Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Donabate Residential
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	03 August 2022
Centre ID:	OSV-0003597
Fieldwork ID:	MON-0037597

About the designated centre

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

Donabate Residential is a community residential service, comprising a seven bedroom bungalow, located in North Dublin. The provider organisation is St. Michael's House. The service can accommodate up to six adults with intellectual disabilities and can also support residents with health care support needs. The centre is managed by a Clinical Nurse Manager and is staffed by a team of staff nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 August 2022	09:30hrs to 17:15hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection had been scheduled in order to complete a review of the infection prevention and control practices in the designated centre. However, the scope of the inspection was widened due to an identified risk in the oversight of the centre. The inspector was informed on arrival that the person in charge had recently left their post. No notification in this regard had been received by the Chief Inspector. For this reason, the purpose of the inspection was changed to a risk inspection with a specific focus on the governance and management arrangements for the designated centre.

In line with public health guidance, the inspector wore a face mask and maintained physical distancing as much as possible in all interactions with residents and staff. The inspector had the opportunity to meet several of the residents on the day. Most residents chose to continue with their preferred activities rather than engage with the inspector. The inspector used observations, discussions with key staff and a review of the documentation to form judgments on the quality of service being provided in the designated centre.

Overall, the inspector found that, while regular staff appeared to know the residents and their preferences well, oversight was required to ensure that all staff were fully informed regarding residents' assessed needs and care plans. A review was also required of the practices in place in relation to medication management, infection prevention and control and behaviour support.

On arrival to the centre, the inspector saw that it was generally clean and welcoming. Resident photos were on display in the hall. These showed activities and outings that residents had enjoyed over the last year. The designated centre was bright and spacious. Residents each had their own bedroom which was fitted with equipment as required by their assessed needs. For example, some residents had ceiling tracking hoists or hospital beds.

Resident bedrooms were decorated in line with their personal preferences. Some residents kept pets, such as fish, in their bedrooms. Residents also had access to two sitting rooms, a kitchen and dining room as well as a large garden. The inspector saw that maintenance and refurbishment was required to several areas of the premises including the kitchen, floors and some walls. This will be discussed further in the quality and safety section of the report.

The inspector was informed that some residents were at day service, another was being supported to attend a medical appointment and two residents were being supported from the designated centre to engage in their preferred activities. The inspector saw that residents appeared comfortable in their home. Some residents chose to watch television while others sat at the kitchen table for cups of tea with staff. Later in the day, residents were supported to go out for lunch or dinner in the community. The centre had access to a bus to support community access. While the

inspector saw that most residents were supported in line with their care plans, there were two instances where residents did not receive the support required as per their assessed needs.

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 inspection was initially scheduled to monitor the practices in relation to infection prevention and control in the designated centre. The scope of the inspection was widened in order to determine the governance and management arrangements due to an identified risk of an absence of a person in charge.

The inspector found that there were significant levels of non-compliance identified on this inspection which required review by the provider. In particular, the oversight arrangements required strengthening to ensure that residents were in receipt of a quality and safe service.

The person in charge had ceased to be in charge of the designated centre in early July 2022. The provider had failed to notify the Chief Inspector of this within the required time frame as set by the regulations. The provider had appointed a person in charge in late July 2022; however, there was a gap of over two weeks where there was no person in charge of the centre. Additionally, the provider had failed to notify the Chief Inspector of the new oversight arrangements. An urgent action was issued on the day of inspection in this regard and the provider was required to submit notification of the changes to the person in charge role.

Regular staff knew residents well and were seen to respond to residents' needs in line with their care plans. However, there was a known staffing resource issue in the designated centre which was impacting on the quality of care received by residents. There was significant reliance on relief staff to fill gaps in the roster. Due to the busy nature of the centre, regular staff were unable to supervise relief staff at all times. The inspector saw that some of the practices on the day of inspection were not in line with residents' care plans and presented a risk to residents' well-being. This was compounded by a lack of oversight due to the absence of a person in charge.

Additionally, risks were identified in relation to the oversight of medications and infection prevention and control practices in the centre. Staff attributed these risks to a lack of auditing in recent months.

There was evidence of poor communication from senior management to staff. Staff

meetings had not been held in the designated centre since April 2022. This resulted in staff being uninformed regarding changes to the provider's policies and procedures. Staff also reported that they were not in receipt of supervision as frequently as set out by the provider's policy.

The provider had completed audits, such as six-monthly audits and an annual review of the service. However, these did not comprehensively identify all risks and therefore the actions plans were ineffective in driving service improvement.

A statement of purpose was in place; however, it required review in order to ensure the most up-to-date information as required by the regulations was detailed.

Overall, the inspector found that the oversight mechanisms for the designated centre were ineffective and required a thorough review.

Registration Regulation 7: Changes to information supplied for registration purposes

The person in charge had recently left their role and had ceased to be in charge of the designated centre. This had not been notified to the Chief Inspector in line with the requirements of the regulations.

The person in charge had finished in their role on 8 July 2022. Notice of this had not been given to the inspector within the required 10 days.

The provider had appointed a new person in charge on 26 July 2022. A notification in this regard had not been submitted to the Chief inspector at the time of writing this report.

Judgment: Not compliant

Regulation 14: Persons in charge

The centre was without a person in charge for a period of 17 days in July 2022.

While the provider had appointed a new person in charge, this had not been notified to the Chief Inspector, as required.

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider’s response did provide assurance that the risk was adequately addressed.

Judgment: Not compliant

Regulation 15: Staffing

Staff resourcing presented a risk to the quality of care in the designated centre. The centre was operating with 1.5 whole time equivalent vacancies at the time of the inspection, with a significant reliance on relief and agency staff to fill gaps in the roster. The provider had identified this as a risk and had risk rated it as an orange or medium-level risk. The inspector was informed that the provider was engaging in an ongoing recruitment campaign and that the staff resource issues were escalated by the service manager to senior management.

In the two months prior to the inspection, over 19 relief or agency staff had been required in the centre each month. While the provider set out that they had measures in place to ensure that relief staff were always on shift with regular staff, the inspector saw that relief staff were not as informed regarding residents' care plans as regular staff. This resulted in some residents' care plans not being fully implemented on the day of inspection and presented a risk to residents' well-being. Enhanced oversight was required to ensure that staff were informed of the assessed needs of residents.

On review of the roster, the inspector found that, on occasion, the centre was unable to fill the roster. For example on one day in July, the provider was unable to source relief staff for a day shift. The inspector was assured that the assessed needs of residents were met on this day; however, the impact to residents was that they did not have as many opportunities for individualised support or community outings.

Judgment: Substantially compliant

Regulation 23: Governance and management

Enhancements were required to the resourcing of the designated centre and to the management systems to ensure that the service was provided in a manner that was safe, appropriate to residents' needs and consistently and effectively monitored.

The inspector found that there were resourcing issues which were impacting on the quality of care received by residents. Additionally, there was a lack of on-site oversight of the care being provided to residents. The inspector saw several practices which were not in line with residents' care plans on the day of inspection. These included staff being unfamiliar with the content of residents' behaviour support and feeding, eating, drinking and swallowing (FEDS) care plans. This presented a risk to residents as they were not consistently supported to manage their behaviour and to eat and drink in a manner which was assessed as being safe for them.

Staff supervision records were not available for review on the day of inspection. Staff informed the inspector that they were not in receipt of supervision as

frequently as set out by the provider's policy. The provider's six-monthly audit on April 2022 had also identified this risk as it was documented that some staff had not received supervision since 2021.

The centre had been without a person in charge for several weeks in July. This impacted on the oversight of the centre. The inspector found that local audits had not been completed for several months. Additionally, staff meetings had not been held since April 2022. There was poor communication from the provider to staff in relation to updated policies and procedures. This resulted in practices which presented a risk to residents. For example, staff were managing soiled laundry in a manner which was not in line with the provider's policy and which presented a risk of transmission of infection.

Provider audits, such as an annual review and a six-monthly review of the quality and safety of care, were completed however these did not comprehensively identify the risks in the centre and therefore were not being used as tools to drive service improvement. For example, the six-monthly review in April 2022 set out that the premises was in a good state of repair despite the provider being aware that maintenance was required.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed by the inspector on the day of inspection. It was found to contain most of the information as required by Schedule 1 of the regulations. However, amendments were required to some of the information to ensure it was accurate. These included:

- Changes were required to the organisational structure in order to reflect recent changes to the governance and management arrangements
- The registration conditions required to updating to reflect the centre's current certificate of registration.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a complaints policy in place which was accessible to residents. It was located in a prominent position in the centre. The inspector reviewed the complaints log and found that there were no recent or active complaints.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. Overall, the inspector found that improvements were required to the oversight of the day-to-day practices in this centre to ensure that residents were consistently in receipt of a safe service. In particular, improvements were required to the oversight of medications, infection prevention and control, the use of restrictive practices and the maintenance of the premises.

Many of the residents who lived in the designated centre had complex assessed needs in the areas of communication, behaviour support, feeding eating drinking and swallowing (FEDS) and health care. The inspector saw that residents had up-to-date comprehensive support plans in relation to their assessed needs. Staff spoken with were familiar with the majority of these support plans. However, the inspector saw examples of some practices which were not in line with support plans. For example, one resident was not supported with drinking in line with their FEDS plan. Additionally, staff were unfamiliar with the full content of a resident's behaviour support plan, and in particular, the proactive strategies to be implemented to support positive behaviour.

The inspector was informed that there was restricted access to toilet paper, hand towels and soap for residents. This was attributed to the behaviours of one resident. However, this had not been identified as a restrictive practice or notified to the Chief Inspector as such. The impact of this on all residents' right to dignity, autonomy and privacy in their personal care had not been considered. The result was that all residents were required to inform staff of when they were going to the toilet in order to access support and the required toiletries.

Many of the residents were prescribed several medications to support the management of various health conditions. The inspector saw that the practices for the storage, administration and disposal of medications required significant review. Medications were not stored securely and in one case, a prescribed thickening powder which was prescribed for one resident was administered to another. Several medications were out of date and had not been disposed of adequately.

There were several identified risks in relation to infection prevention and control (IPC). These included inadequate hand hygiene facilities, lack of staff training and knowledge in relation to IPC and a failure to implement transmission based precautions as recommended by one resident's health care professional.

The inspector saw that while the premises was bright and welcoming, there was significant maintenance required to areas of the house. The provider had known the kitchen required refurbishment since 2019; however, this had not been addressed. Additionally, flooring required replacement and walls required repair in several

rooms.

Regulation 17: Premises

Parts of the premises were in a poor state of repair and required significant maintenance.

The kitchen was damaged. The inspector saw that the laminate covering of kitchen cupboards was peeling and swollen. The laminate countertop was also damaged. There were gaps seen in the grouting around tiles. This resulted in a kitchen which was unsightly and also unhygienic as it could not be effectively cleaned. The inspector saw that the provider had been aware of the maintenance issues required to the kitchen since 2019; however, these had not been addressed.

Flooring throughout the centre also required maintenance. The inspector saw that the floor in the sitting room and in some of the bedrooms was damaged. The laminate had peeled away from some floorboards and there were gaps between other floorboards.

Several walls required repair and repainting. The inspector saw that walls were badly damaged in some bedrooms and in the small sitting room.

The inspector saw that quotes had been received by the provider for new flooring, a kitchen and painting; however, there was no time-bound plan in place to address these issues.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector saw that there was a wide variety of healthy and nutritious food available in the designated centre.

The majority of staff were up-to-date in training in feeding, eating, drinking and swallowing (FEDS).

Those residents who required support with FEDS had care plans which had been recently reviewed and contained comprehensive information detailing the support required to assist those residents to be safe at mealtimes.

However, the inspector saw that FEDS care plans were not fully implemented at all times. The inspector saw that one resident was not supported to drink in line with their care plan. The resident's care plan set out that they were to eat and drink in an upright position and to be supervised at all times during meals. However, the

inspector saw that this resident was provided with a drink while sitting reclined in a comfort chair and was not supervised while drinking. The inspector spoke to staff regarding this and found that while some staff were informed regarding the resident's care plan, others were not fully informed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were several infection prevention and control risks identified during the course of the inspection which presented a risk to the health and wellbeing of residents. These included:

- Insufficient hand hygiene facilities. There was no hand soap available in resident bedrooms or bathrooms. Hand sanitiser was available at the front door and in the kitchen but was not available in corridors or in environments where personal care was provided. Two hand sanitisers were found to be out of date. Hand towels were also unavailable beside sinks.
- Staff were unfamiliar with the provider's infection prevention and control policies, including the provider's policy on the management of soiled linen. Practices in place in the designated centre were not in line with the provider's policy. For example, there were no alginate bags available for the laundering of soiled linen.
- There was a low level of compliance with refresher COVID-19 training. Only 38% of staff were up-to-date with COVID-19 training
- Resident bathrooms required deep cleaning. There was mould observed at the join of the floor and wall tiles in one bathroom and green staining was seen on the shower walls of the other bathroom.
- One resident had been recently diagnosed with a transmissible infection. The inspector saw that the resident's doctor had recommended that staff implement transmission-based precautions including the use of aprons and gloves when supporting this resident. The inspector did not see these precautions being implemented on the day of inspection. There was no risk assessment or care plan for this diagnosed infection.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had measures in place to detect and contain fires.

Staff were up-to-date in fire safety training and were informed regarding the

evacuation procedures for the centre.

However, there had not been a fire drill in the centre since September 2021. Additionally, residents' personal evacuation plans were out of date since March 2022 and required review.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The practices in the designated centre in relation to the storage, administration and disposal of medications required review and enhanced oversight.

The inspector saw that medications were not always stored securely. A prescribed ointment was located on top of the fridge in the kitchen. This was dusty and was out of date.

Two tubs of prescribed thickening powder were stored on the kitchen counter. There was a risk assessment in place which detailed the risk that thickener could present to residents if accidentally ingested. For this reason, the risk assessment detailed that as a control measure, thickener must be stored in the kitchen cupboard. The inspector found that this control measure was not implemented.

The inspector also saw that a thickener which was prescribed for one resident was being used for another resident.

The medications press appeared cluttered and untidy. The inspector saw that some residents' medications were not stored in their appointed section. Some medications were not labelled as prescribed and were stored on unlabelled shelves. It was not clear who these medications were intended for.

Several medications were out of date but had not been disposed of.

Judgment: Not compliant

Regulation 7: Positive behavioural support

There was a low level of compliance with required refresher training in positive behaviour support. Only 44% of staff were up-to-date with this training.

The inspector saw that residents had comprehensive positive behaviour support plans on file. These were written in person-centred language and detailed proactive and reactive strategies to be followed to support residents to manage their behaviour. The inspector saw that there were inconsistencies among staff in their

understanding and implementation of behaviour support plans. For example, the inspector saw one staff implement reactive strategies at a stage where the behaviour support plan detailed that distraction techniques should be trialled first.

The inspector also found in talking to staff that staff were not fully informed regarding the proactive strategies detailed in residents' behaviour support plans. For example, one behaviour support plan detailed that visual schedules should be used to support a resident to understand and make choices regarding their daily routine. Staff informed the inspector that they did not have a visual schedule for this resident and were unaware of this recommendation.

The inspector found that there were restrictive practices in place which had not been identified as such and had not been notified to the Chief Inspector as required. Residents did not have access to toilet paper, hand towels or soap. These were not documented as restrictive practices or regularly reviewed in order to ensure that it was the least restrictive practice for the shortest duration of time.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspector found that there was a restrictive practice which was impacting on residents' privacy and dignity in relation to their intimate and personal care. Residents did not have access to toilet paper or hand towels and therefore had to communicate to staff each time that they required these products for their personal care. This did not support residents to have autonomy in their personal care and impacted on their right to dignity and privacy.

Judgment: Not 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 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Donabate Residential OSV-0003597

Inspection ID: MON-0037597

Date of inspection: 03/08/2022

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**
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: • Notification was completed and all relevant documentation submitted in relation to the outgoing person in charge and the incoming person in charge. • The PPIM will provide additional oversight of notifications submitted for the designated centre.	
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: • A person in charge has been appointed and who is full time and has all the necessary skills and experience to fulfill the role of PIC	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The PPIM and PIC reviewed the roster and regular relief and agency staff are in place	

to fill shifts as required • One permanent staff is returning from leave in Oct 2022. • The Registered Provider continues to priorities recruitment to fill vacancies in the Designated Centre

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: • The essential guide for relief / agency staff updated and to be read and signed before the commencement of support to the residents. This includes additional detail on support plans for residents. • The PIC has completed supervision meetings for all staff and a schedule is in place for the rest of 2022 • The PIC has rostered a staff meeting for Sept and will ensure that staff meeting will be held on monthly. • The PIC has provided staff with a briefing on updated relevant policies. The PIC will ensure that Polices will be an agenda item at staff meetings • The PPIM will ensure that repairs that are included on the organization work plan will also be recorded in the centers 6 monthly and the annual report going forward.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The Statement of Purpose was updated to reflect the recent changes in the organization structures and the centre's current certificate of registration

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: • The Registered Provider has a work plan for the upgrades of kitchens. The Designated Centre is scheduled to have the kitchen upgraded in Q 2 2023.

• Replacement of flooring was on the organizations work plan and was completed in August 2022.
• Painting of the centre to be completed when the kitchen upgrade is complete.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• The update of the essential information ensures all relevant information relating to food and nutrition is included for all staff.
• A check list of the information that is a priority for supporting each resident is in place and is to be signed as read by the agency / relief staff before commencement of the shift.
A shift lead is appointed with responsibility for ensuring the staff member has the necessary knowledge / skills to meet the residents support needs

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• All residents require support with hand hygiene, staff will continue to ensure soap and hand towels will continue to be available
• Soap is in place in each bedroom where personal care is supported.
• Each resident has personal toiletries in their bedroom
• Staff have access to individual hand sanitizers on their person as well as the hand sanitizers stations that are throughout the centre.
• Hand sanitizers placement in centre has been risk assessed as it is an skin integrity risk for one resident
• Alginate bags have been sourced and will be used in line with the organizations policy
• Staff have been allocated time on the roster to complete refresher training and the PIC will follow up on the completion of this training.
• Deep cleaning was completed in bathroom and cleaning roster revised and updated to include these areas going forward.
• Following the guidance that has been received from the organizations medical department for a virus infection, a support plan was put in place
• An IPC audit was completed on 31/08/2022 to confirm all actions are completed appropriately.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The PIC completed a fire drill 09/08/2022
• The PIC reviewed and updated all PEP's

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• The out of date emulsifying ointment was removed from kitchen and disposed of in an appropriate manner on the day of inspection.
• All drink thickeners were moved to the kitchen as outlined in risk assessment on the day of inspection.
• Each individual's thickeners were moved to this press to ensure each resident receives thickener with their name on it, on the day of inspection.
• Each resident's medication was reviewed to ensure correct storage. All medications are now labeled and can be found on the correct shelf, all out of date medications have been disposed of in an appropriate manner.
• A medication audit was completed 31/08/2022 to confirm all actions have been completed in line with the non-compliance in this regulation.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• The PIC as allocated time for all staff on the roster for the completion of the positive behavior supports training.
• All staff has re-read the positive behavior support guidelines for each resident.
• The PIC and relevant psychologist have reviewed the positive support plans
• The PIC and PPIM have agreed with the psychologist for the centre that additional support/ information to fully implement positive behavior support plans will be provided.

• Visual schedule put in place for one resident. • A new support plan and risk assessment was developed by the PIC to outline the existing arrangements for the use of toilet rolls and hand towels in bathrooms. The support plan identifies that additional supplies of toilet rolls and hand towels are kept in an unlocked press in bathroom • Hand soap is stored in unlocked press in bathroom due to risk for one resident, risk assessment in place to reflect same.

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: • The PIC has developed a support plan outlining that additional supplies of hand soap, hand towels and toilet can be found in press in bathroom.	

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
Registration Regulation 7(2)(a)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event notify the chief inspector in writing, within 10 days of this occurring, where the person in charge of a designated centre has ceased to be in charge.	Not Compliant	Orange	03/08/2022
Registration Regulation 7(2)(b)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3.	Not Compliant	Orange	03/08/2022
Regulation 14(1)	The registered	Not Compliant	Red	25/07/2022

	provider shall appoint a person in charge of the designated centre.			
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	31/12/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/06/2023
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Substantially Compliant	Yellow	04/08/2022
Regulation 23(1)(a)	The registered provider shall ensure that the	Not Compliant	Orange	31/08/2022

	designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	31/08/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/08/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with	Substantially Compliant	Yellow	30/01/2023

	standards.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/08/2022
Regulation 27	The registered provider shall ensure that residents who may	Not Compliant	Orange	30/09/2022

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	09/08/2022
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	31/10/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre	Not Compliant	Orange	31/08/2022

	has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Not Compliant	Orange	04/08/2022
Regulation 03(1)	The registered provider shall prepare in writing	Substantially Compliant	Yellow	31/08/2022

	a statement of purpose containing the information set out in Schedule 1.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	31/10/2022
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.	Not Compliant	Orange	04/08/2022
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	Not Compliant	Orange	04/08/2022

	personal information.			