



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

## Issued by the Chief Inspector

Name of designated centre:	DC9
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	06 June 2024
Centre ID:	OSV-0003575
Fieldwork ID:	MON-0035304

## About the designated centre

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

St. John of God Kildare Services Designated Centre 9 is a respite service for children aged between seven and eighteen years, and adults with an intellectual disability. Children and adults wishing to avail of respite services within Designated Centre 9 must be attending St John of Gods school or day services within the catchment area. The service is provided to both groups on alternate weeks. The individuals who avail of the respite service are supported by a staff team that comprises of a social care leader, nurses and social care workers. The centre consists of a two storey dwelling that provides services for a maximum capacity of five individuals. The length of stay varies from two to seven nights and depends on the needs of the individual and their family. Each person who avails of a respite break is supported to access and participate in meaningful social activities, leisure pursuits and outings in the local community. The maximum capacity of children that can be accommodated at one time is four, and for adults it is 5.

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

Number of residents on the date of inspection:	5
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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 (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 6 June 2024	10:00hrs to 16:30hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre DC 9. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's registration. The inspection was facilitated by the person in charge for the duration of the inspection. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life and experience when availing of respite service. Overall, the inspection highlighted areas of good practice within the regulations and standards, however improvements were required in relation to the providers policies and procedures, regulation 26: risk management procedures, regulation 7: positive behaviour support and regulation 28: fire precautions.

The designated centre is a respite service for children aged between seven and eighteen and adults with an intellectual disability and provides respite services to children and adults on alternative weeks. Children and adults do not attend the designated centre at the same time. The centre is a two-storey home in a housing estate in a town suburb in County Kildare that can accommodate up to five adults or four children at a time, the provider had added an addition to the statement of purpose which allowed for five children if deemed an emergency with staff support in place. Depending on the individual and their family's requirements, respite breaks ranges from two to seven nights. Respite users are supported by a team of nurses and social care workers.

The inspector completed an observational walk around of the designated centre with the person in charge. The centre was found to be clean, tidy and spacious. The designated centre had four single bedrooms and one shared capacity room. The shared capacity room was risk assessed for each residents respite stay and the person in charge arranged with families where possible to ensure that the shared capacity room was occupied by peer group or school friends. The provider had identified and commenced fund raising to add an additional bedroom to the property. The centre had two sitting rooms, kitchen and dining room and a large surrounding garden. The garden was equipped with a large trampoline, play set, accessible swing and residents were in the process of completing a small sensory garden.

Residents were observed receiving a good quality person-centred service that was meeting their needs. The inspector observed residents coming and going from respite to activities during the day. Staff were observed to interact warmly with residents. The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. The inspector had the opportunity to meet with all residents during the course of the inspection. In addition, five resident questionnaires had been completed in relation to support in the centre prior to the inspection. Residents received assistance from their family representatives in

completing the questionnaires. The inspector also gathered feedback from families in relation to the standard of care received by their loved ones when attending respite.

The inspector met and spoke with one resident on arrival to respite service. The resident told the inspector that they really enjoy coming to the centre for a nice break away. The resident told the inspector that the staff are really helpful and they like to spend some time with staff when they first arrive to fill the staff in on the things they have done since their last stay at respite. The inspector asked the resident what kind of activities they like to do when enjoying a stay in respite, the resident informed the inspector that they enjoy going to the cinema, trips to the zoo, shopping trips or some times they will go for a long distant trip outside of Kildare. The resident then showed the inspector and staff pictures of a recent awards event that they had attended and the clothes and hair style they had chosen.

Written feedback on the quality and safety of care in the centre from five relatives was positive and complementary. One resident's family discussed that their loved ones time in respite was invaluable to them as a family. They discussed that the person in charge and the staff team have gone to great lengths to understand their loved ones needs and activities that they benefit from to put in place during their respite stay ensuring that it is an enjoyable visit each time they attend. Another family commented on the strong communication in place within the centre. The family discussed that the newsletter developed by the staff team which was sent out to families was a fun way to stay connected and find out what was happening in the centre throughout the year outside of the annual report. One family discussed that respite service was a home away from home and gave them time as a family to do activities with siblings. The family noted that it gives them peace of mind not having to worry about things while their loved one was in the care of the supportive staff team.

The inspector had the opportunity to meet with one resident, the resident did not speak directly to the inspector however, they appeared happy and content. Staff were supporting the resident to play a musical on the television. The inspector could see the resident smiling and laughing as staff spoke to the resident about how their day was and what their plan was for the afternoon. The inspector observed the staff using clear communication as per the resident's support plan. The inspector spoke to the staff about the resident's assessed needs in particular the area of pain management and found the staff to be knowledgeable about the resident's assessed needs and changes that had occurred since the resident's last stay in respite. The inspector observed the person in charge and staff team had systems in place to ensure that regular communication updates in relation to residents' assessed needs were in place between schools, day centres and family members.

The inspector met with one resident on return from their day centre. The support staff had informed the inspector that the resident may just want to say a quick hello as the inspector was new to the resident. On return to the centre staff asked the resident if they would like to meet the inspector, the resident advised the staff that they would, the resident briefly met the inspector and told them they had a lovely

day. The inspector then observed the resident and staff getting ready to prepare something to eat before going out for an evening activity.

While a non compliance was found with regulation 26: risk management and regulation 28: fire precautions, the inspector found the provider to take responsive actions on the day of the inspection to reduce the potential of risk identified impacting residents and their care and support needs. The inspector observed staff supporting the residents in a professional, person-centred and caring manner at all times over the course of this inspection.

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

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team, who was knowledgeable about the support needs of the residents living in the centre.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to facilitate their choices. For example, the inspector observed a staff and resident choosing an evening activity and selecting a show on television to watch while waiting for dinner to be served.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report of the quality and safety of care and support 2023,

which included consultation with residents, their families and representatives.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it is delivered. Furthermore, an accurate and current directory of residents was made available to the inspector on the day of inspection.

As part of their governance for the centre, the registered provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The provider had identified that four of the 21 required policies required updating. The person in charge had provided the inspector with information in relation to the progress of the policies by the provider. However, the inspector found that a number of these policies had been outstanding for review since 2022.

### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the residents' current assessed needs. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

The inspector reviewed both the planned and actual rosters from February, March, March and April 2024 and found that these reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Furthermore, the inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

Judgment: Compliant

### Regulation 16: Training and staff development



There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

There was a high level of compliance with mandatory and refresher training. All staff were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care. Staff had completed additional training in areas such as communication, assisted decision making and Percutaneous Endoscopic Gastrostomy (PEG) care.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular formal and informal supervision as appropriate to their role. The person in charge had completed a schedule of supervision for the coming year.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained in the designated centre. The inspector saw that this contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

Audits carried out included a six monthly unannounced audit, fire safety, infection prevention and control (IPC), medicine management, accident/incident tracker and an annual review of quality and safety. The provider had completed an annual review for the centre which had taken into account the views and wishes of residents and their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated to reflect changes in the designated centre's management and staffing ratio.

The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy of the statement of purpose was readily available to the inspectors on the day of inspection. It was also available to residents and their representatives.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider ensured that all policies and procedures outlined in Schedule 5 were prepared in writing and implemented in the centre. However, the inspector identified that four of the 21 required policies had not been updated in line with the time line as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013. The person in charge updated the inspector post inspection of the expected time lines for the completion of the outstanding reviews.

Judgment: Not compliant

### Quality and safety

This inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and was informed by their needs and preferences. The inspector found areas of good practice in relation to a number of regulations, however improvements were noted to be required on the day of the inspection in relation to the process of risk management, positive behaviour support and fire precautions.

The inspector found the premises was designed and laid out in a manner which met residents' assessed needs. Residents were provided with communal and private space to avail of during their respite stay. The provider had completed works to the premises to ensure that there was adequate recreational activities for children and that there were activities in place for adults to avail of during their stay.

The provider had implemented measures to identify and assess risks throughout the centre. However the inspector found that on the day of the inspection the vehicle used to support residents during their stay in respite was not roadworthy. The provider had identified a number of concerns in relation to the centre transport and this had been highlighted in the centre's Quality Enhancement Plan (QEP), however the inspector found that the transport remained a current issue in the centre and was having an impact on residents' experience during their respite stay. The inspector acknowledged that when the concerns were identified in relation to the vehicle the provider responded by immediately taking the vehicle off the road.

Staff had completed training in positive behaviour support to aid them in appropriately responding to behaviours of concern. Positive behaviour support plans were developed for residents where required. The inspector found that the plans were up-to-date and available to staff. There were a number of restrictive practices in place in the centre, however the inspector identified a restrictive practice in place for one resident when in respite which was not reported to the office of the Chief Inspector and which did not provide clear guidance to staff as to the rationale for use. Furthermore, the recording of the use of the restriction was not adequate to provide assurances that the restrictions were used for the shortest duration necessary or if alternative options had been trialled which would be less restrictive.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans.

There were procedures in place for the prevention and control of infection. The inspector observed that all areas in the centre were in a good state of repair and clean. Specific training in relation to infection control had been provided for staff. Regular audits were being carried out by the person in charge and staff team, with recommendations discussed at staff meetings.

The provider had taken measures to protect residents from abuse. There were up-to-date policies and procedures available in relation to safeguarding. All staff had completed safeguarding training. Intimate care plans were available on resident files. These were written in person-centre language and provided clear steps for staff to support residents in a way that respected resident's dignity, autonomy and was mindful of individual preferences.

The inspector found that the provider had fire management systems in place that promoted residents' safety in the designated centre. However, the inspector identified a number of concerns in relation to regulation 28 fire precautions as highlighted in the relevant regulation. The provider had completed a fire risk

assessment report for the designated centre on the 5th of January 2022, however a number of actions identified in the external fire report required completion. Furthermore, following a manual check on all fire doors in the designated centre the inspector identified a number of doors not closing as required.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. There were a range of audits in place to monitor medicine management. The person in charge had ensured that an assessment of capacity and risk assessment was undertaken with regard to residents managing their own medicines in line with their abilities and preference.

## Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff demonstrated an in-depth knowledge of these needs and could describe in detail the supports that residents required. Residents had a number of assistive equipment and technology applications to further their communication. For example, one resident had a tablet communication device in place and staff had completed training for a communication application Snap TD.

Furthermore, staff were observed to interact with residents using various alternative communication techniques such as visual displays, choice boards and Lámh (a manual signing system). The inspector observed social stories and first, then boards in place within the designated centre as part of residents communication supports.

Residents had access to tablets, mobile phones and social devices which the inspector observed residents using in order to keep in contact with family and friends during their respite stay.

Judgment: Compliant

## Regulation 17: Premises

The inspector found the atmosphere in the centre to be warm and calm, and residents appeared to be very happy while attending the centre and with the support they received. The inspector carried out a walk around of the centre, which confirmed that the premises was laid out to meet the assessed needs of the residents.

The registered provider had ensured the premises were designed and laid out to meet the number and needs of residents. There were no children using the service during the inspection; however, there were toys and recreational activities available for them. The premises was generally clean, spacious, kept in a good state of repair,

and nicely decorated.

The provider had completed a list of works that were required within the premises including interior paint work and the completion of a number of play activities such as a large trampoline and maintenance work to a playhouse including swings and slide for children to avail of during their time in respite.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans. The inspector reviewed three FEDS care plan and found that there was guidance regarding the resident's mealtime requirements, including the appropriate food consistency, and their food likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements. A number of residents availing of the service required nutritional intake through PEG support, the inspector found staff to be competently trained and knowledgeable in relation to PEG guidelines for each resident.

The inspector observed residents involvement in food preparation on return to the centre from activities.

The inspector observed suitable facilities to store food hygienically and adequate quantities of food and drinks were available in the centre. The fridge and storage presses were well stocked with a variety of different food items.

Judgment: Compliant

### Regulation 20: Information for residents

Residents were provided with an easy to read 'respite guide' that provided information on the services provided within the centre. The designated centre had developed a newsletter, which gave updates to residents and their representatives about activities that had taken place in the centre, resident and staff updates and planned activities in the centre. This newsletter was presented in an accessible format and was sent to each resident that avails of the respite service. Residents and their representatives provided positive feedback in relation to the newsletter and the overview and insight it gave to the service provided in DC 9.

Judgment: Compliant

## Regulation 26: Risk management procedures

While systems were in place to manage and mitigate risk in the centre, including a policy on risk management, aspects of the risk management process required review. The inspector found that the transport vehicle was not roadworthy or suitably equipped to transport residents. The inspector observed a number of high risks in relation to the centre transport. For example:

- The speedometer did not work on the day of the inspection. This resulted in staff immediately notifying the person in charge and taking the transport off the road with immediate effect on the day of the inspection.
- The back exit door of the vehicle could not be opened appropriately from the outside.
- The inspector opened and closed seat belts with support staff and found that one seat belt in the back passenger seat could not retract when in a closed position
- The interior lining of the bus which conceals metal had come loose and the inspector observed two pieces of metal which had detached from the other protruding from the interior lining.
- The fire extinguisher had not been tested and was out of date.
- The front passenger seat was broken with a large indent pushing the seat out of its correct position.

The provider had identified the need to "ensure that the bus is roadworthy and fit" and placed the bus on the quality enhancement plan for the centre on the 18th of July 2023. The inspector acknowledges that the provider had completed a number of works to the bus prior to the inspection however the bus was not safe or roadworthy on the day of the inspection. The inspector also acknowledges that support staff were reactive to identified risk and maintaining residents safety when bringing further concerns in relation to transport to the person in charge.

The designated centre had a risk register which was continuously updated and reviewed by the person in charge, however the inspection found that further improvements were required in ensuring identified risk was highlighted on the risk register and escalated to the provider. For example, the risk associated with transport in the centre had not been highlighted on the risk register. The person in charge and senior management completed a review of the risk before the end of the inspection and escalated the identified risk through the appropriate channels within the provider.

Judgment: Not compliant

## Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning schedule was in place, Staff had attended appropriate training and were knowledgeable about infection control arrangements.

The person in charge and staff team had completed monthly audits in relation to protection against infection and the inspector found that the findings of these audits were shared amongst the staff team through staff meetings.

The designated centre also had a welcome check in prior to any resident availing of respite service, which helped staff identify with residents and their family members if residents such as small children for example had been in contact with another child with chickenpox.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspector reviewed fire drills from January, February, March and April, which identified that the person in charge and the staff team were ensuring that each of the 62 residents availing of respite had the opportunity to participate in fire drills within the designated centre.

The provider had completed a fire risk assessment report for the designated centre on the 5th of January 2022, however a number of actions identified in the external fire report required completion. The provider had yet to set a date for the completion of the works and an update could not be provided on the day of the inspection as the proposed plans were still in a funding process. The designated centre had a set of double doors in place in the kitchen area, however the provider could not supply evidence to demonstrate that the double doors were fire doors. The provider had made a document available to the inspector from an external fire officer that stated the double doors had a number of requirements expected from a fire door such as fire seal, closures and therefore would appear to be fire doors. The inspector discussed with the provider the need for further assurances in relation to the kitchen double doors as this is a high risk area in the designated centre in the event of a fire occurring.

The inspector carried out a manual check on all fire doors within the designated centre and found that two upstairs bedrooms, one a resident bedroom and another the staff office were not closing fully. The inspector also identified that the double doors that lead into the kitchen were not closing due to the mechanical closer becoming loose and catching in between the door and the frame of the door.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed safe practices in relation to the ordering, receipt and storage of medicines. The medicine administration records reviewed on the day of the inspection clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medicine administration records indicated that medicines were administered as prescribed. Residents had also been assessed to manage their own medicines but no residents were self administering on the day of inspection.

Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff spoke to the inspector in detail in relation to the procedures in place for residents when they arrive at respite and the transfer of their medicines to the respite centre.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff had up-to-date knowledge and skills to respond to behaviours of concern and to support residents to manage their behaviour. Behaviour support plans were available for those residents who required them and were up-to-date and written in a person centred manner.

The provider had ensured residents had access to a range of clinical supports in order to support their well-being and positive behaviour. Staff had received training in positive behaviour support.

However, the inspector identified the use of a restrictive practice in place which had not been notified to the office of the Chief Inspector and which had not been comprehensively reviewed. The inspector identified a sleep schedule in place for one resident when availing of respite service which required one-to-one supervision of staff. The inspector identified that the guidelines in place for the use of this restrictive practice did not clearly guide staff practice and was not effectively monitored. The inspector could not be provided with documentation to support the need for the restrictive practice or for the duration of time that the restriction was required. There was no documentation available to demonstrate if this restriction was required throughout the resident's sleep pattern or as an aid to assist the resident to transition to their sleep routine and what support if any the resident



received should they awake from their sleep routine.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

All staff were up-to-date in mandatory training in Safeguarding Vulnerable Adults. Staff spoken with were informed of the safeguarding procedure and of their safeguarding duties.

Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for DC9 OSV-0003575

Inspection ID: MON-0035304

Date of inspection: 06/06/2024

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Person in Charge (PIC) has communicated the concerns regarding policies outlined in regulation 4 to the Manager of the Quality and Safety Dept. They advised that the outstanding policies are being reviewed and will be shared with the PIC once the policies have been approved. Time Frame: 30/10/2024</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• Bus: The bus was serviced 07.06.24 and is now roadworthy and additionally the bus passed the required inspection under the CVRT test 11.06.24. Time Frame: Complete. A budget proposal for an upgraded bus has been submitted by the Operations Manager to the HSE, time frame regarding this funding cannot be identified.</li> <li>• Fire Extinguisher has been replaced and it has been added to the required fire safety checks in the DC. Time Fame: Complete</li> <li>• Risk Management System (RMS): Risk assessments were updated as required. The RMS is reviewed by the PIC as required. Time Frame: Complete.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Current Fire Safety Control Measures in the DC: 2 waking night duty staff, all staff are trained at induction regarding Fire Safety including use of extinguishers, extinguishers/fire safety system, fire alarms are onsite, Fire Safety checks are carried on according to a schedule that the PIC oversees, all residents have personal emergency evacuation plans and participate in regular fire drills. Fire Safety equipment is checked on a regular basis and records are maintained. Any concerns regarding fire safety are</li> </ul>	

reported and actioned as required. Time Frame: Completed

- Fire Doors located in kitchen: this has been escalated and a proposal has been submitted by the operations manager seeking funding for fire safety works. Time Frame: unknown, pending funding approval.

Fire Doors in the DC: All doors that did not close fully on the day of inspection have been fixed. Time Frame: Complete.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- Restrictive Practice: A review was completed by the Programme Manager and the Person in Charge on the 01.07.2024. It was identified that assessments need to be created for some restrictive interventions in place in the DC regarding nighttime supports. This is currently in progress. Time Frame: 26.07.2024
- Night time 1:1 supports will be notified to HIQA in the quarterlies. Time Frame: 31.07.24

## 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(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Not Compliant	Orange	23/07/2024
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality	Not Compliant	Orange	23/07/2024

	of life have been considered.			
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.	Not Compliant	Orange	23/07/2024
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	23/07/2024
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	Not Compliant	Orange	30/10/2024

	and update them in accordance with best practice.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	26/07/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	26/07/2024
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	26/07/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where	Substantially Compliant	Yellow	26/07/2024



	a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
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