



Health
Information
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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:	Dunshane Camphill Communities of Ireland
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	25 August 2022
Centre ID:	OSV-0003616
Fieldwork ID:	MON-0028795

About the designated centre

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

Dunshane Camphill Communities of Ireland is a designated centre that provides 24-hours a day, seven days a week care and support for up to 20 residents in a rural location in Co. Kildare. The designated centre consists of seven residential buildings situated on over 20 acres of farming land in a campus style setting. The centre also provides day activation services from 9am to 5pm Monday to Friday, on site. Some residents participate in these day activities, such as baking, cooking, pottery, basketry, and farming within the grounds of the designated centre or are supported in other interests in the community. The site also contains extensive gardens, walk ways, forest trails, farm land and fields. The centre can accommodate residents of both genders, aged 18 and over with intellectual disabilities. Residents are supported by a team of social care workers, care assistants and voluntary workers. In line with the co-living model of care residents share communal living spaces with the volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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 25 August 2022	09:50hrs to 17:50hrs	Marie Byrne	Lead
Thursday 25 August 2022	09:50hrs to 17:30hrs	Erin Clarke	Support

What residents told us and what inspectors observed

This announced inspection was completed to inform a decision regarding the renewal of the registration of this designated centre. From speaking with residents and staff, through observations, and by reviewing documentation the inspectors of social services found that the provider was self-identifying areas for improvement and putting plans in place to bring about the required improvements to ensure that residents living in this designated centre were in receipt of a good quality and safe service. They were aware of the impact of the recent turnover of staff and staffing vacancies for residents living in the centre and attempting to improve continuity of care and support for residents through the use of regular agency staff while recruiting to fill staff vacancies. They were also recognising that improvements were required in relation to the maintenance and upkeep of the premises, and in relation to the compatibility of some residents who were sharing their homes in the designated centre.

There were eighteen residents living in the centre at the time of the inspection. The inspectors visited six of the seven premises in the centre during the inspection, and had an opportunity to meet and briefly engage with seven residents over the course of the inspection. A resident was feeling unwell on the day of the inspection so inspectors did not visit their home, and there were no residents at home in three of the houses visited as they were either at day services or engaging in activities in the community.

Residents who spoke with inspectors stated they were happy living in the centre, and spoke about how important being independent and making choices in their day-to-day lives were to them. They spoke about things they liked to do at home, on the farm and grounds, in day services and in the community. For example, residents spoke about playing musical instruments and attending music and art classes, attending a barista course, cooking, baking, knitting, gardening and tending to the animals on the farm.

Residents spoke about holidays they had recently enjoyed, about their love of movies and shopping, and about upcoming events they were looking forward to. For example, one resident spoke about an upcoming significant birthday and how they would like to celebrate it and another resident spoke about how their bedroom had been painted while they were on holidays in the colours they picked before they went. They told inspectors how much they loved their room now.

In each of the houses visited inspectors saw residents photos, artwork and crafts on display. Their crafts were also on display in the gardens and courtyards, such as knitting pieces wrapped around outdoor areas. One resident had an art gallery on a wall in their home where they displayed some of their works, and they had worked hard to sew flowers and plants and decorate their garden over the summer months. It was now an attractive, colourful space where they and their housemate and friends or family could relax, and enjoy a meal or a drink if they so wish. Inspectors

observed a relaxed, friendly and welcoming atmosphere in each of the houses visited. Residents appeared comfortable and content and to move freely around their homes and the grounds during the inspection.

One house which had just been refurbished at the time of the last inspection, had further works completed particularly to the paths and the gardens. A snag list had been completed but there were a number of jobs outstanding at the time of the inspection. Another house had been fully refurbished since the last inspection and a resident had transitioned into their new home. The houses was homely and decorated in line with pictures and plans the resident had shown an inspector during a previous inspection. They were not at home at the time of the inspection, but staff reported their transition was progressing as planned. As outlined in the providers policies, transitions were completed at a pace suitable for residents and kept under review to ensure the residents were happy with their transition, and if not alternative arrangements would be explored.

In addition to meeting seven residents, seven questionnaires were completed prior to this announced inspection. Four of these were completed by residents and staff supported three residents to complete theirs. Questionnaires indicated that residents had been living in the centre or within services run by the organisation for between seven and 27 years.

Overall questionnaires indicated that residents were satisfied with food and mealtimes in the centre, however, one resident indicated they would like to have their main meal in the evening time rather than at lunchtime, an one resident indicated they would like a bigger bedroom. Questionnaires indicated activities residents enjoyed at home and on the farm, but they also identified activities they did not particularly enjoy. For example, one resident indicated they enjoy attending the candle workshop, but that they do not enjoy working in the garden. In another questionnaire, a resident indicated that they were not happy sharing their home with their peers and that they would like to have their own accommodation.

Questionnaires identified areas of their home and lives that residents were satisfied with, but also areas where they would like to see improvements. Overall questionnaires indicated residents were happy with the comfort of the centre and their access to shared areas and outdoor spaces. They also indicated high levels of satisfaction with visiting arrangements, staffing supports, the complaints process, and their choice, privacy, respect, and safety in the centre. Areas where residents indicated that they would like to see improvements related to their access to day services off-site and clubs they used to attend, their opportunities to carry out task independently, and to have more opportunities and choices of activities, particularly in the community.

Four questionnaires referred to residents' experience of using the complaints process in the centre. They each indicated they were satisfied with the process and felt listened to and respected, and that their complaint was dealt with quickly and fairly. Areas where residents would like to further explore and activities they would like to engage in/engage in more often were identified in questionnaires including, swimming, art classes, shopping, bus drives, candle making, hairdressing, baking,

and social clubs. Inspectors found that residents access to activities in the community were increasing in the centre now that restrictions relating to the pandemic were lifting due to the fact that staffing vacancies were being filled, and that residents were also highlighting new goals in relation to activities they would like to try, in their annual person-centred plan reviews and meetings with their keyworkers.

Examples of comments included in questionnaires were, 'I love the nature within the community, the gardens, the wildlife, and most of all the people', 'I really like the staff, my own room and I wouldn't like to change anything', 'I would like more choices on activities', 'I love the food in the house', and 'I love how welcoming staff are to my family'.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Following a series of poor inspection findings in centres operated by Camphill Communities of Ireland in 2020, the registered provider was required to submit a comprehensive national improvement plan to the Chief Inspector of Social Services. This was the 12th inspection of the centre and there had been five inspections completed in this designated centre since 2020. Incrementally between 2020 and 2022 inspectors found improvements in relation to the quality and safety of care and support for residents living in this designated centre.

Overall, inspectors found that further improvements had been made in relation to the providers' oversight of care and support, and to the day-to-day running of the centre, since the last inspection. For example, the provider had recently requested a meeting with the funder to discuss residents' changing needs and the compatibility of some residents sharing their homes in the centre.

The provider had implemented a number of new systems and it was evident that these systems were proving effective in ensuring that the provider was identifying areas of good practice and areas for improvement in the centre. These systems allowed the provider to track actions from their annual and six monthly reviews and audits, and to ensure that they were clearly identifying who was responsible for completing the actions in a timely manner.

While improvements were noted in relation to staffing numbers and continuity of care and support for residents since the last inspection, further improvements were required in this area. Inspectors found that the provider was aware of this and actively recruiting to fill staff vacancies. Residents were complimentary towards the staff team and talked about how hard they were working to support them. One resident spoke about finding it hard that staff were spending more time completing

paperwork. They stated that everyone should be mindful that "we as residents are the priority". Inspectors were informed by members of the management team that work was ongoing to further develop their systems for documentation including the introduction of tablet computers in each of the houses to capture day-to-day recordings. They reported this would reduce the burden associated with documenting in the houses. A number of staff spoke about the positive impact that stabilising the staff team had made for continuity of care and support for residents, and spoke about how it could only improve further once the remaining staff vacancies were filled. Each staff who spoke with inspectors stated that they were well supported in their role and aware of who to report any concerns they may have in relation to residents' care and support to.

Improvements were also noted in relation to staff's access to and uptake of training and refresher training in the centre. In addition, key management personnel had completed additional training in relation to performance management and it was evident from reviewing documentation and speaking with members of the team, that these processes were being used to identify staff's strengths and areas where they required support. There was a schedule in place to ensure that staff had regular formal supervision in line with the organisations' policy. Volunteer's roles and responsibilities were clearly defined and it appeared that there was a reduced reliance on volunteer staff in the houses which was affording them the opportunity to spend more time with residents and to support them to enjoy activities.

The person in charge who commenced in post in the centre just prior to the last inspection in February 2022 had resigned their post and a new person in charge had commenced in June 2022. There had also been recent changes in personnel and the roles and responsibilities of in the the local management team who were reporting to the person in charge. These changes were found to be having a positive impact for in terms of the availability of a member of the management team to staff and resident, and in relation to the day-to-day oversight of the centre. Residents and staff were complimentary towards the availability of the local management team to support them. The provider was also recruiting for an additional team leader to further strengthen oversight and monitoring in the centre.

In summary, improvements were noted in relation to staffing numbers and continuity of care, governance and management, and staff's access to training and supervision since the last inspection. The provider had action plans in place in relation to recruitment, premises and grounds works, and residents' assessments.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had employed a full time person in charge who had the qualifications, skills and experience to fulfill the role. They commenced in post in June 2022 and were found to have systems in place to ensure the effective governance, operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The provider was aware that there were not sufficient numbers of staff employed to meet the number and needs of residents in the centre. They had recruited to fill a number of vacancies since the last inspection which had resulted in improvements in relation to continuity of care and support for residents. At the time of the last inspection there were 10.6 whole time equivalent vacancies and at the time of this inspection there were four whole time equivalent vacancies.

While recruiting to fill the outstanding vacancies the provider was attempting to use regular agency staff and staff completing additional hours to fill the required shifts. In addition, they were planning a service review with the funder in line with residents' changing needs and compatibility issues between residents in the centre.

There were planned and actual rosters in place and they were well maintained. A sample of staff files reviewed contained the information required by the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

For the most part, staff were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs. A small number of staff required first aid, managing behaviour that is challenging and diabetes training. Inspectors were shown evidence that these staff were booked onto these trainings.

There was a schedule in place to ensure that staff were in receipt of regular formal supervision. Members of the management team had been provided with performance management training, to support them to work with staff to identify their strengths and needs and to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in the centre and it was found to be up-to-date and to contain the required information.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place against the risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Overall inspectors found that there were clearly defined management structures which identified lines of authority and responsibility. There were clear roles and responsibilities for all areas of service provision and there were systems in place for residents and staff to escalate any concerns they may. There has been a number of staff resignations, retirements and changes to the structure of the management team in the 12 months preceding the inspection and the provider had implemented a number of systems and processes to strengthen the oversight and day-to-day monitoring of care and support for resident in the centre.

As previously mentioned, inspectors found that the provider's new systems for oversight and monitoring were proving effective as they were picking up on areas for improvement in line with the findings of this inspection. For example, the provider had recognised in their audits, the annual review of care and support and their six monthly provider visit that improvements were required in relation to staffing numbers and that a service review was required to ensure they were providing a service that was safe, appropriate to meet residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the Regulation.

Judgment: Compliant

Regulation 30: Volunteers

There had been a reduction in the number of volunteers in the centre since the last inspection. Inspectors did not have an opportunity to meet or engage with any of the volunteers during the inspection but from speaking with staff and reviewing a sample of files, inspectors found that the roles and responsibilities were clearly defined and that they were in receipt of regular formal supervision and support. They had a vetting disclosure in place in line with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Quality and safety

Inspectors found that residents were in receipt of a good standard of care and support in the centre. A review of documentation and inspectors' observations indicated that residents' rights were promoted, as was their privacy and dignity. As previously mentioned, the provider was aware that some improvements were required in relation to areas of some of the premises and the grounds, and that compatibility assessments were required. Improvements were also required to ensure that each incident of a safeguarding nature be reported and escalated in line with the organisation's and national policy.

Overall, residents lived in warm, clean and comfortable homes. Their bedrooms were personalised to suit their tastes and a number of areas of the centre had been refurbished since the last inspection, resulting in residents' homes appearing more homely and comfortable. For the most part, the premises were accessible; however, plans were in place to improve accessibility at the back of one of the houses, and to the maintenance of the grounds to ensure they were accessible to all. The required works were logged on the provider's maintenance system.

Residents were protected by the risk management policies, procedures and practices in the centre. The risk register and risk assessments in the centre were found to be reflective of the actual risks and to contain detail in relation to the control measures

to mitigate these risks. For example, staffing, slips trips and falls on the grounds, and compatibility of residents were identified as the most significant risks in the centre. There were systems in place for the oversight of incidents and emergency plans in place. Residents were also protected by the infection prevention and control, fire safety, and medication management policies, procedures and practices in the centre.

Inspectors reviewed a sample of residents' personal plans and found that they were comprehensive in nature and outlined residents' strengths, talents, preferences and support needs. There were detailed care plans in place which outlined how residents liked to be assisted with these support needs. There was a goals setting process in place and from reviewing a sample of residents' goals it was evident that they were involved in developing their goals and supported to identify the necessary steps to achieve their goals.

Residents were provided with appropriate healthcare, having regard to their personal plan. They were supported to access a General Practitioner (GP) of their choice and medical treatment recommended and agreed by residents was facilitated. They were accessing allied health professionals in line with their assessed needs and there were care plans in place to guide staff to support them in relation to their healthcare needs.

For the most part, residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training online and additional bespoke enhanced safeguarding training facilitated by the provider. Staff who spoke with inspectors were aware of their roles and responsibilities should there be an allegation or suspicion of abuse. There were open safeguarding plans in place in the centre which were being regularly reviewed and updated. However, inspectors reviewed a small number of incident reports in the centre where the impact of some of these incidents had not been considered or followed up on as safeguarding concerns. This will be discussed further under Regulation 8.

Inspectors found that residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were in receipt of person-centred care and supports, and their opinions were listened to and valued by staff. They had access to information on accessing advocacy services and there was information available and on display in relation to the complaints process and safeguarding in the centre. Residents' and keyworker meetings were occurring regularly.

Regulation 17: Premises

Overall, residents lived in clean and well maintained homes. However, there were a number of areas where maintenance and repairs were required, which were logged on the provider's maintenance system. For example, there were some shower and bath areas where sealant required replacement, some areas where painting was required, and a snag list had been completed following works in one house and these works had not been completed. Some works were being completed at the

time of the inspection including scoping works in relation to rising damp and a leak in one of the houses.

Improvements were also planned in relation to the grounds and gardens in the centre. For example, there were areas where paths and patios were overgrown, and there were works planned to improve one residents' garden area following the refurbishment of their home.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide was available in the centre and contained the required information including a summary of the services and facilities provided for residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access any inspection reports on the centre, the procedure respecting complaints, and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. There was a risk management policy in place which contained the required information.

Inspectors found that there were improved systems in the centre for the oversight of risk, with evidence of review of incidents by all levels of the management team and evidence of follow up and actions following their review and trending of incidents.

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were protected through the infection prevention and control policies, procedures and practices in the centre. Staff had completed a number of additional trainings in relation to infection prevention and control and the provider had developed contingency plans for use during the pandemic.

Residents and staff had access to information on infection prevention and control

and in one of the houses a resident spoke with inspectors about COVID-19 and told them about the steps they take every day to protect themselves from different types of infections.

There were suitable systems in place for laundry and waste management and there were also systems in place to ensure there were sufficient supplies of PPE available in the centre.

The premises was found to be clean throughout and there were cleaning schedules in place to ensure that each area of the centre was being regularly cleaned. There were areas of the centre where maintenance and repairs were required to ensure that areas of the centre could be adequately cleaned and these are captured under Regulation 17.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed significant works in relation to fire safety in this centre since 2020. There were suitable arrangements in place to detect, contain and extinguish fires. Fire safety systems and equipment was being serviced regularly and records of this were maintained in the centre.

There were adequate means of escape, including emergency lighting and evacuation routes were found to be clear of obstruction during the inspection. Fire evacuation plans were on display, fire drills were occurring regularly and residents had personal emergency evacuation plans which detailed any supports they may require to safely evacuate the centre. Staff were in receipt of fire safety training in line with the organisation's policy.

Inspectors found that keys were not readily available at a number of fire exits in the centre but the provider arranged for break glass boxes with keys to be installed in each of those areas before the end of the inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the medications policies, procedures and practices in the centre. There were appropriate systems in place in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Medication audits were being completed regularly and there were systems in place to ensure sufficient guidance was in place in relation to the administration of PRN or

"as required" medicines, and that this guidance was regularly reviewed and updated as required.

Medication related incidents were being recorded and reviewed. For example, there had been a significant incident relating to the administration of medicines prior to the inspection and inspectors viewed evidence of follow up, learning, the review and update of relevant documentation, and the provision of additional training for staff. Inspectors found that the updated documentation clearly guided staff practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

As previously mentioned the provider was aware that a service review was required with the funder in relation to residents' changing needs in order to ensure that the centre was suitable to meet the number and needs of residents in the centre. While each resident had an assessment of need and personal plan in place, the provider required time to fully complete the required assessments and identify any required actions.

From reviewing a sample of assessments and personal plans inspectors found that residents' assessments were informing their personal plans. Residents were having annual review meetings with the relevant members of the team, their keyworkers, and their family were also invited to attend. During these meetings they were discussing aspects of their care and support, their life skills and goals, and what was important to them for the year ahead.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had their healthcare needs assessed and health action plans were developed and reviewed as required as required. The sample of residents' health action plans reviewed were found that they were sufficiently detailed to guide staff practice in relation to any supports residents may require.

Residents were accessing allied health professional in line with their assessed needs and accessing national screening services in line with their wishes.

Judgment: Compliant

Regulation 8: Protection

There were a number of open safeguarding plans in the centre and for the most part inspectors found that the provider was recognising, reporting and following up on safeguarding concerns. However, as previously mentioned there were a small number of incidents reviewed by inspectors where the impact of some incidents for residents had not been considered or followed up on as safeguarding concerns. Inspectors acknowledge that there were open safeguarding plans in place for the residents' involved; however, these incidents had not been screened or followed up on in line with the organisation's or national policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' meetings were occurring on a regular basis and agenda items included, the day-to-day running of their home, menu planning, activity planning, safety and security, residents' rights, the upkeep of their home, advocacy, policies and procedures, complaints, and updates and news. Residents could also bring forward any other agenda items they wished to discuss.

There were posters in display in the centre in relation to the availability of independent advocacy services and the confidential recipient. There were also visual activity planners, picture rosters and menu plans on display in the houses as was a picture of the complaints officer was and the complaints process in an easy-to-read format.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dunshane Camphill Communities of Ireland OSV-0003616

Inspection ID: MON-0028795

Date of inspection: 25/08/2022

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
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> - An extensive recruitment drive had commenced to fill all vacant posts. To date there has been three posts filled (2x Social Care Worker Shift Leads and 1x SCA) Further interviews scheduled for week starting 3rd October 2022. - CCoI has also linked with agencies in an attempt to fill vacant posts in a timely manner. Locally the management team has designed recruitment posters and has distributed them across various recruitment platforms and local colleges in a creative attempt to attract new applicants. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - All required/outstanding works are logged on CCoI maintenance system and a meeting has been scheduled with the Maintenance & Property Manager and Repairs and Maintenance Co-Ordinator to discuss a work plan to include all necessary works and a timeframe as to when all works will be complete. Meeting is scheduled to take place on 5th October at 11am. - Maintenance and Property Manager meets with the SMT on a fortnightly basis to review work schedule and to review and prioritise essential maintenance works. 	

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> <ul style="list-style-type: none"> - A full service review had been requested by the Head of Services to address concerns in relation to changing needs and compatibility issues with some of our Community Members prior to recent inspection on 15th July 2022 and further follow up correspondence on 5th August 2022. - Compatibility assessments to be completed with all Community Members to highlight areas of concern. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> - A consultation meeting was held on Sept 12.09.2022 between PIC and Safeguarding Protection Manager to discuss the safeguarding process within the service. - The meeting discussed recognition, consultation, reporting and follow up of alleged incidents. - Outstanding work has been processed and followed up by SPT. - There is increased oversight in the designated centre where the PIC reviews Community Members daily logs on a daily basis. There is also increased oversight at Senior Leadership Level where all incidents/accidents/near misses/behaviors of concern/medication errors/safeguarding concerns are reported and escalated on the same day. There is an electronic Incident Management system currently being tested where all incidents will be completed electronically and the PIC/Senior Leadership Team will be immediately notified. - Safeguarding and HIQA notifications is a standard agenda item on bi-monthly Community Management Meetings and supervision sessions with both the Team Leader and PIC. - Team meeting scheduled with PIC and CCoI Safeguarding and Protection Manager to ensure all staff have a clear understanding of how an incident can impact a Community Member and signs of same. Meeting scheduled for 3rd October 2022 at 2.30pm. 	

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	31/01/2023
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	30/09/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Substantially Compliant	Yellow	31/01/2023

	circumstances where staff are employed on a less than full-time basis.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/03/2023
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.	Substantially Compliant	Yellow	31/03/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2023
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/03/2023
Regulation 08(2)	The registered provider shall protect residents	Substantially Compliant	Yellow	30/09/2022

	from all forms of abuse.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	30/09/2022