residents living in the second unit of the centre. One resident was attending day activities and another resident was at home on a break. Conversations between the inspectors and the residents took place from a two metre distance, wearing the appropriate personal protective equipment in adherence with national guidance.

The residents used both verbal and non-verbal communication and where needed were supported by staff when engaging with inspectors. Residents told the inspector that they loved their home and knew the staff well. The inspector observed that there was very warm, engaging interactions between staff and residents and they were observed several times during the inspection laughing and joking with one another. There was an atmosphere of friendliness, and the resident's modesty and privacy was observed to be respected. It was evident that the staff knew the residents well and supported the residents to tell the inspectors of their achievements, things they liked to do and to show the inspectors activities they have been engaged in.

The inspector observed that residents rights were upheld, inspectors saw staff facilitating a supportive environment which enabled the residents to feel safe and protected. Residents spoken with told inspectors that they felt safe in the centre and would tell the staff if they were worried about anything. The inspectors saw information displayed in relation to the complaints policy and how to access advocacy services should they need it. Personal plans reviewed included clear detail on how to support each resident with their personal and intimate needs.

Staff on duty told the inspector, that residents were supported to keep in contact with their family on a regular basis and during the current health pandemic, this has primarily been through video and telephone calls. Two of the residents had their own mobile phone and maintained independent contact with their family.

During the inspection the inspector observed the first unit to have a homely feel, the physical environment was clean and in good decorative and structural repair, there was a relaxed atmosphere and two residents were getting ready to go out for their morning activity. The house was homely and residents had recently been supported to have their rooms decorated. Some improvements to the premises in the second unit were needed, and the person in charge had identified most of these issues before the inspection.

Residents told the inspector that they had made some cards for Easter and showed

the inspector what they had made. There were photographs of residents activities displayed, residents showed the inspector a particular photograph of when they took part in the special Olympics and said they were proud of themselves. Another resident told the inspector they had recently been involved in a short film production on relationships and showed the inspector the film on social media. One resident was very interested in music and had got an instrument at Christmas, which a staff member was helping them to learn. Another resident used a tablet to independently access music on the Internet and showed the inspector a dance routine they had learned.

One of the residents showed the inspector their bedroom. On viewing the room, the inspector saw personal photographs hung on the resident's bedroom walls alongside pictures taken with celebrities which the resident was very proud of. The resident assisted by a staff member told the inspector that their bedroom had recently been painted and that they had picked out the colour. Another resident showed the inspector a number of personal items and furniture pieces they had brought with them to decorate their room, when they moved into the centre.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in monthly residents' meetings where household tasks, activities and other matters were discussed and decisions being made. Where appropriate residents were encouraged to help out in household tasks. For example, one resident liked to help clean the bedrooms on a daily basis and was observed by the inspector finishing the task and putting away the cleaning materials used.

Due to the current health pandemic restrictions community activities were limited however, residents were supported to choose from a number of community activities they enjoyed such as countryside drives, walks in the local area or getting a take away tea. One resident had a particular interest in animals and one of their goals was to go to a pet farm but due to the restrictions that had been put on hold. The resident assisted by staff told the inspector that they were going to walk down the road to see some horses which they would enjoy. Another resident was being supported to continue with horticultural activities in a nearby day service.

The inspector found that residents' personal plans demonstrated that, prior to COVID-19 restrictions, residents were supported be involved in their local community in accordance to their individual interest. Personal goals had been affected by the restrictions however, staff endeavoured to substitute activities where possible. For example one resident had set a goal for a Christmas experience to go see Santa Clause, as an alternative staff organised for the resident to watch the toy show on TV with snacks and treats provided.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities.

Overall, the inspectors found that each resident's well-being and welfare was maintained to a good standard. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff were striving

to ensure that residents lived in a supportive and caring environment where they exercised control over and made choices in relation to their day-to-day lives.

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

Capacity and capability

The inspectors found the provider had effective and responsive management systems in place, impacting positively on the lived experience of residents. The high levels of compliance found on inspection were reflective of a service which demonstrated a person centred approach, while embracing continuous improvement.

This inspection was a risk based inspection, the outcome of which will inform an application by the registered provider to renew the registration of this centre. Two inspectors completed the inspection and both units were visited as part of the inspection process.

The centre was managed on a day to day basis by the person in charge, who attended both units of the centre daily while on duty. In the absence of the person in charge the nurse on duty took responsibility of the centre. The person in charge reported to an assistant director of nursing and a director of nursing, who both reported to the service manager. An out of hours on call system was provided for support if required.

The provider had ensured the centre was appropriately resourced, ensuring residents received a good standard of care, and that the individual and specific preferences of residents were respected and provided for. This included sufficient staffing, suitable premises and appropriate facilities such as transport. The provider had also ensured staff were engaged in ongoing training, and had provided staff with most of the required training to meet the needs of residents.

There was continuous auditing of both the practices and facilities in the centre to ensure they were safe and appropriate in meeting the residents' identified needs. The person in charge had taken corrective actions to issues identified during audits.

There was system in place for staff to raise concerns, both in staff meetings and by addressing concerns directly with the person in charge should the need arise. The centre also had a complaints process and any concerns raised had been dealt with in line with the centre's policy. The centre had adopted a fair and transparent admission process, and the needs of both the resident being admitted, and the residents currently living in the centre had been considered.

Appropriate documentation relating to staff records, the statement of purpose, and

complaints records were in place and HIQA had been notified of incidents and practices in the centre as required.

Regulation 15: Staffing

There were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to.

The roster reviewed identified who was in charge of the centre when the person in charge was not in the centre.

There were sufficient staff on duty during the inspection to ensure residents needs were met on a consistent basis.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and most of the required additional training, which ensured the workforce was skilled in the delivery of safe and appropriate care. Training had included fire safety, safeguarding and managing behaviour that is challenging, as well as manual handling, diabetes management, cardiopulmonary resuscitation, food hygiene and children's first. In response to the recent pandemic a suite of infection prevention and control training had been provided.

Following the inspection, HIQA received confirmation that five staff had completed training in the administration of emergency rescue medication.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre had ensured residents received a safe, appropriate and consistent service. The centre was appropriately resourced with sufficient staff, transport, and suitable facilities, and staff had been provided with the appropriate supervision and training to ensure a good quality of service provision.

There was a clearly defined reporting structure from the staff to the person in

charge and senior management personnel. Staff meetings were held approximately every three months and from a review of minutes, a range of issues relating to the care and support of residents, risks in the centre and new developments were discussed at these meetings. Staff told the inspector they could raise concerns about the quality and safety of care and support provided to residents if needed, and the person in charge provided good support on an ongoing basis.

There was ongoing monitoring of the centre through auditing of practices and the outcome from all audits and reviews of the service were collated into a centre quality improvement plan. The inspector reviewed health and safety, medication management, personal planning and COVID-19 audits, and all actions arising from a sample of audits reviewed were found to be complete on the day of inspection. The provider had completed a recent unannounced visit and an annual review of the quality and safety of care and support had also been completed.

The inspector found these reviews were comprehensive, and actions arising from these reviews were also complete on the day of inspection. Consequently most of the actions currently active on the centre's quality improvement plan were complete, and some related to premises issues had a clear plan of action in place.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a clear and transparent process in place in relation to admissions to the centre. Residents had been informed of the planned admission of a resident to the centre. The recent admission process had considered the needs of the resident, and of those living in the centre. A phased transition plan was implemented and the resident and their family had the opportunity to visit the centre prior to admission.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had an up-to-date statement of purpose which contained most of the required information as required by the regulations. An amended statement of purpose was subsequently submitted to HIQA and included the floor plans, and an accurate reflection of the whole time equivalent staffing in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications had been submitted to HIQA in respect of incidents and practices in the centre.

Judgment: Compliant

Regulation 21: Records

Staff files reviewed showed that all information required in Schedule 2 of the Regulations were in place. For example a full employment history and evidence of the persons identity including a recent photograph.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints policy in place in the centre however, there were no complaints logged for 2021.

From a review of complaints inspectors found that all documents included the issue, the complainant, date and time the complaint was made, who the complaint was made to, the outcome and the complainants satisfaction or otherwise. All complaints documented were addressed and a mutually agreed solution documented.

Judgment: Compliant

Quality and safety

Inspectors found that the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Care and support provided to residents was of good quality. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs.

Inspectors found that while infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents, some improvement was required in staff's implementation of the centres policy. For

example regarding appropriate wearing of PPE, one inspector observed a staff member a number of times during the inspection wearing their face mask underneath their nose thus rendering the face mask ineffective. The centre's policy states that all staff were to change their clothing when they came on duty and before they went home to minimise the risk of cross contamination however, one staff member spoken with told the inspector they did not do this.

The inspector observed the centre to be clean and that cleaning records demonstrated a high level of adherence to cleaning schedules. Staff had completed specific training in relation to the prevention and control of COVID-19. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents to keep them safe during the current health pandemic. It was also evident that residents had been informed of the infection control measures in place and one resident told an inspector about the need for hand hygiene and alternative physical greetings. Residents spoken with said they had been consulted with, given information and consented to their recent COVID-19 vaccinations.

The provider had developed a COVID-19 contingency plan and most of the measures were in place, however, the arrangements in relation to self-isolation of residents required clarification, and the provider submitted written confirmation of the arrangements in place following the inspection.

Overall residents had access to appropriate healthcare supports as required. Personal plans were in place and were regularly reviewed in line with the residents assessed needs and required supports. Care plans were reviewed regularly and up-to-date. Their healthcare plans showed that each resident had access to allied health professionals including access to their general practitioner (GP), dietician and mental health practitioners as required. One risk in relation to the provision of appropriate healthcare at night time for a resident was highlighted to the person in charge, and the measures to mitigate this risk were implemented by the end of the inspection.

Positive behavioural support plans were in place for residents who required additional supports in this area and clearly outlined support measures in place. For example one resident had a particular restrictive practice in use, this restriction was risk assessed and the rational for use was documented. There were clear protocols in place which outlined when the restriction was to be used and the restriction was only in place to ensure the safety of the resident. Additionally proactive and responsive support plans were implemented in response to individual residents emotional needs.

Measures were in place to protect residents from abuse and appropriate referrals had been made following safeguarding concerns in the centre. Staff were knowledgeable on the types of abuse and on the response required in the event of a safeguarding concern, and on the current measures in safeguarding plans. The provider and person in charge had put in place safeguarding measures in relation to intimate care provided to residents, with personal plans in place, and staff were observed to deliver care to residents in a manner that respected each resident's dignity and bodily integrity. There was an up-to-date safeguarding policy in the

centre and it was made available for staff to review.

Risks in the centre had been identified and assessed and the the measures to mitigate these risks were in place, for example appropriate waste management equipment was put in place in response to a risk of clinical waste build up and specific healthcare interventions were put in place in response to risks identified for individual residents. Appropriate incident management systems were implemented in the centre, including reporting and recording adverse incidents, reviewing risks, and ensuring the appropriate follow up care was provided to residents to prevent reoccurrence of incidents.

Safe and appropriate measures were in place in relation to medicines management however, some improvement was required in PRN (as the need arises) prescriptions. Residents availed of the services of a local pharmacy. There was ongoing review through audits of medicines management practices in the centre including an annual audit by the pharmacist. Residents had been assessed in relation to self administration of medicines and where identified, residents were supported to administer their own medicines.

Overall the centre was clean, well maintained and met the needs of residents. The person in charge had identified that the kitchen and dining room in one unit required remodelling and plans had been approved by the provider to carry out these works in the coming months. Some painting and maintenance was required on two doors in this unit.

Regulation 17: Premises

The centre was overall clean and well maintained and was laid out to meet the needs of residents; however, some painting and maintenance work was required to two doors in one of the units of the centre. The person in charge was progressing plans to remodel the kitchen and dining room in one unit.

Each of the residents had their own bedrooms and the inspectors observed residents were actively involved in decorating their rooms, for example, choosing paint colours, bedding, pictures, certificates and some storage furniture.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management procedures in the centre included the identification and assessment of risks and the development of risk management plans. Risk management plans outlined the control measures in place to mitigate against identified risks and plans were regularly reviewed. The inspector found control

measures as outlined in plans were implemented in practice, for example, positive behaviour support measures for residents, assistive equipment to prevent falls, infection control measures and healthcare interventions in response to an identified healthcare risk.

There was a system in place in response to adverse incidents including reporting and recording incidents, a review by the person in charge post incidents, and ensuring that any required follow up interventions were completed.

Judgment: Compliant

Regulation 27: Protection against infection

The inspectors found most of the required public health procedures were in place in response to the COVID-19 pandemic; however, further improvement was required to ensure all staff were adhering to the correct wearing of PPE, and to ensure staff were following the centre's policy in relation to changing clothes.

The provider had developed a contingency plan outlining the response to prevent the transmission of COVID-19, and the procedures to take in the event of suspected or confirmed case. Staff were knowledgeable on these procedures; however, the inspectors found staff were not clear on the arrangements for self isolation of some residents in the centre and from a review of the contingency plan, the provider had not clearly set this out. This was pointed out to the person in charge, and confirmation of the arrangement for self -isolation of residents in an isolation unit if needed, was submitted to HIQA on the day following the inspection.

Suitable handwashing facilities were provided and there was sufficient PPE available in the centre. Staff had been provided with a range of training, for example, hand hygiene, donning and doffing PPE, infection control standard precautions and on COVID-19.

Residents had been provided with information on hand hygiene, physical greetings, and on the COVID-19 vaccination programme prior to consent being obtained.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Overall there were safe and appropriate practices relating to medicines management in the centre; however, improvement was required in PRN prescriptions.

Each resident had a medication prescription record and most of the required documentation was contained in this; however, the circumstances for the

administration of some PRN medicines was not documented. PRN medicines prescriptions stated the dose, frequency and the maximum dosage in 24 hours. All medicines had been administered as prescribed and a record of the administration of medicines was maintained.

Suitable storage was provided in a locked medicines press. Residents' medicines were regularly reviewed by the prescriber, and a date of these reviews were documented in the medicines prescription record. Residents medicines were dispensed by local pharmacist who had attended the centre for annual pharmacy audits. Residents had been assessed as to their capacity to self administer and were supported to self administer medicines in line with these assessments.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents needs were assessed and appropriate plans were in place to address any identified needs.

Residents had access to appropriate healthcare supports as required. Personal plans were in place and were regularly reviewed in line with the residents assessed needs and required supports. Care plans were reviewed regularly and up-to-date.

Judgment: Compliant

Regulation 6: Health care

Healthcare plans showed that each resident had access to allied health professionals including access to their GP, dietician, occupational therapist, speech and language therapist and mental health practitioners as required. Residents healthcare was monitored on an ongoing basis by staff in the centre, and records were available on the healthcare monitoring completed in line with plans.

Most of the required supports were in place in the centre to meet residents' healthcare needs; however, a healthcare intervention relating to the administration of emergency rescue medicine could not be met at night time. This was as result of staff not being trained. Consequently the response plan at night time was not consistent with the plan during the day time, when trained staff were available, and was not in line with the prescriber's instructions. This was pointed out to the person in charge and the inspector requested that measures were put in place to mitigate this risk, by the end of the inspection. Subsequently the provider made arrangements for the night staff to be trained in the administration of emergency medicines and in the interim period trained staff were on the roster at night time.

Residents' care plans were updated and reviewed at regular intervals and in line with their assessed needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs and could access a clinical nurse specialist in behaviour. Behaviour support plans were developed in consultation with the clinical nurse specialist, and had detailed guidance on the proactive, active and reactive strategies to help residents manage their emotions. From a review of a plan the inspector found the strategies outlined were implemented in practice, for example, access to a quieter environment, one to one activities and occupational activities away from the centre on a daily basis.

Behaviour support plans were regularly reviewed. Clear rational and protocols were in place with regards to a restrictive practice, and the restriction was used as a last resort, and only used when a risk to the residents safety was identified

Judgment: Compliant

Regulation 8: Protection

Overall, the residents were protected by practices that promoted their safety; residents' intimate care plans ensured that each resident's dignity, safety and welfare was guaranteed.

Safeguarding incidents had been appropriately reported. Staff were knowledgeable on a current safeguarding plan in place, and the inspectors found the measures outlined in this plan were in place. Staff also knew the types of abuse and response requirements to safeguarding concerns. Residents told the inspectors they felt safe in the centre and who they would speak to if they had any concerns.

All staff had up-to-date training in safeguarding. Intimate care plans outlined the support in place to ensure residents' privacy and dignity was respected and their choices and skills were promoted.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors observed that residents' rights were promoted. Residents were consulted in the running of the centre and in decision making through monthly resident meetings and through the annual report consultation process.

Personal care plans and intimate care plans demonstrated that residents were treated with dignity and respect. Residents were provided with lots of choice around activities, meals and the environment they lived in.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 21: Records	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tonniscoffey House Designated Centre (with Lisdarragh as a unit under this centre) OSV-0002452

Inspection ID: MON-0032023

Date of inspection: 08/04/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In order to ensure compliance under regulation 17: Premises, the following actions have been completed, Painting has been completed on the 14.05.21 to doors downstairs in Lisdarragh	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: In order to ensure compliance under regulation 27: Infection, the following actions have been completed, Staff meeting held on the 13.05.21 to address Infection Prevention & Control measures. Clinical Supervision conducted with one staff member on 10.05.21 to address IPC measures. One staff member has updated IPC training on HSE Land on 13.04.21.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: In order to ensure compliance under regulation 29: Medicines and pharmaceutical services, the following actions have been completed, the circumstances for the administration of PRN have now been documented (09.04.21).	
Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
In order to ensure compliance under regulation 6: Health care, the following actions have been completed, All staff are now trained in the administration of Buccal Midazolom.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	14/05/2021
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	13/04/2021
Regulation	The person in	Substantially	Yellow	09/04/2021

29(4)(b)	charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Compliant		
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	12/04/2021