



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

## Issued by the Chief Inspector

Name of designated centre:	Cill Aoibhinn CGH
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	07 December 2022
Centre ID:	OSV-0002503
Fieldwork ID:	MON-0032900

## About the designated centre

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

Cill Aoibhinn and Ballydevitt Group Homes provide full-time residential support to adults with a disability. The designated centre comprises two premises which are located in rural areas outside of a town. Due to the location of the centre's premises, they each have access to their own suitably adapted vehicle to enable residents to travel easily to amenities such as day services, shops and leisure facilities in the surrounding area. Cill Aoibhinn provides accommodation for up to eight residents. In addition to their own bedrooms, residents have access to communal facilities including a kitchen, dining room, two sitting rooms, sensory room, laundry room and bathroom facilities. Ballydevitt provides accommodation for up to four residents with the premise's design incorporating a communal kitchen/dining room, sitting room, bathroom and laundry facilities. Each of the centre's premises is fully accessible, with additional aids and adaptations such as overhead hoists being provided where required to meet residents' needs. Residents at Cill Aoibhinn are supported by a team of both nursing and care staff. Residents are supported with their needs by up to four staff during the day. At night-time, residents' needs are met by two staff (nursing and care staff), who undertake a waking night duty. At Ballydevitt, residents are supported by one care staff at all times, with the staff member undertaking a 'sleep over' duty at night. In the event, that residents at Ballydevitt require nursing support, the provider has arrangements in place to provide this through nursing staff based at Cill Aoibhinn Group Home. Furthermore, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

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

Number of residents on the date of inspection:

6

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
Wednesday 7 December 2022	14:00hrs to 18:00hrs	Jackie Warren	Lead
Thursday 8 December 2022	09:30hrs to 12:45hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This centre is run by the Health Service Executive (HSE) in Community Healthcare Organisation Area 1 (CHO1). Due to concerns about the management of safeguarding concerns and overall governance and oversight of HSE centres in Co. Donegal, the Chief Inspector undertook a review of all HSE centres in that county, including a targeted inspection programme which took place over two weeks in January 2022 and focused on regulation 7 (Positive behaviour support), regulation 8 (Protection) and regulation 23 (Governance and management). The overview report of this review has been published on the HIQA website. In response to the findings of this review, the HSE submitted a compliance plan describing all actions to be undertaken to strengthen these arrangements and ensure sustained compliance with the regulations. Inspectors are now completing a programme of inspections to verify whether these actions have been implemented as set out by the HSE, but also to assess whether the actions of the HSE have been effective in improving governance, oversight and safeguarding in centres for people with disabilities in Co. Donegal.

At the time of the inspection the provider had implemented a number of actions to strengthen the governance and management. In addition, a number of actions relating to positive behaviour support (regulation 7) and protection (regulation 8) had been completed or were in progress. These will be discussed in the other sections of this report.

This inspection was unannounced and was carried out to monitor regulatory compliance in the centre. As part of this inspection, the inspector met with some residents who lived in this centre, spoke with staff on duty, observed interactions between staff and residents, and also viewed a range of documentation and processes.

It was clear that residents in this centre had a good quality of life, had choices around how they lived their daily lives, were well supported with their health and social care needs, and were involved in activities that they enjoyed.

The centre was located on the outskirts of a busy town and had good access to a wide range of facilities and amenities. The centre was a large detached purpose-built house, which provided a comfortable, home-like environment and plenty of space for residents. All residents had their own bedrooms, and the bedrooms that the inspector saw were comfortably decorated in colour schemes of each resident's own choice. There were adequate bathrooms in the centre to meet the needs of residents. The provider had ensured that the centre could continue to meet the future needs of residents. Overhead hoist had been fitted in bedrooms and bathrooms throughout the building, and to increase the safe mobility and independence of residents, grip rails were in place in corridors and also in the garden. The provider had also been gradually reducing the numbers of residents

living in the centre to improve the overall levels of comfort and privacy there.

As this was a home based service, residents had flexibility around how they liked to spend their days. Residents had various preferences, all of which were being supported. Some liked to attend day services at various frequencies, some liked to spend extended time at home with their families and one resident was retired and liked to have a fully home based service.

The inspector met with four residents who lived in the centre as other residents were not present there at the time of inspection. Three of these residents spoke briefly to the inspector about their lives there, while one preferred not to speak with the inspector. Other residents were not present at the time as they were either at day services or out spending time with their families. Residents told the inspector about activities that they enjoyed, things that they had done recently and activity plans. One resident had planned and was looking forward to a city break away to see their favourite musician in concert with a hotel stay and shopping day. A resident told the inspector of being a member of a walking group in the town. This involved going on weekly walking trips with the group and going for refreshments afterwards. On the day of inspection the resident got dressed up and was meeting the group for Christmas lunch in the town. When residents were present in the centre they enjoyed table top activities, music and television. After the evening meal, residents relaxed in the sitting room watching a country music show on television. A resident who enjoyed knitting showed the inspector a scarf that they were making.

All residents were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Throughout the inspection, staff were observed spending time and interacting warmly with residents, supporting their wishes and ensuring that they were doing things that they enjoyed.

Overall, it was evident from observation in the centre, conversations with staff and residents, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day service and in the local community.

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

## Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard. However,

there were some governance deficits which presented a risk that this standard might not be consistently achieved.

The provider had submitted a compliance plan in response to the findings from some targeted inspections in January 2022. This plan outlined a number of ways in which the provider planned to strengthen the governance and oversight arrangements in the centre. These included the introduction of regular meetings within the centre and across the service in the county. The person in charge discussed how the compliance plan was being implemented and explained how improved systems that had been introduced as part of this plan.

Since the previous inspection of the centre in January 2022, significant improvement to the overall organisational management processes had taken place. These improvements included a range of governance and oversight meetings. For example human rights committee meetings were being held quarterly, and weekly regulation, monitoring and governance meetings took place for Donegal County. The person in charge also spoke of fortnightly meetings with other persons in charge and senior managers in Donegal. The person in charge found that these meetings were beneficial for receiving information from peers and higher management levels, and for shared learning from other persons in charge. Due to work commitments in the centre, the person in charge did not always have the capacity to attend these meetings but acknowledged that the minutes of the meetings were always supplied for her information. She also confirmed that she was kept informed of the outcomes of a range of other management meetings taking place in the area.

There was a clear organisational structure in place to manage the centre and the lines of authority were clearly stated in the centre's statement of purpose. There was a person in charge who had responsibility of the management of this and another centre in the area and who divided her time between both centres. The person in charge was suitably qualified and experienced and worked closely with staff and with the wider management team. The person in charge had a strong oversight of the centre and was also very focused on ensuring that a high standard of care and safety was being maintained through ongoing auditing and review. The person in charge confirmed working closely and having daily contact with her line manager, and staff in the centre also confirmed that they worked closely with the person in charge and felt well supported by her. Throughout the inspection the person in charge was very knowledgeable regarding the individual needs of the residents who lived there. It was clear that the person in charge was very involved in the running of the service and that the residents knew her.

Arrangements were in place to support staff and to access the advice from a senior manager when the person in charge was not on duty at weekends and during the night. While there were no formal arrangements in place to cover the ongoing daily role of the person in charge during absence such as annual leave, the person in charge's line manager would arrange cover as required, another person in charge was available for support and the nurse on duty carried out essential day to day governance duties such as rostering and auditing. However, a review of the role and responsibilities of the person in charge was required to establish if they have the

required capacity to effectively carry out all aspects of their role.

There were suitable systems in place for reviewing and monitoring the service to ensure that a high standard of safety and care was being provided and maintained. A detailed and relevant audit plan for 2022 had been developed which included a range of audits to review the overall quality of care and safety in the centre. These included monthly audits of fire safety, personal planning, infection control, complaints, incidents and medication. The person in charge and staff were completing these audits, and a sample viewed by the inspector reflected a high level of compliance. Actions arising from audits were being addressed in a timely manner and ongoing quality improvement plans were being developed and were implemented. Unannounced audits of the service were being carried out twice each year on behalf of the provider, which were used as a basis for ongoing improvements in the centre. These audits identified any areas where improvement was required, and action plans were developed to address these issues. A representative of the provider had also carried out a detailed annual review of the service.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe, clean and comfortable environment, and adequate staffing levels to support residents in both their leisure and healthcare needs, and a transport vehicle dedicated to the centre, and there were plans for further future improvements to the centre. The provider had been working to reduce the occupancy of the centre on a phased basis. A range of healthcare professionals, including nursing, speech and language therapy, physiotherapy, and behaviour support staff were available to support residents as required. The centre was also resourced with many physical facilities to maintain a clean environment and to reduce the risk of spread of infection. These included suitable readily-cleanable surfaces, a well equipped laundry room, hand sanitising gels, supplies of disposable gloves, face masks and aprons, cleaning materials and thermometers. There was also a hygienic kitchen with a food safety management system in place. However, the use of the kitchen had recently been reduced and catering had been temporarily outsourced.

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection, with nursing and care staff available to support residents at all times. Planned staffing rosters had been developed by the person in charge. These were being updated to reflect actual arrangements as required and were accurate on the day of inspection. However, while there were adequate staffing levels on the day of inspection, the overall available staffing level was not sufficient to consistently fill the required roster from the existing staff pool. Agency staff were frequently required to fill the roster and the person in charge was sometimes required to work nursing care shifts to ensure that the required staffing levels could be met. This presented a risk that consistent staff may not always be available to support residents. This also reduced the person in charge's availability to complete governance duties.

Training had been provided to staff to enable them to carry out their roles effectively. A training needs analysis had been carried out to inform the training plan



for the centre for 2022, and staff training was arranged accordingly. Much of the planned training was focused on enhancing the safety and welfare of residents in this centre. All staff had received mandatory training in fire safety, behaviour support and safeguarding, in addition to a variety of infection control training. However, as there was a wide range of essential training identified by the provider, some staff had not yet been in a position to attend all of this training to date.

There was an up-to-date statement of purpose which was being reviewed annually by the person in charge, and was available to residents and their representatives.

### Registration Regulation 8 (1)

The prescribed documentation for the removal or variation of any condition relating to the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

### Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge is frequently based in the centre and was very knowledgeable regarding the individual needs of residents.

Judgment: Compliant

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. However, it was evident from review of staffing rosters that the overall compliment of staff had reduced and that the provider had not been successful in recruiting replacement staff to address this. This presented a risk that consistent staff may not always be available, which could impact on continuity of care and support for residents. There was a further risk that, at times, the person in charge was required to cover nursing care duties, which impacted on their available time to carry out governance functions.

The following improvement is required:

- ensure that additional staff are recruited in line with the provider's identified

- staffing requirement
- ensure that the consistency of staff and continuity of care is provided.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had access to a wide range of appropriate training, including refresher training. The provider had developed a detailed staff training plan. Most staff had completed a wide range of up-to-date training. However, some staff had not completed some of the training that was identified as mandatory by the provider.

The following improvement is required:

- ensure that all staff complete the training modules identified in the provider's training plan.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Overall there were improved leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, there were some areas where improvements were required. The areas for improvement related largely to inadequate and inconsistent staffing, and support and deputising arrangements for the person in charge.

In response to the targeted safeguarding inspection programme, the provider had committed, through its compliance plan, to complete 11 actions aimed at improving governance arrangements at the centre. During this inspection, it was found that all 11 actions had been completed. For example, the provider had established a range of governance meetings which were attended by senior managers and persons in charge of designated centres in the area, arrangements to support staff in the absence of the person in charge had improved, an audit schedule had been developed, and a range of audits were being carried out within the recommended time frames.

However, improvements were required in the following areas:

- review role and responsibilities of the person in charge to establish if they have the required capacity to effectively carry out all aspects of their role.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually by the person in charge, and had recently been updated to reflect a change of footprint in the designated centre.

Judgment: Compliant

### Quality and safety

Residents living at this centre received person-centred support, which enabled them to be involved in activities that they enjoyed, and they were supported to achieve the best possible health.

The provider had arrangements in place to safeguard residents from any form of harm. In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 13 actions aimed at improving governance arrangements relating to protection at the centre. At the time of inspection, 11 of these actions had been completed, while two had commenced and were in progress. These related to the absence of a policy on safe Wi-Fi usage and the provision of sexuality awareness training for all staff. The provider confirmed that development of a policy on safe Wi-Fi provision was in progress. Most staff in the centre had attended sexuality awareness training, while a small number had not yet been able to access this training.

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete seven actions aimed at improving governance arrangements relating to positive behavioural support at the centre. At the time of the inspection, the inspector found that all of the seven actions had been suitably completed. During the inspection, the inspector found that clear behaviour support plans had been developed as required in conjunction with a multidisciplinary support team. Staff who spoke with the inspector had a clear understanding of these plans and how they would be implemented.

Information was provided to residents. This included information about staff on duty each day, residents' rights, how to make complaints, and local events and activities. There was also a residents' guide that met the requirements of the regulations. Throughout the inspection, staff communicated appropriately with residents in ways that suited residents' needs.

The person in charge and staff were very focused on ensuring that residents' general welfare, social and leisure interests, and community involvement were well supported. Residents could take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

The centre was situated on the outskirts of a town and this location enabled residents to visit the shops, coffee shops and restaurants and other leisure amenities in the area. Transport and staff support was available to ensure that these could be freely accessed by residents. Some of the community based activities that residents enjoyed included visiting families, cinema, involvement with local groups, going out to hairdressers and barbers, shopping and going to concerts. There was also a garden at the rear of the centre where residents could spend time outdoors.

The centre suited the needs of the residents, and was spacious, warm, clean, comfortable and well maintained. The inspector found that the communal rooms were decorated in a homely manner with pictures and photos, and comfortable furniture. As it was approaching Christmas, the centre was also decorated throughout with Christmas decorations. There was a well equipped kitchen and separate dining room and two sitting rooms for residents' use. All residents had their own bedrooms which were personalised and decorated in line with each residents preferences. There were adequate bathrooms in the centre to meet the needs of residents. These were well equipped with accessible facilities, hoists for future use if required, and smooth easily-cleanable surfaces. While the kitchen was well equipped, it was partially closed at the time of inspection. The provider had carried out works to upgrade the fire safety value of the centre. Fire doors with self-closing mechanism had been installed throughout the centre for the containment of fire and to increase the safety of residents, staff and visitors to the centre.

Overall, residents' nutritional needs were well met but improvement was required to ensure that suitable foods were to meet residents' needs and preferences. Nutritional assessments were being carried out and plans of care had been developed accordingly. Residents' weights were being monitored and support from dieticians and speech and language therapists was available as required. Traditionally, the centre's kitchen was managed by a chef who planned and prepared meals in consultation with residents. While residents had not been involved in cooking their own main meals, they had supervised access to the kitchen for cookery projects and to make snacks. This arrangement had recently been discontinued as catering had been temporarily outsourced to an external kitchen. Residents' mid-day and evening meals were currently being delivered to the centre. One meal option was delivered for each mealtime. This reduced residents' choice around what they would like for each meal. Furthermore, neither residents or staff knew in advance what meals would be supplied, further limiting residents' meal choices and autonomy. It was also noted that in the meals provided, it was not possible to establish if consideration had been given to some specific requirements of residents such as healthy meal plans. However, there were well stocked additional food stores in the centre. Staff in the centre made sure that these stores were used to provide choices to residents. They explained that if any resident did

not like the meal that was supplied, that they would prepare a separate meal for the resident. During the inspection, the inspector saw that staff had prepared alternatives in the centre kitchen for residents who did not wish to eat what had been supplied for their tea.

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. Overall these assessments were found to be comprehensive, informative and up to date and suitable plans of care had been developed based on the assessments and residents' preferences. However, one plan of care viewed did not provide sufficient information to fully guide practice. This did not have any current impact on resident care as staff who spoke with the inspector were very knowledgeable about residents' care and support needs, although it presented a risk that unfamiliar staff might not have access to all the required information.

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean, spacious, suitably decorated and comfortably furnished. However some improvement was required in the following areas:

- review the absence of ventilation in a nurses office to establish if this meets the requirements of the regulations.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being supported by the provision of three meals and snacks each day. Suitable foods were also being provided to meet the assessed

dietary needs of any resident. However, residents were not supported to buy, prepare and cook their own meals if they so wished.

Judgment: Substantially compliant

### Regulation 20: Information for residents

Information was provided to residents. This included information about staff on duty each day, residents' rights, how to make complaints, and local events and activities. There was also a residents' guide that met the requirements of the regulations.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety arrangements were not examined in full at this inspection, but an area of required improvement inspection was reviewed and found to have been completed. The provider had install fire doors throughout building which reduced the risk of spread of fire and increased the overall safety of resident, staff and visitors to the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Assessments of the health, personal and social care needs of each resident had been carried out, and personal plans had been developed for all residents based on their assessed needs. Overall, personal planning was very comprehensive and was completed to a high standard. However, one care plan for a specific area of care was not documented in sufficient detail to guide practice.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

In response to the targeted safeguarding inspection programme and previous inspection of the centre in March 2022, the provider had committed through its compliance plan to complete seven actions aimed at improving governance

arrangements relating to positive behavioural support at the centre. At the time of the inspection, the inspector found that all seven actions had been suitably completed.

The improvements which had been completed included staff training, familiarisation with behaviour support plans and site specific staff induction. Additional multidisciplinary team supports had been recruited, were appointed, and were working with residents, while one post which had been approved and recruited was not yet in position, but was due to take up the role shortly.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm. In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 13 actions aimed at improving governance arrangements relating to protection at the centre. At the time of inspection, the provider had completed 11 of the actions, while two had commenced and were in progress.

The completed actions included development of a safeguarding tracker, relevant training for both the person in charge and staff, completion of a training needs analysis and development of a training schedule for staff and improvement to safeguarding auditing. The development of a policy on the provision of safe wi-fi usage had not yet been achieved, although the provider had confirmed that this was in progress. While most staff had attended sexuality awareness training, a small number of staff had not had the opportunity to attend due to lack of available places on the training.

In relation to the providers actions plan, the following improvements were required:

- ensure that a policy on safe Wi-Fi provision is provided
- ensure that all staff are provided with the opportunity to attend sexuality awareness training

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Overall, the provider had ensured that residents' rights were supported and that residents had freedom to exercise choice and control in their daily lives. However, residents had reduced choice and control around the catering arrangements in the

centre, as they had limited access to the centre's kitchen.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Cill Aoibhinn CGH OSV-0002503

Inspection ID: MON-0032900

Date of inspection: 08/12/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            In order to bring this centre into compliance with Regulation 15 the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• The Person in Charge conjunction with the Disability manager has completed a review of the centres roster. Completion Date: 24.01.2023</li> <li>• Additional staff will be recruited in line with the identified staffing requirement, to ensure that consistency of staff and continuity of care is provided.</li> <li>• Hire Form A's and Form B's have been completed and submitted for approval to the General Manager. Completion Date: Completion Date: 30.06.2023</li> <li>• In the interim regular agency staff will be utilized to ensure appropriate staffing needs to meet the assessed needs of the residents.</li> </ul>	
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:            In order to bring the centre into compliance with Regulation 16 the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• The Person in Charge has completed a review of the training matrix for this centre.</li> <li>• A training plan has been completed for all outstanding training. Completion date for HSEland modules 15.02.2023 &amp; Managing behaviours of concern Completion Date: 16.03.2023</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            In order to bring this centre into compliance with Regulation 23 the following actions will</p>	

be taken:

- The Person in Charge conjunction with the Disability manager has completed a review of the centres roster. Completion Date: 24.01.2023
- Additional staff will be recruited in line with the identified staffing requirement, to ensure that consistency of staff and continuity of care is provided.
- Hire Form A's and Form B's have been completed and submitted for approval to the General Manager. Completion Date: Completion Date: 30.06.2023
- In the interim regular agency staff will be utilized to ensure appropriate staffing needs to meet the assessed needs of the residents.
- A planned and actual roster is now available within the centre clearly identifying the staff nurse in charge in the absence of the Person in Charge.
- The Person in charge attends the fortnightly Person in Charge meetings. 26-01-2022 and ongoing
- The Person in Charge has 1:1 Person in charge meetings with the Director of nursing/Disability meetings bi monthly. 03-02-2023 and ongoing
- The centres has a Quality improvement Plan which is reviewed weekly by the Person in Charge and forwarded to the Director of Nursing. 03-02-2023 and ongoing
- The Person in charge is rostered in Cill Aoibhinn 2 days per week and 2 days per week at another designated centre. This is reflected in both centres rosters.
- The Person in charge role and responsibilities within the centre have been reviewed by the DON and the Disability Manager and the person in charge has the capacity to undertake the role in both centres. One facility is a low support centre and the second centre is supported by nursing staff.
- Staff Nurse/social care worker position has been submitted for approval to strengthen the governance for this centre. This staff nurse/social care worker will carry out duties as delegated by the person in charge. 30-06-2023

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

In order to bring this centre into compliance with Regulation 17 the following actions will be taken:

- The centres office will be relocated to another identified area that has adequate ventilation and is compliant with building regulations. Completion date: 31.03.2023

Regulation 18: Food and nutrition

Substantially Compliant

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

In order to bring this centre into compliance with Regulation 18 the following actions will be taken:

- The Person in Charge has completed a review of the catering arrangements to ensure that residents will have access to prepare and cook meals if they wish to do so.
- An Agency Chef have been assigned to replace the vacant position.
- Residents will meet with the catering department weekly to plan menus and request their choice of meals. Completion Date: 31.01.2023

Regulation 5: Individual assessment

Substantially Compliant

and personal plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  In order to bring the centre into compliance with Regulation 5 the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• The Person in Charge will ensure a complete review of all resident's personal plans is undertaken. This will include the development of robust and detailed care plans based on assessed needs for each specific area of care to guide staff how to support each resident with all aspects of daily living. Completion date: 28.02.2023</li> </ul>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  In order to bring the centre into compliance with Regulation 8 the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• The Person in Charge has schedule training for two staff in 'Sexuality awareness in supported setting Completion Date: 16-02-2023</li> <li>• The person in Charge has ensured that the Policy on Safe Use of Internet is available to all staff within the centre to read and sign off. Completion Date: 31-01-2023</li> <li>• The Person in Charge will ensure that all staff have completed training in safeguarding vulnerable adults.</li> <li>• The person in Charge will complete safeguarding audits as per agreed CHO1 revised schedule and discuss safeguarding and protection at local governance meetings.</li> <li>• The Person in Charge will complete a review of all safeguarding plans within the centre. Completion date: 31.01.2023</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  In order to bring this centre into compliance with Regulation 9 the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• The Person in Charge has completed a review of the catering arrangements to ensure that residents will have access to prepare and cook meals if they wish to do so.</li> <li>• An Agency Chef have been assigned to replace the vacant position.</li> <li>• Residents will meet with the catering department weekly to plan menus and request their choice of meals. Completion Date: 31.01.2023</li> </ul>	

## 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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2023
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	16/03/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting	Substantially Compliant	Yellow	31/03/2023

	accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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	31/01/2023
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability,	Substantially Compliant	Yellow	30/06/2023

	specifies roles, and details responsibilities for all areas of service provision.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/02/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	16/02/2023
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	16/02/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/01/2023



