



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

Issued by the Chief Inspector

Name of designated centre:	Special Dementia Unit - Sonas Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	02 June 2021
Centre ID:	OSV-0003746
Fieldwork ID:	MON-0032386

About the designated centre

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

The designated centre is based on a campus setting in suburban area of North-West County Dublin and provides specialist dementia care to persons with intellectual disabilities some of whom have end of life support needs. The centre is comprised of one large building which was constructed in 2013 and currently operates as two separate units within the one premises. Services are provided through 13 long term beds and one respite bed. There is a staff team of clinical nurse managers, staff nurses, care assistants and household staff employed to support residents and additional supports are provided through volunteers.

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 - 2015 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 2 June 2021	09:30hrs to 15:40hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

There were twelve residents living in the designated centre at the time of this inspection and the inspector had the opportunity to meet and briefly engage with six of them. Overall, the inspector found the centre was well managed and that residents were in receipt of a good quality and safe service. However, improvements were required in relation to staffing numbers, staff training, and an annual review of care and support in the centre was due to be completed.

Throughout the inspection residents appeared happy, relaxed, comfortable and content. The atmosphere in the centre was found to be very calm and relaxed. Residents were supported by a staff team who were familiar with their care and support needs and who were motivated to ensure that they were happy, safe and regularly engaging in activities which were meaningful and purposeful to them.

As the inspection was completed during the COVID-19 pandemic, the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. The inspector reviewed documentation in an office and then visited the centre.

As previously mentioned, the inspector had the opportunity to meet and briefly engage with the six residents living in the centre. In addition, the inspector viewed the results of a family survey for 2020 and a sample of four residents' questionnaires which they had completed in advance of the planned annual review by the provider.

When the inspector visited the centre kind, caring and positive interactions were observed between residents and staff. Residents were engaging in a number of different activities and were observed spending time in their preferred spaces. One resident had just fallen asleep while watching the television and staff were observed to check to make sure they were comfortable a number of times. Three residents were at the kitchen table being supported by a staff member to engage in arts and crafts. One resident was colouring a picture and they showed the inspector all the beautiful colours they were using. Another resident was writing while having a cup of tea and they spoke with the inspector about their key worker and about jobs they liked to do around the house, and around the campus. The third resident was sitting chatting to staff and completing a word puzzle.

One resident showed the inspector a pottery flower pot that they had recently made. After making it they had planted flowers in. It was now taking its place of honour on the kitchen table. They told the inspector about how they were the assistant editor of the residents' newsletter and they talked about how important this role was to them. They also talked about other activities they were regularly enjoying such as baking and cooking.

Each of them appeared to be happy to be engaging in these activities and were observed smiling and chatting with staff throughout. Staff were observed to take the time to listen to residents and to pick up on each of their communication efforts. They were found to be very familiar with residents' communication needs and preferences.

The premises was purpose built and the design and layout had been carefully considered to make sure it was meeting the specific care and support needs of residents in the centre in a comfortable and homely way. On display in the hallway were two awards which the centre had received. They had won the specialist care centre of the year and building project of the year, for 2014.

The centre was bright and airy and there were numerous spaces available for residents to engage in activities, or to spend their time relaxing in. There were arts and crafts supplies, board games, and other games available for residents should they wish to use them. Residents' pictures and art work were on display throughout the centre. There number of living rooms and there was also a sun room which led to an enclosed courtyard with raised beds and a water feature. The premises was well maintained both internally and externally.

Residents' bedrooms were found to be designed and decorated in line with each of their wishes and preferences. One resident was relaxing in their bedroom watching their tablet computer when the inspector visited their home. They showed the inspector some of their favourite things in their bedroom such as certificates for courses they had completed and awards and they had won. They also showed them the picture and calendar they had on their wall of their favourite singer. They then proceeded to laugh as they showed the inspector some of the singers' signature dance moves. They had recently transitioned to the centre and showed the inspector their transition plan. It was in a format which suited their communication needs and preferences. It contained pictures of each step of their transition. They also showed the inspector their memory box which contained items that were very important to them.

As previously mentioned, the inspector viewed a sample of four residents' questionnaires they had completed for the provider's annual review. This survey was presented in a user-friendly format to suit their communication needs. Each resident indicated that they were happy and felt safe living in the centre. They also indicated they were happy with the support they got from the staff team and with how clean and comfortable their home was. They also indicated they were happy with their access to outdoor spaces, their involvement in the running of their home and the complaints process in the centre. A number of residents did refer to the impact for them of restrictions relating to the COVID-19 pandemic, with residents stating "sometimes like to go out more" and "hopefully get back to community activities soon".

Residents' representatives surveys for the upcoming annual review for 2020 were also viewed. 100% of the surveys were positive with the majority of residents' representatives indicating they were "very satisfied" with all elements of care and support in the centre, and the remainder indicating they were "satisfied". The

questions related to areas such as, choices, dignity and respect, safety, complaints, personal plans, and residents' independence. Each survey also indicated that they were happy with how staff listened to and respected residents' views and they all indicated that they always felt welcome in the centre.

Residents' meetings were occurring regularly and the agenda items were found to be varied and resident focused. Items which were regularly discussed included, COVID-19, complaints, compliments, advocacy, quality updates, menu and nutrition, health and safety, maintenance and the upkeep of their home, activities, and new admissions. The inspector viewed a number of pictures of residents' taking part in these meetings.

The inspector also viewed the complaints and compliments folder and it contained a number of cards and a log of compliments. Examples of comments in these documents were "thank you for the wonderful care", "lovely place with highly experienced staff", with one referring to how the resident was living "a very happy life" in the centre.

In summary, residents appeared happy, content and relaxed in their home. The team were found to be quickly responding to residents' changing needs and considerations had also been given to residents' future needs in relation to the design and layout of the premises.

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

Overall, the inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service. The centre was homely in its design and there was a clear focus by staff team on ensuring that each resident was happy, content, relaxed and comfortable in their home. There was also a recent increased focus on ensuring residents were spending their time taking part in meaningful activities. Overall, the provider and local management team were self-identifying areas for improvement. These included, staffing numbers, staff training and the completion of an annual review of care and support in the centre.

For the most part, the provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing six monthly reviews and had plans in place to complete an annual review of care and support which included consultation with residents and their representatives. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre. For example, plans were in place to ensure staff completed the required training's and

plans were also in place to source additional storage for large items in the centre.

The person in charge had commenced in their role in this designated centre in 2021. They were found to have the qualifications, skills and experience to fulfill the role. They were also found to be knowledgeable in relation to the resident's care and support needs. They were supported and supervised by a number of person's participating in the management of the designated centre and by a service manager. They were also identified as person in charge of another centre and were found to have systems in place to ensure they had oversight in this designated centre.

Residents were supported by a staff team who were familiar with their care and support needs, who had completed a number of trainings and refresher trainings to ensure they could support them in line with their assessed needs. However, a number of staff required training and refresher training in some areas. These will be detailed later in the report. Formal staff supervision had just been introduced in the centre and required further time to be fully implemented.

Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. Staffing numbers were above those in the centre's statement of purpose; however, it was not evident from reviewing rosters and speaking with staff that there were sufficient staffing numbers to meet residents' care and support needs and to ensure they were fully implementing control measures outlined in a number of safeguarding plans in the centre.

Regulation 15: Staffing

Throughout the inspection, residents were observed to receive assistance, interventions and care in a respectful, and safe manner by a staff team. The staffing numbers had increased in the centre during the pandemic, particularly at night time. At the time of this inspection, the provider was in the process of recruiting to fill a CNM1 vacancy and a part time care staff vacancy.

On the day of the inspection, staffing numbers were found to be above those outlined in the centre's statement of purpose. There were an additional 0.5 whole time equivalent (WTE) staff nurses and 3.5 WTE additional care staff working in the centre. However, from reviewing a sample of rosters in the centre, it was not evident that there were sufficient WTE numbers of staff to meet residents' care and support needs. The provider was ensuring continuity of care and support for residents as the required shifts were covered; however, these were being covered by regular agency staff and by staff completing additional hours, or incurring time owing. For example, in the month of May 2021, in addition to a number of shifts being covered by regular agency staff, staff from the centre had completed over 90 additional hours.

There were planned and actual rosters in place and they were found to be well

maintained.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were found to be accessing some training and refresher training to enable them to provide person-centred care and support for residents living in the centre. However, a number of staff required

- 13% of the staff team required refresher fire safety and awareness training,
- 60% of the staff team required managing behaviour that is challenging training, and 28% required refresher training in this area,
- 82% of the staff team required food safety refresher training,
- 4% of the staff team required refresher hand hygiene training,
- 4% of the staff team required refresher manual handling training.

Both the person in charge and service manager stated they were aware of the gaps in staff training. They stated they had a plan in place to ensure staff were booked onto the required trainings. The inspector viewed a number of e-mails to demonstrate that staff were booked onto some of these trainings.

Some staff had completed a number of additional trainings in line with residents' assessed needs. These included dysphagia, communication, syringe pump and basic life support training.

In addition to some mandatory trainings, a number of staff were due to complete trainings in line with residents' assessed needs. For example, the organisation in consultation with clinical nurse specialists and one of the Universities had developed a six week Dementia training programme and staff in the centre were due to complete this training. Plans were also in place for more staff to complete trainings such as palliative care training.

Formal supervision had recently commenced in the centre. Not all staff had completed supervision at the time of the inspection, but a schedule was in place to ensure that each staff had formal supervision in 2021, to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Not compliant

Regulation 19: Directory of residents

There was a directory of residents available in the centre which was found to contain the required information. It was being regularly reviewed and updated.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, there were effective management systems in place that supported and promoted the delivery of a safe, quality service. The quality of care and the experience of residents was being monitored and developed on an ongoing basis by the local management team.

The centre was managed by a suitably qualified, skilled and experienced person in charge and they were supported by person's participating in the management of the designated centre (PPIM's) and a service manager. They were found to be self identifying areas for improvement and escalating their concerns to the provider.

The provider was completing six monthly reviews and these were identifying areas of good practice and areas for improvement. However, the provider had not completed an annual review of care and support for 2019. The inspector acknowledges that the provider was in the process of completing an annual review for 2020 and residents and their representatives views had already been captured for this review.

Staff meetings had not been occurring frequently in 2020 but were found to be occurring at least monthly for the majority of 2021. Audits were being completed regularly by the staff team and these audits and reviews were leading to positive changes in relation to residents' care and support and in relation to their home.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of accident and incident reports in the centre and found that the Chief Inspector of Social Services was notified of the required incidents in line with the requirement of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All of the policies required under Schedule 5 of the Regulations were in place. The majority of them had been reviewed in line with the time frame identified in the regulations. However, the provision of personal intimate care policy and procedures had not been reviewed in line with this time frame.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was to a very high standard. They were in receipt of person-centred care and they were living in a comfortable and spacious home. Their likes, dislikes and preferences were well documented.

Residents health, personal and social care needs were assessed and care plans were developed and reviewed as required. These documents were found to be clearly guiding staff in relation to any supports they may need. The staff team were regularly supporting residents to explore different activities to see which ones they found meaningful.

As mentioned earlier in this report, residents were involved in the running and operation of their home. Regular residents' meetings were held and these facilitated residents' participation in decisions about their home. They were being kept up-to-date in relation to COVID-19 information was available in a user-friendly format in relation to residents' rights, complaints and advocacy.

Residents were protected by the policies procedures and practices relating to infection prevention and control. The provider had developed policies, procedures and contingency plans in relation to COVID-19. The premises was clean and there were systems in place to ensure that personal protective equipment was available. Staff had completed a number of infection prevention and control related trainings.

Residents were also protected by the fire precautions in the centre. Suitable fire equipment was available and it was being regularly serviced. Fire drills were occurring regularly and each resident had a personal emergency evacuation plan in place to guide staff on supports they may require to safely evacuate the centre.

Overall, residents were protected by the policies, procedures and practices relating to safeguarding in the centre. For example, staff had completed training, there was a safeguarding policy and procedures in place, and detailed intimate care plans were in place for each resident. All allegations or suspicions of abuse were reported and followed up on in line with the organisation's and national policy and safeguarding

plans were developed and reviewed as required. Staff who spoke with the inspector were found to be aware of their roles and responsibilities in relation to safeguarding and in relation to the implementation of additional control measures in residents' safeguarding plans. It was evident that every effort was being made by the staff team to ensure they were implementing these control measures. This included staff completing additional hours and incurring time owing to ensure there were sufficient staffing numbers at key times in the centre.

Regulation 13: General welfare and development

Each resident had a promoting wellbeing and social connectedness section in their personal plan which detailed important people in their lives, their lifelong interests, and how they liked to keep in contact with their family and friends. These plans clearly outlined how staff could assist residents in enhancing their wellbeing and social connectedness. They contained lists of residents' preferred activities such as, going for walks, bowling, cleaning, clay art, writing, music sessions either indoors or outdoors, baking and cooking, circle dancing, bingo, flower arranging, and going to parties.

The inspector viewed evidence in residents' weekly quality of life timetables in their personal plan and pictures in their person-centred plans to demonstrate that they were engaging in activities which were meaningful and purposeful for them, on a regular basis. Now that restriction relating to the pandemic had eased, plans were in place for residents who wished to, to engage in more community based activities.

Judgment: Compliant

Regulation 17: Premises

The premises was purpose built and the provider had won awards for its design and layout. When the centre was built consideration had been given to residents' assessed needs and to their possible future needs. The design and layout was found to promote residents' safety, dignity, independence and wellbeing.

The centre was found to be accessible, clean, comfortable and homely. It was suitably decorated and well maintained both internally and externally. The internal courtyard was a pleasant and accessible space.

Residents had access to private and communal accommodation which included adequate spaces for private, social, recreational activities and dining. They also had access to suitable storage facilities for their personal use. The provider had identified that additional storage was required for large items in the centre and they were in the process of reviewing options at the time of the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. The provider had developed contingency plans for use during the pandemic and staff had completed additional training in relation to infection prevention and control.

The premises was found to be clean throughout and there were cleaning schedules in place to ensure that each area of the centre were cleaned regularly.

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.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires.

There was suitable equipment in place and there were systems in place to ensure it was being regularly serviced and maintained.

Staff had completed fire safety awareness training, but as previously mentioned, a number of staff required refresher training.

Residents' personal emergency evacuation plans were being regularly reviewed and update to ensure they clearly outlined what supports, if any, residents required to safely evacuate the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

From a review of a sample of residents' personal plans it was evident that residents' health, personal and social care needs were assessed and the arrangements in place to meet their assessed needs were clearly set out in their personal plans. Those reviewed were found to be person-centred and there was evidence that they were

being regularly reviewed to ensure they were effective and reflective of residents' care and support needs. They were detailed in nature and found to clearly identify residents' likes, dislikes and goals.

Judgment: Compliant

Regulation 6: Health care

From reviewing documentation and speaking with staff, it was evident that residents were being supported to enjoy the best possible health. Residents had access to health and social care professionals in line with their assessed needs. Care plans were developed in line with their assessed needs and meetings were occurring with the relevant professionals regularly in relation to every aspect of their care and support.

Residents were also being supported to access National Screening programmes in line with their assessed needs, their wishes, and their age profile.

Judgment: Compliant

Regulation 8: Protection

Overall, residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems in place to ensure that allegations, disclosures or suspected abuse were reported, documented and followed up on in line with the organisation's policy, and national guidance.

Safeguarding plans were developed and reviewed as required. Staff were knowledgeable in relation to the control measures and every effort was being made to ensure there were enough staff on duty, specifically at key times in order to fully implement the safeguarding plans. As previously mentioned, in order to do this, at times staff were completing additional hours or incurring time owed in order to ensure these measures were in place.

Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. It was evident from reviewing documents and speaking with the staff team that every effort was being made to ensure that each resident felt safe and protected in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were being given the right amount of information to help them make choices and decisions in relation to their day-to-day lives.

Throughout the inspection the inspector observed resident's being treated with dignity and respect. There was information available for them in relation to their rights, complaints and advocacy services. There were also systems in place to ensure that their personal belongings were respected and kept safe.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Special Dementia Unit - Sonas Residential Service OSV-0003746

Inspection ID: MON-0032386

Date of inspection: 02/06/2021

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC met with the service manager and discussed staffing requirement to ensure that appropriate number of staff are available to meet the assessed needs of the residents. The service manager has ensured that recruitment process is ongoing for the identified vacancies. Following review of staffing requirements, daily staffing levels has increased. The PIC/PPIM has implemented the assistance of blocked booked agency staff while recruitment process is ongoing. This plan is employed to ensure safe, effective and consistent specialist care is provided for the residents in SDU. The PIC will review this action plan with service manager on a monthly basis.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC in agreement with the education and training department will ensure so far as possible that all staff members will advance to a completion status of the mandatory training as it falls due. The PIC so far as possible will ensure that all staff will advance to a completion status of essential training in the areas of dementia care, palliative care, syringe driver care and behaviors of concerns. Monthly updates and audits of staff training records will ensure prompt and timely identification of those staff members requiring training, refreshers and essential trainings. The PIC intends on training status to be nearer completion by 31st of December 2021.</p> <p>The PIC will ensure a more robust and regular plan regarding staff clinical supervision</p>	

sessions. The PIC will meet with each staff member at least 3 times annually for supervision and will continue with the current structured and review process as per scheduled calendar sessions which will reflect performance and the operation in all areas outlined in the HIQA standards and regulations. The PIC will continue this system which commenced from March 2021 to March 2022 and recommence at least 3 annual staff clinical supervision and review sessions from 1st of April 2022 to 1st of April 2023 and so forth

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The annual review of the quality and safety of care and support has been undertaken and completed on the 28th of June 2021. The PIC will ensure compliance action plan are established and implemented in order to meet the standards set out in the HIQA regulations.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 The PIC will continue with yearly audit of all policies and procedures in the Special Dementia Unit and will inform the registered provider via email of policies that require reviews and updating. To date one policy is for review.

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.	Not Compliant	Orange	31/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2021

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 standards.	Not Compliant	Orange	30/06/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2021