



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

Issued by the Chief Inspector

Name of designated centre:	Arranmore
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Dublin 8
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0003591
Fieldwork ID:	MON-0034684

About the designated centre

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

The designated centre is operated by St. John of God services and is situated on a campus based setting in South Dublin. It is a large one storey property that provides residential services for a maximum of 13 residents. There is one dining area, kitchen, 13 bedrooms, a staff office, a medication room, a family room and a TV lounge. There are two accessible bathrooms, two shower rooms and two toilets. There is a small grassy and paved area to the back of the building where residents, staff and family members can sit. There is also access to a swimming pool, day services, an oratory, gymnasium and multisensory room located on the campus. Residents are supported 24/7 by nursing staff, healthcare assistants and social care workers. Resident's have access to multidisciplinary supports in the organisation such as; social workers, physiotherapists, occupational therapists, speech and language and psychology, as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 31 March 2022	10:00hrs to 17:15hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an unannounced risk inspection. It was scheduled subsequent to high levels of non-compliance found on recent inspections in the designated centre in October and November 2021. A restrictive condition was attached to the centre's certificate of registration following these inspections. This restrictive condition compelled the provider to implement the actions as set out in their representation in order to come into compliance with the regulations by 25 October 2022. The aim of the current inspection was to inspect against the provider's representation and to monitor the actions that the provider was taking in order to address the regulatory non-compliances identified in previous inspections.

The inspector had the opportunity to meet with several residents, family members of residents and staff on the day of inspection. The inspector used observations, interactions with residents and staff, as well as a review of documentation to form judgments on the quality and safety of care in the centre. The inspector wore personal protective equipment (PPE) and maintained physical distancing where possible in all interactions with residents and staff.

Overall, the inspector saw that the provider had made significant progress in addressing regulatory non-compliances in line with their representation. The provider had completed extensive premises works. The centre was observed to be clean, well maintained and decorated in a homely manner. Resident bedrooms had been redecorated in line with their personal preferences. Bathrooms in the centre had also been refurbished into accessible wet rooms. Bathrooms were clean and spacious. The centre's garden had been thoroughly cleaned, old broken fencing had been removed and new garden furniture purchased. New furniture had also been purchased for the dining room and sitting room. Blinds and curtains had been replaced throughout the centre. The centre generally looked clean, well-cared for and comfortable.

The inspector found that the provider had implemented measures to enhance the skill mix of the staff allocated to the designated centre. The provider had employed a full-time chef who was suitably qualified to prepare meals in line with residents' assessed needs. An activities coordinator had also been employed for the centre. The activities coordinator informed the inspector that they had been working to ensure that residents had meaningful days. The inspector saw that residents had increased access to a variety of activities including day services, reflexology, music therapy and community activities. The activities coordinator planned to introduce QQI accredited courses to the centre in the near future.

Staff informed the inspector that they had been in receipt of substantial training over the past few months. Training included infection prevention and control, fire safety, communication and person centred planning. Staff were knowledgeable regarding residents' assessed needs. Staff also described how they were exploring resident preferences in relation to various activities. The inspector saw several

examples of care that was kind and supportive. Staff were observed talking to residents, informing them of the plans for the day, assisting residents to access the community and supporting residents with eating and drinking in a dignified manner. The inspector also saw residents accessing various parts of their home and engaging in activities such as watching TV or playing music with staff.

The inspector had the opportunity to meet with several family members of residents on the day of inspection. Family members generally spoke positively of the service provided in the designated centre. They commented that they had seen significant changes over the past six months and, in particular, commented on the improvements to the premises and to the enhanced staffing. Family members complimented the person in charge and the staff team. They stated that they were happy with the current oversight of the centre but emphasised the importance of the provider maintaining the stability of the management team. Family members described how there had been multiple changes to staff over the previous few years and, in particular, to the person in charge role. Family members were eager for continuity of staffing to be maintained. Some family members also pointed out that, due to staffing vacancies, there were occasions when home visits for residents could not be supported to visit their family home as there were no suitably qualified staff available to drive the centre bus.

The next two sections of the report will present the findings of the inspection in relation to the governance and management arrangements in place and how these impacted on the quality and safety of care in the designated centre.

Capacity and capability

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. Overall, the inspector found that the provider had significantly enhanced their oversight mechanisms of the designated centre. This resulted in a more person-centred and quality service for the residents who lived there.

The inspector saw that the provider had in place a series of audits to support oversight of the centre. Many audits were completed in consultation with residents, family members and staff and accurately reflected the issues and risks presenting in the service. Comprehensive, time-bound action plans were derived from these audits. An annual review had recently been completed as well as an unannounced six-monthly provider audit. These audits reflected the progress made in the service and highlighted areas for ongoing improvement through a comprehensive action plan.

There was a clearly defined management structure in the designated centre. The day-to-day running of the centre was overseen by a suitably qualified and experienced person in charge. The person in charge demonstrated significant

knowledge of the residents' needs and of their own regulatory responsibilities. The person in charge was supported on the ground by a clinical nurse manager 2 (CNM2). The provider was in the process of recruiting for a clinical nurse manager 1 (CNM1) and a social care leader in order to further strengthen the leadership in the centre. These positions were vacant at the time of inspection. The person in charge reported to a service manager. The service manager attended the designated centre on a weekly basis and also provided formal supervision and support to the person in charge through regular meetings.

Staff spoken with were aware of the management arrangements for the designated centre. Staff told the inspector that there were now clear lines of authority in the centre and that they had no difficulty with contacting senior management as required. Two shift leads were allocated on the roster per day. Staff were aware of who these leads were and of their roles and responsibilities. Staff reported that they felt supported in their roles and that senior management were responsive to concerns they raised in relation to service provision.

Staff were supervised through formal supervision as well as through monthly staff meetings. Safety pauses were also held daily on each shift in the centre. Staff stated that safety pauses facilitated them to discuss key information pertaining to the care of residents on any particular day. Staff told the inspector that staff meetings were held monthly over teleconference and that they felt supported to speak up regarding any concerns or questions they may have at these meetings. A review of staff meeting minutes showed that topics relating to the quality and safety of care were discussed regularly. These included safeguarding, risk management and fire safety. An action plan was implemented where actions were required and these were allocated to a responsible person. Staff supervision records were maintained in the centre. It was evident that staff had access to quality supervision, the content of which was appropriate to their roles and responsibilities.

While staff and families were complementary of the enhanced oversight arrangements, they also expressed concern based on their past experiences, that these arrangements would not be maintained by the provider. Staff and families spoke about the high staff turnover, in particular in senior management positions, in recent years. Senior staff spoke about the importance of ensuring that staff continued to be supervised and supported appropriately.

The provider had adjusted the staffing whole time equivalent allocation to the designated centre in line with the current number of residents. The centre was operating with a whole time equivalent of 35.11 staff at the time of inspection. The person in charge, CNM2 and the activities coordinator were in supernumerary positions. Staff spoke positively regarding the enhanced staffing allocation, and in particular, the enhancements to night-time staffing levels. Staff stated that it was easier to provider person-centred care at night with the additional staff in place. A planned and actual roster was maintained for the designated centre. The inspector was informed that the provider was actively recruiting for six whole time equivalent vacancies that were available in the centre. These were being filled by agency staff at the time of inspection. The person in charge was aware of the impact of non-permanent staff on continuity of care for residents and had measures in place to

minimise this where possible.

A training matrix was maintained for the centre. The inspector saw that all staff were up-to-date with all mandatory training. Staff had also completed additional, complementary training in communication and person-centred workshops in order to inform the provision of a person-centred and rights-based service.

The inspector was informed by the person in charge that the centre was moving towards a blend of social care and nursing models of service provision. The provider planned to deliver training in medication management to care staff. This aim of this was to enable care staff to provide medication when residents were on community outings rather than residents having to return to the centre. The purpose was therefore to increase the frequency and quality of community access for residents with complex medical needs.

Regulation 14: Persons in charge

There was a suitably qualified and experienced person in charge in post. The person in charge was full-time and was supernumerary to the roster. They was found to have in-depth knowledge of the residents and their assessed needs. The person in charge was aware of their regulatory responsibilities and had effected mechanisms to enhance the oversight of the quality and safety of care in the designated centre. They were supported in their role by a service manager.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was operating with six whole time equivalent staff vacancies at the time of inspection. The inspector saw that these vacancies were filled from a panel of regular agency staff. While it was not possible to ensure continuity of care to residents at all times due to these vacancies, the person in charge had systems in place to reduce the impact of non-familiar staff providing support on residents.

Staff reported that enhanced staffing levels, in particular increased night duty staff, enhanced the capacity of staff to respond to residents' needs in a timely and person-centred manner. Nursing care was provided to residents as per their assessed needs. A planned and actual roster were maintained which demonstrated that sufficient staffing was in place on a daily basis.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence of a very high level of compliance with mandatory and refresher training for staff in the designated centre. All staff were up-to-date in mandatory training in areas such as infection prevention and control, fire safety, safeguarding and dysphagia. The provider had plans in place to expand certain training programmes to care staff in order to enhance community access for residents. Staff had also recently completed non-mandatory training in the areas of person centred workshops and communication.

Staff were appropriately supervised through both formal supervision meetings and regular staff meetings. Staff reported that members of the management team were responsive and easy to contact.

Staff were informed regarding the Health Act 2007 and the regulations and standards and could tell the inspector where copies of these were kept in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had significantly enhanced the governance and management arrangements for the designated centre subsequent to the last inspection. There was a clearly defined management structure in place. Staff were aware of their roles and responsibilities and of the reporting structure. An annual review as well as a six monthly unannounced audit of the quality and safety of care of the service were completed. These audits accurately reflected the needs of the service and informed specific, measurable and time-bound action plans to address these needs.

There were effective arrangements in place to support, develop and performance manage all members of the work-force and to facilitate staff to raise concerns about the quality and safety of care and support provided to residents.

The provider had enhanced the staffing allocation and had complemented the roster with suitably qualified staff such as an activities coordinator and chef to meet specific needs of the residents. However, it was noted that several senior staff positions in the centre remained vacant including the CNM1 and the social care leader posts. The resourcing of the staff team, and in particular senior staff posts, required addressing in order to ensure that the enhanced oversight systems could be sustained.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies were available in the centre to staff as required by Schedule 5 of the regulations. Policies had been recently reviewed and updated. Staff were aware of the location of policies.

Judgment: Compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre. The inspector found that the provider had enhanced the everyday practices in the centre and this had resulted in a more person-centred and quality service for residents. However, improvements were required to infection prevention and control policies to ensure that practices were in line with current health guidance. Additionally, while it was acknowledged that the provider had made significant progress in promoting a rights' based service, the designated centre remained unsuitable to meet the needs of one resident.

The inspector saw that the addition of an activities coordinator to the staffing complement of the centre was having a positive impact on the general welfare and development of residents. All residents were in receipt of some form of day service, either through formally attending a day centre or through receipt of an individualised day service from Arranmore. The activities coordinator had conducted a review of residents' plans and had implemented new activities plans in line with residents' preferences. In some cases, residents were supported to trial new activities in order to determine their interest in these before committing to them. Residents were supported to sample and engage in activities such as reflexology, music therapy and art therapy. There was evidence that some of these complementary therapists had liaised with relevant multi-disciplinary therapists and had incorporated care plan goals into their sessions. For example, the music therapist had incorporated physiotherapy goals into regular music therapy sessions. Staff had received training from the speech and language therapist and chaplain in the provision of ANAM, a programme which concentrated on engaging residents' senses. The activities coordinator also had plans to introduce accredited courses into the centre for those residents who wished to take part in these.

In addition to centre-based activities, residents were supported to engage in activities in the community. Residents attended community music groups, bowling, curling and a community breakfast club. A review of resident files showed that in recent weeks residents had been supported to access the hairdresser, to go out for lunch and to the zoo. Another resident had plans to attend a comedy show. There were also systems in place to support residents to maintain contact with their families and friends. One resident was supported to visit their former housemates

and had plans to go on a holiday with them, supported by staff, in the near future.

The inspector saw that the provider was working to ensure that the designated centre was operated in a manner which was respectful of residents' rights. There was evidence that regular resident meetings were held and that residents were consulted with regards to the running of the centre and of any changes or new developments. For example, the inspector saw on resident files that residents were consulted with regarding the premises works and were supported to choose the décor for their bedrooms. The provider had engaged with a speech and language therapist who was working to enhance the accessibility and meaningfulness of resident meetings. Technology had recently been purchased in order to provide more visual supports to those residents who required this to communicate their preferences and opinions.

There were no safeguarding concerns in the centre at the time of inspection. All staff had completed training in Safeguarding and Children First. Staff were aware of how to contact the designated officer to report safeguarding concerns. The inspector saw that intimate care plans were available in resident files. These plans had been recently reviewed and were written in person-centred language.

Recent inspections had identified that the centre was not suitable to meet the needs of one resident. The provider had plans in place to change the environment in order to support this resident. This had not yet commenced at the time of inspection however this was in line with the time frame set out in the provider's representation. Other premises works had been completed. These works included new flooring, furniture and blinds, painting and redecoration of common areas and resident bedrooms, refurbishment of bathrooms into wet rooms and cleaning and maintenance of the garden area. The inspector saw significant improvements in the premises on this inspection. The designated centre appeared well cared for and well maintained.

An additional enhancement to the quality and safety of care provided in the designated centre was the appointment of a full-time, suitably qualified chef. The chef had experience and training in modifying foods in line with residents' assessed needs. The inspector saw that the kitchen was well maintained and that foods were prepared and stored in a hygienic condition. Foods were also prepared in line with residents' assessed feeding, eating, drinking and swallowing needs and were presented in a visually appealing manner. The chef informed the inspector that they operated a four week rolling menu and that the menu was discussed at resident meetings. Any changes that residents requested could be facilitated. The inspector saw that dinner was cooking on the day of inspection and an appealing smell of home cooked food was noted in the dining room. There was adequate supply of frozen vegetables in the freezer. Staff spoke highly of the positive impact that the chef had on the quality of food received by the residents.

The inspector was informed that residents' assessments of need were in the process of being updated at the time of inspection. Not all assessments of need had been updated within the past 12 months however the provider had a plan in place to address this. The inspector reviewed several resident files including one that had

been recently updated. The inspector saw, in relation to the recently updated assessment of need, that the assessment was comprehensive and was completed in a person-centred manner. Residents' representatives had been invited to attend meetings to inform the assessment of need and the care plans. Care plans were in place for each assessed need however these required enhancement to ensure they were specific and clearly detailed the competencies required to deliver certain care needs. For example, a tracheotomy care plan did not set out the training or qualifications required in order for staff to provide tracheotomy care safely.

The inspector saw that the provider had effected infection prevention and control (IPC) policies and procedures. However, these required enhancement to ensure that they reflected the most recent Health Protection Surveillance Centre (HPSC) guidance. For example, the provider's COVID-19 response plan, which was updated in February 2022, did not reflect the HPSC guidance issued in January 2022 on the appropriate wearing of personal protective equipment (PPE) and the importance of symptom checking for COVID-19. The inspector saw that staff were not wearing the correct face masks in line with HPSC guidance and that symptom checking of residents and staff was not completed. The person in charge took measures to address these risks on the day of inspection. Staff were provided with appropriate PPE and a symptom checker for COVID-19 was implemented.

The inspector saw that the centre was generally clean and that facilities were maintained in a hygienic manner. A housekeeper was available to the centre who informed the inspector regarding the standard IPC practices including the use of colour coded cloths and separate mop heads for different parts of the centre. Staff were informed regarding the cleaning schedules and detailed that there were day and night housekeeping schedules. The inspector saw that there was sufficient availability of hand sanitising stations and saw staff engaging in good hand hygiene practices. Staff were knowledgeable regarding their roles and responsibilities in relation to IPC and described aseptic techniques and five key moments of hand hygiene to the inspector. Staff were aware of the procedures to be followed in the event of a suspected or confirmed case of COVID-19 in the centre.

The provider had made arrangements for detecting, containing and extinguishing fires. The inspector saw that automatic door closers were fitted to doors and that the alarm and emergency lighting systems had been recently serviced. Staff had received training in fire safety and spoke to the inspector regarding the fire-safety arrangements in place in the centre. Staff had received training in specialist fire evacuation aids. Fire evacuation aids were observed to be in place throughout the centre. A record of fire drills was maintained. This showed that all residents could be evacuated in a safe time frame during day-time fire drills. The provider had a schedule of fire drills for 2022 which included night-time simulated drills.

Regulation 13: General welfare and development

The registered provider had ensured that residents had opportunities to participate in activities in accordance with their interests, capacities and needs. The provider had completed a review of residents' activity plans and had enhanced the availability of meaningful and purposeful activities. There was evidence that activities provided were in line with residents' care plans and goals.

The provider had engaged the services of multi-disciplinary therapists and was supporting residents to sample activities in order to determine residents' preferences and wishes. The registered provider also planned to introduce QQI accredited courses in order to facilitate ongoing access to education for those residents who wished to avail of this.

There was evidence that residents were being supported to develop a presence in their local community through engagement with community clubs and facilities. Residents were also supported to maintain links with families and friends.

Judgment: Compliant

Regulation 17: Premises

The provider had recently completed premises works which significantly enhanced the lived environment for residents. The premises was observed to be clean and well-maintained throughout. New furniture, blinds and flooring were in place. Resident bathrooms had been converted into accessible wet rooms which were cleaned and contained adequate storage for required PPE and personal hygiene items.

Resident bedrooms were decorated in line with individual preferences. There was suitable equipment to support residents' accessibility needs. For example, ceiling tracking hoists, shower trolleys and wheelchairs were available.

The provider had purchased technology to enhance the availability of accessible information for residents and had plans to purchase an interactive gaming device for the living room.

The inspector saw that there was adequate storage for residents' personal belongings and their required assistive equipment. Previously identified problems with the ventilation and heating systems had also been addressed.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider had enhanced the oversight of the preparation, cooking and storage of

food and drink for residents. A suitably qualified and experienced chef was seen to prepare food which was nutritious, well-presented and modified in line with residents' feeding, eating, drinking and swallowing (FEDS) care plans. Meal plans were in place which were discussed at resident meetings. Residents had the opportunity to request changes to meal plans. The inspector saw staff providing assistance to residents at meal times in a dignified manner and in line with residents' assessed needs.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre was observed to be generally clean and well maintained. The provider had effected adequate policies and procedures in relation to general infection prevention and control practices. Staff were aware of their roles and responsibilities in maintaining good standards of environmental cleanliness. Staff had also received training in hand hygiene, standard precautions and infection prevention and control.

However, the provider policies in relation to COVID-19 required enhancement to ensure that they reflected the most recent health guidance for residential care facilities. While staff were wearing face masks on the day of inspection, these were not the correct face masks in line with recent guidance. Additionally, regular symptom checking for COVID-19 among residents and staff was not completed. The person in charge took measures to address these identified risks on the day of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had made adequate arrangements for the detection, prevention and containment of fire in the designated centre. Suitable fire fighting equipment, emergency lighting and an alarm system were in place and were serviced regularly. Staff had received fire safety training and could competently describe fire safety measures and fire evacuation procedures in place in the centre. The inspector saw that the centre was equipped with evacuation aids to safely evacuate residents. The provider had effected a schedule of fire drills with the most recent day-time fire drill showing that all residents could be evacuated in a safe time-frame.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge was in the process of reviewing all residents' assessments of need at the time of inspection. While all residents had an assessment of need, they had not all been reviewed within the past 12 months. The inspector saw that where assessments of need had been updated, that they were informed by the resident, the residents' representatives and the multi-disciplinary team. Assessments of need and care plans were written in a person centred manner. While care plans were in place for each assessed need, the inspector found that some of these required enhancement to ensure that they were specific and provided guidance on the competencies required to deliver certain care needs.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of inspection. All staff had completed training in Safeguarding and Children First. Staff were aware of how to contact the designated officer to report safeguarding concerns. The inspector saw that intimate care plans were available in resident files. These plans had been recently reviewed and were written in person centred language.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had made significant enhancements to the procedures in place in relation to residents' rights. While the service remained unsuitable for one resident in particular, the provider had plans in place to adapt this resident's environment in line with their needs and to support their right to dignity and privacy. The provider had enhanced the care practices in the centre to ensure that residents were consulted with in relation to the everyday running of the designated centre. Regular resident meetings were held. The provider was working with relevant multi-disciplinary clinicians and had purchased technology in order to enhance the accessibility and meaningfulness of these meetings.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Arranmore OSV-0003591

Inspection ID: MON-0034684

Date of inspection: 31/03/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Ongoing recruitment campaigns are in place to recruit for the outstanding positions. The provider is holding an open recruitment day in early May, multiple advertisements have been placed internally and in all relevant social care job listing sites and on various media platforms. The Human Resource Department are also linking directly with recruitment agencies and third level educational institutions to support the recruitment process.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Recruitment campaigns are currently active to fill the Clinical Nurse Manager posts. An internal Clinical Nurse Manager has been relocated to the Designated Centre in the interim until a permanent post has been filled. A Social Care Leader has been successfully recruited for the Designated Centre and it is anticipated this person will be in the role before the end of May 2022. The Person in Charge is based onsite and the staff have the support of the out of hours On Call manager at evenings and weekends. The Person in Charge is supported by the Programme Manager.</p>	
Regulation 27: Protection against	Substantially Compliant

infection	
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>New symptom checklists for Covid-19 were put in place on the day of the inspection and continue to be in use for staff, visitors and residents. FFP2 masks were also in place by the end of the inspection day and continue to be used daily by all staff in the Designated Centre. FFP2 masks are now delivered on a weekly basis by the provider's maintenance department.</p> <p>Regional and local Covid-19 procedures and contingency plans have been amended to reflect the changes in symptom checks and the use of FFP2 masks.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Care plans are currently being reviewed in conjunction with the resident's key workers and nursing staff to ensure care plans provide detailed instructions for staff when working with each resident. Once fully updated, all resident care plans will be reviewed on a monthly basis by key workers to reflect the residents assessed care and support needs.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>With regard to the resident who requires a more suitable living arrangement, progress has been made to ensure the resident now resides in the environment best suited to meet his needs. A resident whose room was close by has been relocated to a more suitable space in the main building along with this resident's staff team. This has ensured the noise in the environment has been greatly reduced.</p> <p>Maintenance team along with Person in Charge and the resident's key workers have a plan in place to renovate the resident's bedroom and also further enhance the resident's living space that is separate to the main building. This will facilitate his need for familiarity and consistency yet providing the required low arousal environment that is required for his assessed care and support needs.</p> <p>It is expected that these works will be completed by the end of July 2022 in line with the plan submitted to the Authority.</p>	



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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/11/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	29/04/2022

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	18/09/2022
Regulation 05(4)(b)	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 outlines the supports required to maximise the resident's personal development in accordance with	Substantially Compliant	Yellow	27/08/2022

	his or her wishes.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	29/07/2022