



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

Issued by the Chief Inspector

| | |
|----------------------------|----------------------------------|
| Name of designated centre: | Oaklands Supported Accommodation |
| Name of provider: | The Rehab Group |
| Address of centre: | Longford |
| Type of inspection: | Announced |
| Date of inspection: | 17 October 2023 |
| Centre ID: | OSV-0002668 |
| Fieldwork ID: | MON-0032991 |

About the designated centre

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

Oaklands Supported Accommodation is a designated centre operated by Rehab Group which provides a residential service to four adults with a disability. The service is provided in a detached two storey house with a large landscaped garden and recreational area. Adequate private and on-street parking is available. Each resident has their own bedroom (some en-suite) and various communal areas are provided for to include a sensory room, a fully equipped kitchen cum dining room and two sitting rooms. The house is situated in close proximity to the local town and transport is provided to residents for social outings and trips further afield. The house is staffed on a twenty-four hour basis with a person in charge, team leader and a number of support staff.

The following information outlines some additional data on this centre.

| | |
|------------------------------------------------|---|
| Number of residents on the date of inspection: | 4 |
|------------------------------------------------|---|

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 17 October 2023 | 09:50hrs to 16:45hrs | Raymond Lynch | Lead |

What residents told us and what inspectors observed

At the time of this inspection, there were four residents living in the centre and the inspector met briefly with three of them. They appeared happy and content in their home and comfortable in the company and presence of staff. Written feedback on the quality and safety of care from all four residents was viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family representative over the phone so as to get their feedback on the quality and safety of care provided in the centre.

The centre comprised of a large detached two-storey dwelling in a housing estate in Co. Longford. It was in close proximity to a nearby town and private transport was available to the residents for social outings and trips further afield.

On arrival to the centre the inspector observed that it was homely, welcoming, clean and generally well maintained. There were no residents in the centre at this time as they had already left for their day services or were visiting family members.

The person in charge explained to the inspector that while at day services, residents were supported to engage in social, recreational and cultural events that were of interest to them. For example, some residents liked history and were supported to visit various castles and museums. The inspector also observed that other residents liked arts and crafts and some of their paintings were on display throughout their home.

From viewing a sample of personal plans, the inspector observed that residents were supported participate in community-based events such as going to music festivals, concerts, petting farms, fun fairs, bowling, shopping, meals out, drives and lakeside walks.

The inspector also viewed a sample of staff training records and found that staff were provided with training and education so as to meet the assessed needs of the residents. Additionally, the person in charge informed the inspector that staff had also undertaken training in human rights. When asked how this training had impacted on practice and the quality of life of the residents, the person in charge replied by saying that it had made staff more knowledgeable of and focused on the importance the rights and individual choices of the residents. They also said that information on the importance of rights, respect, privacy and dignity was discussed with residents at their weekly meetings.

On viewing a sample of residents weekly meetings the inspector observed that the concept of person centred planning was discussed with the residents and, the role of governance and management in ensuring the service was responsive in meeting their needs. Easy to read information on rights was also made available to the residents at their meetings. Additionally, the importance of treating each other with dignity and respect was discussed and residents agreed to respect each others

personal living space and not enter each others bedrooms without permission.

Staff were also observed to be respectful of residents rights to privacy and dignity. For example, on the morning of this inspection, the inspector observed staff ringing a resident (who was on a visit home) to ask their permission to show the inspector their room. The resident was agreeable to this and the inspector observed that it was decorated to their individual style and preferences with pictures of family members and friends on display. They also had posters of their favourite football team and pictures of their favourite singers/pop groups on their walls.

Written feedback from all residents on the quality and safety of care provided in the centre was positive and complimentary and indicated that the rights and individual choices of the residents was promoted. For example, residents reported that they made their own choices on what to do each day, staff knew their likes and dislikes and listened to them, they were included in decisions about their home and/or where required, they were supported with making decisions.

Additionally, residents reported that staff provided support when it was required, they had friends in the service, got along with the people they lived with, it was a nice place to live, people were kind, they felt safe in the house and they liked the food.

A family member spoken with over the phone was equally as positive and complimentary about the quality and safety of care provided in the centre. For example, they reported that their relative was very settled in their home and had their own routine. They also said that the house was a 'home from home' and that the staff team were always very welcoming, helpful and friendly. They also reported that their relative had a good social life and enjoyed activities such as bowling, day trips and meeting with their friends. They felt the service was safe, there was great communication between the staff team and family members, their relative was getting all the support that they needed and, they had no complaints about any aspect of the quality or safety of care.

Towards the end of the inspection process the inspector got to briefly meet with three of the residents on their return from day services. One spoke directly with the inspector and said that they were happy in their home, had everything they needed and were getting on well. The inspector also observed the resident relaxing in their room watching television before their dinner and they appeared very much at home and comfortable in their surroundings.

Another resident was observed communicating with a staff member using hand signs. The staff member was observed to understand and respect the communication preference of the resident and was person centred, kind and caring in their interactions with them. The resident also appeared happy and relaxed in the company and presence of this staff member.

Staff introduced the inspector to the third resident however, they chose not to engage in any conversation and that decision was respected. The resident was observed however, relaxing in the sitting room having a drink and they too

appeared relaxed and comfortable in their home.

Overall this inspection found that residents appeared happy and content in their home and staff were observed to be person-centred, professional and caring in their interactions with them. Feedback from residents and one family representative on the quality and safety of care provided in the centre was positive and complimentary.

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 care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a team leader and a regional manager.

The person in charge was employed on a full-time basis with the organisation and was a qualified social care professional with a number of years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They also ensured that staff were supervised and supported in their roles through the process of staff supervision and team meetings. On review of a sample of rosters the inspector observed that the staffing arrangements were as described by the person in charge. A review of a sample of staff files also informed that staff had vetting and references on file as required by the regulations. It was observed that one staff's vetting required updating however, when this issue was brought to the attention of the person in charge the made arrangements to have it addressed a a priority. (This issue was actioned under regulation 4: policies and procedures).

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety and the safe administration of medicines. One staff member spoken with briefly, also had a good knowledge of residents' assessed communication needs.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care was carried out for the year 2022 and, an in-depth six-monthly unannounced visit to the centre had been carried out on July 12, 2023. On completion of this audit, an action plan was developed to address any issues identified in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified and experienced social care professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They were also found to be well prepared for and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

On review of a sample of rosters the inspector observed that the staffing arrangements were as described by the person in charge. There were three staff available to support the residents each day and one sleep over staff available in the centre every evening/night.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the

needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included;

- safeguarding of vulnerable adults
- open disclosure
- fire safety
- manual handling
- safe administration of medicines
- epilepsy awareness and emergency medication
- managing behaviours of concern
- infection prevention and control (IPC)
- food safety
- health and safety
- advocacy
- communication (specific to the communication style of one resident)
- capacity legislation

Staff also had training in human rights and examples of how this influenced their practice in promoting the rights of the residents was included in section 1 of this report: *'What residents told us and what inspectors observed'*.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the service. There was an experienced and qualified person in charge who was supported in their role by a team leader and regional manager.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care was carried out for the year 2022 and, an in-depth six-monthly unannounced visit to the centre had been carried out on July 12, 2023. On completion of this audit, an action plan was developed to address any issues identified in the centre.

For example, this audit identified the following issues:

- the risk register needed to be updated
- a personal emergency evacuation plan needed updating
- a fire door needed repair
- some floors needed to be sanded
- the person in charge was to sign off on individual risk assessments
- the back garden area needs tidying up.

The inspector observed that at the time of this inspection the person in charge had addressed the above issues and/or had plans in place to ensure they would be addressed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

It was observed that a minor update was required to the Statement of Purpose however, when this was brought to the attention of the person in charge they updated the document immediately.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had the written policies and procedures as set out in schedule 2 of the regulations available in the centre.

However, at the time of this inspection some of these policies required review and/or updating to include the following:

- the provision of intimate care policy
- nutritional intake policy
- violence and aggression at work policy.

It was also observed that one staff members vetting required updating in line with the policy on vetting of staff

Judgment: Substantially compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, some minor issues were identified with the process of risk management and protection against infection.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. Additionally, residents were being supported to maintain contact with family and friends.

Residents were being supported with their healthcare-related needs and had as required access to a number of allied healthcare professionals. Hospital appointments were facilitated as required and where required, residents had healthcare-related plans in place so as to inform and guide practice. Residents were also supported to experience positive mental health and had as required access to specialist behavioural support and psychiatry support.

Systems were in place to safeguard the residents and where/if required, safeguarding plans were in place. At the time of this inspection there were no safeguarding issues on file in the centre. Systems were also in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. However, the process of risk management required review so as to ensure all control measures in place to manage risk were clearly documented in residents individual risk management plans.

The premises were observed to be clean and well maintained on the day of this inspection and, infection prevention and control (IPC) measures were in place to

mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre. However, the storage of mops and buckets required review.

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

Overall this inspection found that the individual choices and preferences of the residents were promoted and they were being supported to choose their daily routines and engage in activities of their preference and liking.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own individualised bedroom (some en-suite) which were decorated to their individual style and preferences.

On the day of this inspection the premises were found to be generally well maintained, clean, warm and welcoming. It was observed that the back garden area needed some tidying up however, the person in charge was aware of this and had a plan in place to address this issue.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

However, aspects of the risk management process required review so as to ensure all control measures in place to manage risk were clearly documented in residents individual risk management plans.

For example:

- one resident required 2:1 staff support at times throughout the day however, the times as to when the 2:1 support was actually required (or not required) was unclear/not explicitly stated in their risk assessment
- another resident had their own apartment area in the house however, their personal emergency evacuation plan required updating so as to ensure it

accurately reflected the steps they should take in exiting the centre during fire drills

- the control measures in place in ensuring one of the residents safety regarding an allegation they made in a previous placement had been discussed and agreed with the designated safeguarding officer and other safeguarding representatives in the wider organisation. However, more information on this discussion and agreed actions were required in the residents individual risk assessment on same.

It was observed that the control measures/protocol in place to manage a medical condition specific to one resident required review and updating. However, when this was brought to the attention of the management team, the team leader made arrangements for this protocol to be updated in consultation with the residents GP prior to the end of the inspection process.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection prevention and control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related topics to include:

- Infection prevention and control
- Hand hygiene
- Donning and doffing of personal protective equipment
- National Standards for infection prevention and control (IPC) in community services
- Standards transmission-based precautions
- Respiratory hygiene and cough etiquette.

The person in charge informed the inspector that there were also adequate supplies of PPE available and hand sanitising gels in the centre. There were also a number of daily cleaning schedules in place which were signed off by the staff team.

It was observed however, the storage arrangements in place for mops and buckets in the centre required attention.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include:

- a fire alarm system
- fire doors
- fire extinguishers and
- emergency lighting.

Equipment was being serviced as required by the regulations. For example, the fire extinguishers were serviced in October 2023 and, the fire alarm system was serviced on January 17, 2023, May 22, 2023 and July 17, 2023. Additionally, the emergency lighting was serviced in March 03, 2023, June 23, 2023 and October 16, 2023.

From a small sample of files viewed, staff also completed as required checks on fire equipment in the centre and had training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. It was observed that one resident personal emergency evacuation plan required updating and review however, this issue was identified and actioned under regulation 26: risk management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual personal plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities.

For example, as discussed earlier in this report, residents attended day services where they engaged in social, recreational and cultural activities of their choosing and interest. Some residents in particular liked to visit castles and museums.

Additionally, some residents liked to relax at home using their computers or watching television.

Residents were also being supported to go on day trips out, lakeside walks, to go shopping, bowling, avail of holiday breaks, go to petting farms, attend music festivals, go to concerts and meet up with friends. They were also being supported to keep in regular contact with their families.

One family member spoken with by the inspector reported that their relative had a great social life in the service.

It was observed that aspects of some of the documentation pertaining to residents goals required review and when this was brought to the attention of the person in charge, they assured the inspector the issue would be addressed.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a number of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- optician/audiology
- chiropody
- dentist
- speech and language therapy.

Hospital appointments were also facilitated as required and one family member spoken with by the inspector was complimentary of the care and support their relative received in the centre at a time when they were unwell.

It was observed that at the time of this inspection, one resident was due a medical check up. However, when this was brought to the attention of the management team, the team leader contacted the residents GP immediately to make arrangements for the resident to attend this appointment.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had supports in place to experience best possible mental health. For example, residents had access to a behavioural support specialist and psychiatry support.

Behavioural support guidelines and/or positive behavioural support plans were also in place where required.

Staff also had training in positive behavioural support and from speaking with one staff member over the course of this inspection, the inspector was assured that they had the knowledge required to support residents in line with their positive behavioural support plans.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where/if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding issues on file in the centre.

From a sample of files viewed, staff also had training in:

- safeguarding of vulnerable adults
- open disclosure
- advocacy
- capacity legislation.

The inspector also observed that safeguarding formed part of the standing agenda at monthly staff meetings.

Additionally, at residents weekly meetings topics such as 'how to stay safe in my home and community' were discussed.

Written feedback on the quality and safety of care from all four residents also informed that they felt safe in their home. One family member spoken with over the phone by the inspector also expressed satisfaction with the quality and safety of care provided in the centre.

Information on how to contact the designated safeguarding officer was readily available in the house and, easy to read information on safeguarding was available to the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents individual choices were promoted and respected in this service. Written feedback from all residents on the quality and safety of care provided in the centre was positive and complimentary and, also indicated that their rights and individual choices were being supported.

For example, residents reported that they made their own choices on what to do each day, staff knew their likes and dislikes and listened to them, they were included in decisions about their home and where required, they were supported with making decisions.

Easy to read information on rights was also available to the residents at their weekly meetings. Additionally, the importance of treating each other with dignity and respect was also discussed at these meetings and residents agreed to respect each

others personal living space and not enter each others bedrooms without permission.

As already identified earlier in this report, staff were observed to be respectful of residents rights to privacy and dignity. For example, on the morning of this inspection the inspector observed staff ringing a resident (who was on a visit home) to ask their permission to show the inspector their bedroom.

Staff also had training in human rights and examples of how this influenced their practice in promoting the rights of the residents was included in section 1 of this report: *'What residents told us and what inspectors observed'*.

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 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Oaklands Supported Accommodation OSV-0002668

Inspection ID: MON-0032991

Date of inspection: 17/10/2023

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 4: Written policies and procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • The providers most update Nutritional Intake and Provision of Intimate Care policies were not available on site on the day of the audit. Both policies were reviewed earlier this year. These policies are now available in the service. This was completed by 27/10/2023. • The provider is in the process of reviewing the Violence and Aggression at work policy, this will be completed and circulated to services by 31/01/2024. • Process has commenced for one staff members Garda Vetting to be renewed. | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Full risk Management Review scheduled for 01/11/2023. All risk assessments, inclusive of control measures will be reviewed and amended to ensure that they are reflective of current practices. Updated risk assessments will be communicated to all staff by 30/11/2023. • One Resident’s personal emergency evacuation plan has been updated to reflect the | |

steps they should take to evacuate in the event of a fire.

- One Residents epilepsy management plan has been reviewed and updated by their GP.
- A log of safeguarding measures and discussions was completed by the PIC in consultation with the Designated Officer. The log details all safeguarding measures and procedures in place relating to an allegation that was made in a previous placement.

Regulation 27: Protection against infection

Substantially Compliant

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

- An outdoor storage facility for mops and buckets will be provided. Building will be completed by 31/12/2023.

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 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 30/11/2023 |
| Regulation 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections | Substantially Compliant | Yellow | 31/12/2023 |

| | | | | |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
| | published by the Authority. | | | |
| Regulation 04(3) | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Substantially Compliant | Yellow | 31/01/2024 |