



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

## Issued by the Chief Inspector

Name of designated centre:	Abbeytrinity Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	02 October 2023
Centre ID:	OSV-0004067
Fieldwork ID:	MON-0041322

## About the designated centre

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

Abbeytrinity Services provides a full-time residential care service to people with an intellectual disability who have been identified as requiring a support level ranging from low to high, and also to people with intellectual disability and autism. This service can accommodate male and female residents from the age of 18 upwards. Abbeytrinity Services cannot accommodate individuals with complex medical or physical needs. The centre is a two-storey house with a garden in a residential area of a rural town. Residents at Abbeytrinity Services are supported by a staff team which includes a social care leader, who is the person in charge, in addition to social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents.

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

Number of residents on the date of inspection:	4
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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
Monday 2 October 2023	14:00hrs to 18:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents enjoyed a good quality of life and they were supported by a staff team who were known to them and had a good understanding of their needs. Although day-to-day life was pleasant for residents, this inspection highlighted that the governance and management arrangements in this centre required improvements to ensure that the oversight of care was held to a good standard.

The inspector met three of the four residents who used this service on the evening of inspection as they returned from their respective day service. Residents were in good form as they returned home and they smiled and stopped to chat with the inspector and staff who were duty. Two residents chatted for a short period of time and they explained that they liked their home and that staff were very nice. They also pointed out their bedrooms which they said they liked and that they were looking forward to relaxing for the evening. The remaining resident which the inspector met with preferred to interact with staff members and they referred to them for reassurance in regards to DVDs which they wanted to watch that evening. Overall, the centre had a very pleasant atmosphere and residents appeared at ease and comfortable in their home and in the company of staff.

The centre was a medium sized home and each resident had their own bedroom. Two residents' bedrooms shared an adjoining bathroom on the ground floor and there were two communal bathrooms located on the second floor for the remaining residents use. Some residents choose to lock their bedrooms when they left the centre each day and all residents had free access to the medium sized reception room, kitchen and also a separate dining room. The centre had recently undergone some renovations with new flooring and a kitchen installed which gave these areas of the centre a modern feel. There was some additional maintenance required in regards to painting but the person in charge was aware of these issues and had made a request for maintenance personnel to attend the centre.

Residents enjoyed regular access to their local community and a review of records showed that residents went to local public houses, hotels, restaurants and shops. Staff reported that residents decided on their own activities throughout the week but that they all looked forward to going out for dinner as a group each Saturday. On the day of inspection a staff member was cooking a roast dinner for when the residents had returned home for their day service and they explained that the residents had requested this dinner the evening before. In addition, a review of records showed that some residents had also gone on recent hotel breaks and they had also had a night at the greyhound track where they enjoyed the racing atmosphere. It was clear to the inspector that day-to-day life was pleasant for residents and they were well supported to enjoy various outings. However, this inspection highlighted that some improvements were required with regards to supporting a resident with their goals and this will be discussed in the subsequent

sections of this report.

Staff who met with the inspector had a good rapport with residents and they were observed to chat and interact in a warm manner throughout the inspection. They discussed resident's likes and dislikes in regards to care and they highlighted how each resident liked to spend their time in the evenings and weekends. It was clear that they had the residents' best interests were to the forefront of care and they discussed how they had supported residents to visit the grave of a former resident, who had recently passed away. Residents with met with the inspector spoke about how this was an important event for them.

Overall, the inspector found that residents enjoyed a good quality of day-to-day life; however, this inspection highlighted issues in regards to the oversight of care. These issues will be discussed in the subsequent sections of this report.

## Capacity and capability

This was an unannounced inspection carried out to follow-up on non-compliance's, identified during the previous inspection of this centre, to assess the provider's compliance with specific regulations, and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level.

The oversight of care is fundamental to the delivery of a service which is safe and appropriate to the needs of residents. Although residents reported that they liked their home and they had good access to their local community, there were recurring issues from the last inspection of this centre which did have potential to impact upon care. For example, issues remained in regards to infection prevention and control (IPC), fire safety and the understanding, oversight and response to risk.

The provider had shown some improvements since the last inspection with a schedule of internal audits and a quality enhancement plan introduced to provide additional oversight of care. Although this was a proactive measure, this inspection found that issues remained in many of the regulations which were examined, with significant concerns in regards to the oversight and understanding of risk. The provider had a procedure whereby each designated centre, which they operate, submit the five most significant risks for review on a monthly basis. The person in charge maintained a risk register and five "red rated" risks in regards to fire safety, healthcare, staffing, Infection prevention and control and behaviours of concern had been submitted as required. The inspector discussed these risks with the person in charge and found that each had been rated much lower rated than the report which was submitted t the provider. This indicated to the inspector that the assessment of risk in this centre required significant review. Of more concern however was the lack of response or feedback to the centre following the submission of these risks. Considering that the person in charge had submitted significant concerns in regards to fundamental aspects of care, a prompt and robust interaction with the service would have clearly indicated that the provider was responsive risks and their

potential to impact upon the provision of care.

As mentioned above, the provider had introduced a quality enhancement plan which combined actions from unannounced internal audits and inspections carried out on behalf of the office of the chief inspector. The person in charge held responsibility for addressing these actions. The effectiveness of this plan was based upon the actions which were identified as part of ongoing internal review by the provider which would assist in ensuring that care was held to a good standard throughout the registration cycle of this centre. However, the inspector found that the last unannounced internal review of this centre lasted just one hour and focused on two regulations which raised concerns in regards to the robustness of this audit process and ultimately the effectiveness of the quality enhancement plan to bring about positive change.

The person in charge held responsibility for the oversight of day-to-day care practices in this centre and two other designated centres. The provider demonstrated that they had been allocated additional time to fulfill their duties in this centre which they attended one morning and one afternoon each week. Although there had been positive changes in relation to staffing and training, issues still remained in areas such as personal planning, risk management, IPC and the oversight of fire safety. This raised concerns in regards to the capacity of the person in charge to adequately oversee the quality and safety of care provider in this centre.

Overall, the inspector found that there had been improvements in relation to the staffing arrangements; however, issues remained in relation to oversight of care and the capacity of the person in charge to fulfill their duties.

#### Regulation 14: Persons in charge

The role of the person in charge is pivotal in the oversight of day-to-day care. The person in charge is required to have the capacity to fulfill their duties with the appropriate implementation of this role assisting in ensuring that residents receive a service which is safe and also of good quality.

The provider failed to demonstrate that the person in charge of this centre had the capacity to fulfill their role, and responsibilities with deficits found in the oversight care practices such as risk management, fire safety, infection prevention and control and also personal planning.

Judgment: Not compliant

#### Regulation 15: Staffing

The provider had ensured that the centre was resourced by a suitably trained and well informed staff team. The rota indicated that residents were supported by a familiar and consistent staff team and members of the workforce who met with the inspector had a good understanding of resident's individual and collective needs.

Judgment: Compliant

### Regulation 16: Training and staff development

A schedule of team meetings which facilitated the staff team to raise concerns in relation to care practices was in place. Although staff stated that the person in charge was in regular contact with the centre, staff were not receiving regular supervision with the person in charge.

The provider also had a schedule of mandatory and refresher training in place which assisted in ensuring that staff could care for the assessed needs of residents. A review of training records indicated that all mandatory and refresher training had been completed as recommended.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Robust oversight arrangements are fundamental to the provision of care. The inspector found that the governance and management arrangements in this centre required significant improvements as significant deficits were found in the understanding, assessment, response and management of risk. In addition, the actions that were undertaken since the last inspection had not brought about sufficient change in areas of care such as fire safety, personal planning and IPC with deficits remaining on this inspection.

Furthermore, the requirement as set out in the regulations to complete six monthly unannounced audits was complete; however, the last audit of this centre was not robust and required further review.

Judgment: Not compliant

### Regulation 30: Volunteers

A new volunteer had recently joined the centre and supported one resident to



access their local community. The inspector found that this was a positive aspect of care and the provider ensured that this volunteer had their roles and responsibilities clearly set out. The person in charge was also planning to conduct supervision sessions with this volunteer.

Judgment: Compliant

## Quality and safety

The inspector found that residents were well supported to access their local community and they engaged in activities which they enjoyed on a daily basis. Although residents reported that they enjoyed living in this centre, the inspector found that improvements were required in regards to risk management, fire safety, personal planning and some IPC arrangements.

The provider had a system in place to monitor and record incidents and accidents in the centre. The person in charge held responsibility for reviewing incidents and it was clear from the inspection that all incidents had been responded to promptly. Although this system was well monitored and promoted residents' safety, risk management required significant improvements. As mentioned earlier in the report there had been no feedback from the provider or questions asked in relation to significant risks which had been submitted by the person in charge and there was poor management and understanding of actual risks within the centre. For example, the above mentioned risks had individual assessments in place but these were not scored as high as the risks submitted to the provider. In addition, there was no risk assessment in place for a newly diagnosed degenerative disease and the risk assessment for the use of restrictive practices discussed the use of lap belts even though these were not used in this centre. Although there was no immediate risk to the welfare of residents on the day of inspection, the poor identification, assessment and response to risk did have the potential to impact upon the care provided.

Residents who used this service had personal plans in place which outlined their care needs and how residents preferred to have their needs met. There were updated assessments of need in place which were reviewed on at least an annual basis. One resident also had a recent diagnosis of dementia and information on this disease was in their personal plan and as this was a recent diagnosis - an initial dementia care plan was at the early stages of development. A staff member who met with the inspector had a very clear understanding of their needs, including providing consistency of care and reassurance. Although, there had been some improvements since the last inspection in regards to personal planning, improvements were required in relation to supporting residents with their goals. For example, residential and day service reviews had occurred a number of months ago, and the person in charge indicated that the resident should have had a 'circle of support' meeting to decide upon their personal goals. However, there was initial confusion whether this support meeting had occurred, with the inspector finally

informed that it had not been scheduled. The inspector found that this lack of organisation and support had impacted upon the development of this resident's goals and aspirations for the future.

There had been marked improvement in the IPC arrangements since the last inspection of this centre. The centre was clean to a visible inspection and a modern kitchen and flooring had been installed with gave the centre a bright and homely feel. The person in charge was also aware of additional painting which was required and a maintenance request had been submitted to the provider. Although there had been positive adjustments, some areas of IPC still required further attention. For example, a specific mopping system had not commenced and there was an inadequate number of mops in place on the day of inspection to prevent cross contamination between different areas of the centre. In addition, there was also some confusion in regards to use of specific cleaning products which were assigned for use use in named areas of the centre.

Overall, the inspector found that residents enjoyed living in this centre and that they were supported by a kind and considerate staff team who had residents' best interests to the forefront of care. However, fundamental issues in the oversight of care did impact upon the overall safety and quality of care that residents received.

#### Regulation 26: Risk management procedures

The provider had a system for recording and responding to incidents and a review of associated records indicated that individual incidents had been promptly reviewed by management of the centre. The provider also reviewed incidents collectively to monitor for any negative trends in care which had the potential to impact upon residents, staff or visitors.

However, poor practice in regards to the identification, assessment and response to risk did have the potential to impact upon the care provided to residents.

Judgment: Not compliant

#### Regulation 27: Protection against infection

The main communal areas of the centre were clean and well maintained to a visual inspection. Staff were observed to regularly wash and sanitise their hands and hand hygiene was actively promoted in the centre. However, there was an inadequate number of mops in place on the day of inspection to prevent cross contamination between different areas of the centre. There was also some confusion in regards to use of specific cleaning products which were assigned for use use in named areas of the centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had fire safety equipment in place such as a detection and warning system, fire doors, emergency lighting and fire fighting equipment. All equipment had a schedule of servicing in place and staff were completing equipment checks to ensure that they were in working order. Fire drill records also indicated that both residents and staff members could safely evacuate the centre in the event of a fire.

Some improvements were required in regards to fire safety as the provider failed to demonstrate that four fire doors would close in the event of a fire occurring. Although there was an audit of fire doors occurring, this audit failed to identify this issue.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. From the sample reviewed, residents' assessments clearly identified their care and support needs. Assessments and plans were regularly reviewed and updated with any changes in need. The outcomes of the assessment of need were being used to inform residents' personal plans and guide staff practice.

However, improvements were required in regards to the goal setting process as a resident had not been supported to have a 'circle of support' meeting to assist them in choosing their personal goals.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant

# Compliance Plan for Abbeytrinity Services OSV-0004067

Inspection ID: MON-0041322

Date of inspection: 02/10/2023

## 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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <ul style="list-style-type: none"> <li>• The person in charge at the time of the inspection was responsible for three designated centres. The Provider recognizes that this is not sufficient to assure effective governance and oversight in the Abbeytrinity Service.</li> <li>• Immediately following inspection, the Provider implemented additional support to enhance governance and management capacity as follows.               <ul style="list-style-type: none"> <li>o A team leader has been identified for this Centre and will officially commence in the role by 30th November 2023.</li> <li>o The Team leader will have six hours a week's administration hours.</li> <li>o The person in charge will meet with the team leader weekly to review all areas of the team leader's responsibility and to provide supervision and support.</li> </ul> </li> <li>• Following an external recruitment drive to employ a new person in charge the Provider has identified a suitably qualified and experienced candidate. They have been appointed as the Person in Charge of Abbeytrinity Services and one other designated Centre. The person in charge will be supernumerary to rostered shifts to ensure capacity to fulfil supervision, management, administration, and governance responsibilities in the designated centre.</li> <li>• The newly appointed person in charge commenced induction training on 6th November 2023 which includes company induction, mandatory training and peer training with another person in charge in another designated Centre.</li> <li>• The newly appointed person in charge will commence in post in AbbeyTrinity Services on 20th November 2023 .</li> <li>• The Person in Charge and Team Leaders hours allocated to administration and governance and oversight in the service will be detailed on the roster.</li> <li>• The newly appointed person in charge will continue to receive the following supports:               <ul style="list-style-type: none"> <li>o Support and supervision from the Area Service Manager via weekly site visits and calls.</li> <li>o Weekly online management and communication meetings with a team of persons in charge from other designated centres, chaired by the Area Service Manager.</li> <li>o Peer support from a person in charge from another designated centre</li> </ul> </li> </ul>	

- The Area Services Manager will be onsite at a minimum weekly for support and supervision with the Person in charge. The Area Services Manager will include in these visits a review and audit of all areas across the designated Centre.

Regulation 16: Training and staff development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

- Dates have been scheduled to complete the staff supervision and support meetings with all staff and the staff supervision meetings will take place quarterly. The staff supervision and support meetings will be completed by 6th November 2023.
- Staff training and supervision will be an agenda item on staff meetings going forward.

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 person in charge at the time of the inspection was responsible for three designated centres. The Provider recognizes that this is not sufficient to assure effective governance and oversight in the Abbeytrinity Service .
- Immediately following inspection, the Provider implemented additional support to enhance governance and management capacity as follows.
  - o A team leader has been identified for this Centre and will officially commence in the role by 30th November 2023.
  - o The Team leader will have six hours a week’s administration hours .
  - o The person in charge will meet with the team leader weekly to review all areas of the team leader’s responsibility and to provide supervision and support.
- Following an external recruitment drive to employ a new person in charge the Provider has identified a suitably qualified and experienced candidate. They have been appointed as the Person in Charge of Abbeytrinity Services and one other designated Centre. The person in charge will be supernumerary to rostered shifts to ensure capacity to fulfil supervision, management, administration, and governance responsibilities in the designated centre.
- The newly appointed person in charge commenced induction training on 6th November 2023 which includes company induction, mandatory training and peer training with another person in charge in another designated centre.
- The newly appointed person in charge will commence in post in AbbeyTrinity Services

on 20th November 2023.

- Dates have been scheduled to complete the staff supervision and support meetings with all staff and the staff supervision meetings will take place quarterly. The staff supervision and support meetings will be completed by 6th November 2023.
- Staff training and supervision will be an agenda item on staff meetings going forward.
- Risk awareness training will be carried out with all staff in Abbey Trinity Services on 7th November 2023.
- The Current Person in Charge and the new Person in Charge will have risk management training completed on 10th November 2023.
- The risk register has been updated by the current Person in Charge and this was completed by 3rd November 2023.
- The Person in Charge will review the centre risk register monthly, or more frequently where evidence of increased risk or other changes arises.
- The Person in charge will review all incidents as and when they occur to identify trends, evidence, or other indicators that a review of risk in respect of a resident or risk category is warranted.
- The Area Services Manager will review the risk register and the top five risks for the Centre on a monthly basis with the person in charge and ensure that effective control measures are in place. If warranted the person in charge will escalate a risk to the Area Services Manager.
- If warranted the Area Services Manager will escalate a risk to the Director of Operational Supports and Services.
- Where a risk cannot be safely addressed within the service the Director of Operational Supports and Services will escalate the risk to the Corporate Risk Register via the Senior Management Team.
- The Provider led Audit Inspection will be completed by 31st December 2023.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Risk management training was delivered by an external organization with the current Person in charge and Area Service Manager on 21st and 26th April 2023.
- Further training will be carried out with the current person in charge on 10th November 2023
- Risk awareness training will be carried out with all staff in Abbey Trinity Services on 7th November 2023.
- The new Person in Charge will have risk management training completed on 10th November 2023.
- The risk register has been updated by the current Person in Charge and this was completed by 3rd November 2023.
- The Person in Charge will review the centre risk register monthly, or more frequently where evidence of increased risk or other changes arises.



- The Person in charge will review all incidents as and when they occur to identify trends, evidence, or other indicators that a review of risk in respect of a resident or risk category is warranted.
- The Area Services Manager will review the risk register and the top five risks for the centre on a monthly basis with the person in charge and ensure that effective control measures are in place. If warranted the person in charge will escalate a risk to the Area Services Manager.
- If warranted the Area Services Manager will escalate a risk to the Director of Operational Supports and Services.
- Where a risk cannot be safely addressed within the service the Director of Operational Supports and Services will escalate the risk to the Corporate Risk Register via the Senior Management Team.
- Additional colour coded cleaning equipment has been ordered and delivered to the Centre .
- A review of all cleaning products has taken place.
- The Cleaning manual has been updated to reflect the new cleaning equipment, cleaning products and the new cleaning routines and schedules. All staff to review the cleaning manual and sign off on same by 13th November 2023.
- Daily and weekly cleaning schedules are in place and will be reviewed and signed off weekly by the person in charge
- All staff will complete Infection prevention and control training on HSE land by 20th November 2023
- The person in charge supported by the team leader will implement an updated standardized internal audit tool in Abbey Trinity Services. This will detail the schedule and frequency of audits to be completed on a daily, weekly and monthly basis. The audits will be reviewed by the person in charge and Area Service Manager on a monthly basis.
- A review of the fire doors within the service has been completed and all fire doors meet fire regulations, completed on 23rd October 2023
- All brush smoke seals on the doors throughout the service have been replaced. Completed 23rd October 2023
- A circle of support meeting will take place on 7th November 2023 to set out personal goals and desired outcomes for one resident within the service as outstanding at the time of inspection.
- A schedule of personal planning meetings has been developed and shared with all relevant stakeholders to ensure that all planning processes and documentation is reflective of current individual assessment of needs and to current life goals information. Progress updates of personal goals undertaken by keyworkers is reviewed by the Person in Charge on a monthly basis to reflect actions on-going.

Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection	

against infection:

- Additional colour coded cleaning equipment has been ordered and delivered to the Centre .
- A review of all cleaning products has taken place.
- The Cleaning manual has been updated to reflect the new cleaning equipment, cleaning products and the new cleaning routines and schedules. All staff to review the cleaning manual and sign off on same by 13th November 2023.
- Daily and weekly cleaning schedules are in place and will be reviewed and signed off weekly by the person in charge
- All staff will complete Infection prevention and control training on HSE land by 20th November 2023
- The person in charge supported by the team leader will implement an updated standardized internal audit tool in Abbey Trinity Services. This will detail the schedule and frequency of audits to be completed on a daily, weekly and monthly basis. The audits will be reviewed by the person in charge and Area Service Manager on a monthly basis.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A review of the fire doors within the service has been completed and all fire doors meet fire regulations, completed on 23rd October 2023
- All brush smoke seals on the doors throughout the service have been replaced. Completed 23rd October 2023

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- A circle of support meeting will take place on 7th November 2023 to set out personal goals and desired outcomes for one resident within the service as outstanding at the time of inspection.
- A schedule of personal planning meetings has been developed and shared with all relevant stakeholders to ensure that all planning processes and documentation is reflective of current individual assessment of needs and to current life goals information.

- Progress updates of personal goals undertaken by keyworkers is reviewed by the Person in Charge on a monthly basis to reflect actions on-going.

## 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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	20/11/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	06/11/2023
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'	Not Compliant	Orange	20/11/2023

	needs, consistent and effectively monitored.			
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.	Not Compliant	Orange	31/12/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	03/11/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	20/11/2023

	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)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	23/10/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	07/11/2023
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in	Substantially Compliant	Yellow	07/11/2023

	circumstances and new developments.			
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