Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 2
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	09 December 2022
Centre ID:	OSV-0004751
Fieldwork ID:	MON-0030819

About the designated centre

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

Goldfinch 2 currently consists of two detached bungalows located near one another in a small town. One bungalow can support four residents while the other provides a home for three residents. Combined these two bungalows provide full-time residential care for a maximum of seven residents of both genders over the age of 18 with intellectual disabilities. All residents have their own bedrooms, some of which have en suite bathrooms. One bungalow also has a kitchen, a sitting room, a utility room and a staff office while the other bungalow has a kitchen-dining area. At the time of this inspection the provider was seeking add another detached bungalow to Goldfinch 2 which was located in a city and would increase the capacity of the centre to 11. This third bungalow can also provide full-time residential care for four residents of both genders over the age of 18 with intellectual disabilities. The third bungalow has four resident bedrooms and other rooms there include bathrooms, a kitchen, a dining room, a living room, a utility room and a staff office. Support to residents in all three bungalows is provided by the person in charge, nursing staff, care assistants and day service staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 9 December 2022	10:00hrs to 18:00hrs	Conor Dennehy	Lead
Friday 9 December 2022	10:00hrs to 18:00hrs	Kerrie O'Halloran	Support

What residents told us and what inspectors observed

Generally positive feedback was contained within annual reviews conducted by the provider and in pre-inspection questionnaires. Staff members on duty were observed to support residents in a positive and respectful manner during this inspection. While the houses visited by inspectors were generally homelike, it was apparent that there was limited space in one.

Three different houses were involved in this inspection which provided a home for a total of eleven residents. As some information relating to all residents and the running of the houses was held centrally by management of the centre away from the houses, inspectors commenced the inspection where management was based. As such the initial part of the inspection involved discussions with management of the centre and reviewing specific documentation that had been requested in advance. Amongst the documentation reviewed were annual reviews for 2021 which contained the outcome of consultation with residents and their families.

In one annual review it was read how the family member of a resident indicated that their relative was very happy in their home while also praising the atmosphere in the resident's home and the staff support. In another annual review it was mentioned that some residents were supported to visit their family homes and were engaging in activities. It was highlighted that one resident had expressed that they liked being able to have meals out in the local community and going to mass where they met the local priest. This resident also indicated that they felt safe in their home and liked all the staff.

The same annual review also contained feedback from another family member who wanted to acknowledge the staff team and management for their openness and support in supporting their relative to remain in the centre when concerns were raised by the resident's family regarding a potential move elsewhere. The family member also stated the management responded very proactively to the concern raised and that the staff team constantly endeavoured to provide a quality service. They also wished to thank staff for facilitating a home visit but did say that they would like to see additional day services hours provided in order to support community based activities for all residents.

Aside from the annual reviews, inspectors also reviewed pre-inspection questionnaires that had been issued to the centre by the health Information and Quality Authority (HIQA) in advance of this announced inspection. These questionnaires covered areas such as staffing, rights, activities and complaints amongst others. Seven questionnaires were provided with these having been completed on behalf of residents by staff or family members. It was read that they generally contained positive response to most areas queried. However, it was noted that three residents were indicated as being unhappy about their access to a garden or an outdoor area.

After completing the documentation review and discussions with management, inspectors visited two of the houses were residents lived. On arrival at the first house inspectors were greeted by a staff member and a resident. At the suggestion of the staff member, one of the inspectors handed a notepad to the resident who appeared to like this and smiled. After entering the house, the same staff member and resident showed one of the inspectors around the house. It was noted that the resident used a walking aid and this had been decorated with some tinsel while other Christmas decorations had been hung up around the house.

This house was home to four residents, all of whom were present and met when inspectors visited but most did not engage significantly with inspectors. One resident was seen to smile briefly though when an inspector introduced himself. The staff members on duty were seen to interact with residents in a pleasant, warm and respectful manner while the inspectors were present. For example, when one resident entered the kitchen area to get some food, a staff member encouraged the resident to have a banana and dispose of the banana peel in a bin themselves. On another occasion, a different staff supported another resident to have a drink in the dining area.

The dining area was one of the main communal areas in the house along with a living room which residents could freely access. Each resident had their own individual bedroom while toilet facilities were also provided. The presence of Christmas decorations in the house added to a homely feel and it was seen that there was also a noticeboard on display in the hall with photographs of residents, the staff members supporting them and what was for dinner that day. Overall, the house was found to be well presented, well-furnished and well-maintained although inspectors did observe that a toilet seat in the main bathroom appeared worn and slightly stained.

The atmosphere in the house while inspectors were present was generally calm and residents were noted to spend much of their time in the living room while watching a Christmas movie in the presence of staff. At one point a staff member gave a bag of crisps to one resident encouraging the resident to share them with others. Shortly after this resident and two of their peers were seen eating such crisps in the living room. Towards the end of the inspectors' time in this house, it was seen that two residents had left the house to go for a drive with one staff member, while the other two residents remained in the house with the other staff member on duty.

Given that on the day of inspection the weather was very cold, it was noted the inside of this house was quite warm which was also found when inspectors went to the second house. Three residents lived in this house who were all met by inspectors. Two of the residents did not engage with inspectors, one of whom at times was seen to move between their bedroom and the kitchen-dining area in their wheelchair. The other two residents spent time in the kitchen-dining area watching television and one these residents smiled on occasion when spoken with by inspectors and staff members. Such staff were very pleasant and respectful towards residents. For example, one staff member asked a resident if an inspector could look in their bedroom with the resident nodding.

It was seen that resident's bedroom was very spacious and provided with a large wardrobe while also being personalised with photographs on the wall. While the bedroom was generally well-maintained, the inspector did note what initially appeared to be a number of black spatters marks on the wall near the resident's bed along with a loose cable from another wall. It was later indicated by a staff member that this cable was related to the heating of the bedroom and that the black marks were caused by an overheard hoist hitting off the wall that was installed in the resident's bedroom above their bed.

This resident's bedroom also had an en suite bathroom as did all resident bedrooms in the house. When viewing this bathroom it was seen that it appeared slightly cluttered with a trolley present that would have to be moved in order to access the toilet. Storage within the house was limited in general with a main bathroom also seen to contain some storage presses. It was indicated that a new external shed had been installed just outside the house for the storage of some sanitary products but that some of these had gotten damp when stored there. An inspector was informed that no documents relating to residents were stored in this shed.

The kitchen-dining room was the only dedicated communal space available in the house which was observed by inspectors to be relatively small particularly given that all three residents living in his house were wheelchair users. Another room had been assigned as a visitors' room which had a worn couch and a television but this was also being used as a staff office where some files relating to residents, including private personal information, were stored in unlocked presses. An inspector was informed that while some resident were encouraged to avail of this room, most residents did not and that the room was not used by visitors who tended instead to meet with residents in their bedrooms or in the kitchen-dining room.

Efforts had been made to make this house homely with Christmas decorations seen to be on display including Christmas stockings. A noticeboard was also present which were seen to have easy-to-read documents on it which introduced the inspectors and explained why they were present in the house. While parts of the house were generally well presented, a numbers of marks were apparent on the walls and some door frames. The house was equipped with facilities to store, prepare and cook also with a staff member informing inspectors that residents had just finished dinner before inspectors arrived and that earlier in the day residents had gotten brunch in the village where the house was located.

In summary, while one of the houses was limited in the space it currently offered efforts had been made to make both houses visited homely with Christmas decorations on display. While most residents did not significantly engage with inspectors, some were seen to smile with positive feedback from residents and their families generally indicated in annual reviews and questionnaires. Residents were found to be supported appropriately by staff members on the day of inspection who engaged with residents in a positive, warm and respectful manner throughout inspectors' time in the two houses visited.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how

these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Efforts were being made to address areas for improvement highlighted on previous inspections. However, staffing remained an area in need of improvement.

The designated centre most recently had its registration renewed for two houses for three years until October 2023. Two inspections conducted in 2021 raised concerns around aspects of the staffing arrangements in place and the suitability of the premises provided in one of the houses. However, the provider's response to such areas during the previous inspection in November 2021 did not provide sufficient assurances that the provider would come into compliance nor did the provider's response to specific assurances requested by HIQA in April 2022. As a result a cautionary meeting was held with the provider after which the provider submitted further assurances in May 2022 around staffing continuity and reduced the capacity of the centre. In addition, the provider outlined an intention to complete some premises works for one house intended to increase communal space there by the end of November 2022.

Since then the provider had submitted an application to vary the registration conditions of the centre which were intended to increase the centre's size by adding a third house. This house was part of another designated centre operated by the same provider and were this house to be added it would increase the capacity of Goldfinch 2 from seven to 11. It was indicated by the provider that this was being done to streamline management and to coincide with the application to vary submitted, the provider had also appointed a new person in charge who would be supported in their role by a clinical nurse manager. As such the purpose of the current HIQA inspection was to inform a potential recommendation on whether to grant the application to vary submitted and to assess the provider's progress with addressing matters raised by the 2021 inspections.

At the outset of this inspection it was indicated that the previously outlined premises works were due to start early in January 2023 and would require involved residents to temporarily move to another designated centre operated by the provider for eight weeks. Inspectors visited the house where works were to be completed and, as referenced earlier in this report, it was seen that communal areas and storage space was limited. Completing the planned premises works would allow for increased movability within the house for residents while also providing some extra communal space. However, in the assurances given by the provider in May 2021, it was acknowledged that even with these works, communal space would continue to be challenging. It was also previously suggested by the provider that one of the residents in this house could move to a new designated centre in 2024. While this was still under consideration it was indicated on the current inspection that this new

centre was not expected to be ready until 2025.

Aside from matters related to the premises, staffing was also particularly focused upon. Some improvement was noted compared to the previous inspection. For example, staffing rosters maintained were now specific to the centre's houses. It was noted though that some actions identified in previous inspections remained such as some assigned nursing shifts not being filled by nursing staff. In addition, it was indicated to inspectors that there were two day service staff shifts assigned to support the intended three houses of this centre with both working on a Monday to Friday basis. However, when reviewing rosters and speaking to staff, it was clear that such shifts were not always present Monday to Friday. The absence of such shifts could have a negative impacts. For example, an inspector was informed that on the day before this inspection, one resident had been unable to go swimming as a day service staff was not present that day.

It was acknowledged that there were challenges faced by the provider regarding staffing in general but the number of different individual staff working in this centre remained high. This was noted during the 2021 inspections of this centre and the high levels of different staff could impact staff continuity and consistency of care. However, it was indicated that all such staff had received relevant training in areas such as fire safety and infection prevention and control. In addition, staff files were maintained for the staff working in the centre. Inspectors reviewed a sample of such staff files and found that they contained the majority of the required information such as written references, full employment histories, evidence of registration with professional bodies and evidence of Garda Síochána (police) vetting. Inspectors did note in some staff files though that photo identifications had expired while in one file there was no evidence of completion of a particular qualification.

Arrangements were in place for staff to undergo formal supervision with such supervision carried out by assigned supervisors in line with the centre's organisational structure. This structure was outlined in the centre's statement of purpose but it was noted that part of the outlined organisational structure for night-time required review. The statement of purpose provided for this inspection also outlined the services that the provider intended to deliver in the intended expanded centre should the current application to vary be granted and it was seen that the provider had systems in place to monitor such services. These included annual reviews which focused on progress with relevant national standards and unannounced visits to the centre conducted every six months by a representative of the provider. Despite such monitoring system it was noted though that not all instances which required notification to the Chief Inspector had been notified.

Registration Regulation 8 (1)

The provider had submitted an application to vary the registration conditions of this centre to reflect an intended larger footprint and capacity.

Judgment: Compliant

Regulation 15: Staffing

Based on rosters reviewed and discussions with staff, some assigned day services shifts were not always in place. Some nursing shifts were not always filled by nursing staff. A number of different individual staff had worked in this centre since the beginning of June 2022. While staff files contained much of the required documents, some photo identifications had expired while evidence of a completed qualification for one staff was not contained within their file.

Judgment: Not compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to undergo formal supervision while training was also provided.

Judgment: Compliant

Regulation 23: Governance and management

The provider was monitoring the services provided and was making efforts to address issues identified during 2021. Some regulatory actions though did remain though from previous inspections particularly relating to staff.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Contracts for the provisions of services were in place but it was noted that these had not been signed by a representative of the provider nor the residents or their representatives. As such inspectors could not say that these contracts had been agreed to.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was provided for that contained much of the required information but it was noted that aspects of the organisational and reporting structures required review while the capacity of each house of the intended larger footprint of the centre needed to be more clearly set out. Based on observations of an inspector the staffing full-time equivalent figures needed review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

An injury which required notification to the Chief Inspector on a quarterly basis had not been notified. An incident which met the deifiniton of abuse had not been notified to the Chief Inspector.

Judgment: Not compliant

Quality and safety

While there was indications that residents were better placed to avail of the community, some variance was noted between houses. The arrangements in place to support the needs of one resident would require close review to ensure that the centre could meet their needs on an ongoing basis.

Given the application to vary submitted by the provider, the focus on this inspection was on three houses. The residents who lived in these houses had previously lived on a campus setting operated by the same provider immediately before moving to their current homes. Documentation reviewed on the current inspection along with discussions with staff and management of the centre indicated that such moves had benefitted these residents and it was indicated that residents were better placed to avail of community based activities with additional transport available to facilitate this. For example, it was indicated that one resident liked eating meals out in the local community and going to mass where they could meet the local priest. Inspectors did note though, from activity records reviewed, that there was some variance between houses in terms of the extent of community activities indicated and there were indications that this was linked to day service staff arrangements as referenced earlier in this report.

In addition, when reviewing complaints records an inspector noted one compliant made on behalf of a resident by staff highlighting that due to issues with the

resident's wheelchairs, they had been able to leave their home on an assigned vehicle which reduced their ability to get out into the community for certain activities. While efforts were made to address the wheelchair issues and a temporary solution had been recently provided to allow the resident to use the vehicle, they had been unable to use the vehicle to leave their home for nearly two months. It was also indicated to an inspector that during this period, the resident was not able to attend some medical appointments because of this but that such appointments had since taken place. Other residents were noted to having been able to avail of appointments with health and social professionals, such as a dentist, and were also facilitated to participate in national screening services. A multidisciplinary team, which included a speech and language therapist, an occupational therapist (OT) and a psychologist, were also available to review residents if required.

When reviewing the notes of a multidisciplinary team meeting to review one resident, it was seen that reference was made to reviewing the placement of this resident. This was the result of an assessment by an OT which highlighted that the environment provided by the resident's current home might not be suited to their needs. It was also noted that the needs of this resident had increased since the previous inspection of this centre in November 2021. It was indicated that this resident had been discussed for a potential move elsewhere but that there was no other suitable placement available to support the resident. As such inspectors were informed that the provider was continuing to monitor this resident. Given the OT assessment conducted and the change in the resident needs, this matter would require close attention by the provider to ensure that appropriate arrangements were in place to meet the assessed needs of this resident in their current home.

This OT assessment was contained within the resident's personal plan with all residents of this centre having such a plan in keeping with the requirements of the regulations. An inspector was informed though that residents did not have their personal plans available in an easy-to-read format which is also required by the regulations. Such personal plans though were subject to regular review and from a sample reviewed by inspectors it was seen that they provided guidance for staff in how to support the assessed needs of residents. For example, the overall personal plans contained specific health care plans for any health issues impacting the residents. A process of person-centred planning was also being followed to ensure that residents and their families were involved in the review of personal plans and in the identification of goals for residents to achieve. Such goals included overnight trips away and day trips with responsibility assigned for helping residents achieve these goals. Progress towards meeting such goals was reviewed regularly.

When reviewing some residents' personal plans in one house, inspectors noted that they contained tenancy agreements relating to the residents' homes. Residents having such tenancy agreements is a positive as it helps to protect residents' right for their home. However, when reading such tenancy agreements it was noted that these were to be agreements between a housing association representative and individual residents but the tenancy agreements seen were signed on behalf of the residents by a member of management. While resident meeting notes kept in this house indicated that the content of these tenancy agreements were discussed with

resident, it was not indicated if residents were consulted about this member of management signing the tenancy agreements on their behalf. It was also unclear if the member of management had the authority to sign such agreements on resident's behalf. In addition, it was seen on this inspection that while residents had contracts for the provisions of services in place, another regulatory requirement, these had not been signed by a representative of the provider nor the residents or their representatives. As such inspectors could not say that these contracts had been agreed to.

Aside from tenancy agreements and contracts, inspectors also reviewed records relating to incidents that had occurred in the centre. When reviewing such documents inspectors noted reference to an incident where a resident was pushed out of their wheelchair onto the floor by a peer (it was indicated following the inspection that this incident involved an armchair and not a wheelchair). Inspectors were informed that this had been reviewed internally and this incident was not considered to be a safeguarding incident due to the absence of intent nor evidence of adverse outcome. However, the provider's safeguarding policy highlights a zero tolerance approaches which provides that any form of abuse is unacceptable even if the impact and intents appears not be significant. Furthermore, it was communicated to an inspector that the incident did met the definition of abuse. While it was acknowledged that the incident highlighted appeared to be an isolated incident and no other safeguarding concerns were identified on the day of inspection, it did not appear as though the provider's safeguarding policy had been fully adhered to nor had the incident been notified to HIQA.

Regulation 13: General welfare and development

While there was indications that residents were better placed to avail of the community, some variance was noted between houses. Due to issues with a resident's wheelchair they had been unable to avail of transport which limited their activities for nearly two months. Residents were being supported to maintain contact with their families.

Judgment: Substantially compliant

Regulation 17: Premises

While it was intended for premises works to commence early in 2023, one of the houses visited by inspectors lacked communal and storage space. Some maintenance was also required in this house while in the other house visited, a toilet seat was seen that needed replacing.

Judgment: Not compliant

Regulation 18: Food and nutrition

Facilities were available to store food in. Various types of food and drink were present in the houses which provided for choice and meals were being prepared in the houses visited by inspectors. Guidance was available for residents who needed specific diets and staff spoken to were knowledgeable about these.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as arrangements for consulting with residents.

Judgment: Compliant

Regulation 27: Protection against infection

Supplies of personal proactive equipment, cleaning products and hand sanitiser were present in the houses visited by inspectors but in one house an inspector did see a bottle of hand sanitiser that expired in April 2021. Some gaps were noted in a sample of cleaning records reviewed but cleaning was recorded as being done on the majority of days.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were present in the two houses visited by inspectors. Staff underwent fire safety training with fire drills conducted regularly with low evacuation times recorded.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate facilities were provided for medicines to be stored securely including medicines which needed refrigeration. Inspectors reviewed a sample of contents within the medicines storage in the two houses visited and noted that the majority of contents were labelled and in date. However, it was seen that one box of medicines for one resident was not labelled while some syringes were seen that were marked as having an expiry date in 2019. A sample of medicines documentation reviewed was found to be in order.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents did not have personal pans available in an easy-to-read format. The arrangements in place to support the needs of one resident would require close review to ensure that the centre could meet their needs on an ongoing basis.

Judgment: Substantially compliant

Regulation 6: Health care

Guidance on how to support residents' health needs was contained within their personal plans. Residents were supported to avail of national screening services.

Judgment: Compliant

Regulation 8: Protection

Regarding one incident the provider's safeguarding policy had not been implemented in full.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The storage of personal information relating to residents in unlocked presses in a room that was partly intended to be used for visitors had the potential to impact residents' privacy. Based on records reviewed during the inspection It was unclear if residents were consulted about a member of management signing tenancy agreements on their behalf nor if the member of management had the authority to do so.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Goldfinch 2 OSV-0004751

Inspection ID: MON-0030819

Date of inspection: 09/12/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • For staff that work on a part time basis, there is a plan for a set relief staff to cover these shifts to ensure that residents receive continuity of care and support in as far as possible in the context of HR contracts and COVID protocol. • The roster for Goldfinch 2 has been reviewed and changes to the set relief roster since the 15th of January 2023. • A review of staffing has taken place in relation to activities across the centre to ensure equal access to community activities for the residents. The day service staff work 9-5 Monday to Friday. They are based in Ashleigh house in Bruff and in the other designated centre inspected on the day . The activity schedule for the residents will be reviewed weekly at the residents meeting. As there is no provision for funding for the day service staff when on leave the core staff in each house will continue to support resident's activities when the day staff is on leave. • PIC will monitor activities for residents in the designated centre. • CNM2 will continue to review all day rosters regularly. • CNM2 continues to review rosters with night manager following receipt of same for each pay-period. • The CNM2 has access to planned rosters at all times. • There is a core staff team that work in the designated centre. • Risk assessment in place in regards to nursing levels and reviewed quarterly. • Head of Integrated Services and Assistant Director of Nursing meet with the night mangers bi-weekly to review the roster • Ongoing recruitment continues with the support of HR Department. • HR file updated with relevant qualification	
Regulation 23: Governance and	Substantially Compliant

management	

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Residents moved temporarily on 4th January 2023 to a vacant building on campus while to facilitate upgrade works on their home.
• Upgrade work commenced 18th January 2023.
• For staff that work on a part time basis, there is a plan for a set relief staff to cover these shifts to ensure that residents receive continuity of care and support in as far as possible in the context of HR contracts and COVID protocol.
• Roster for Goldfinch 2 reviewed and changes to the set relief roster will be coming into effect from the 15th of January 2023.
• A review of staffing has taken place in relation to activities across the centre to ensure equal access to community activities for the residents.
• CNM2 will continue to review all day rosters regularly.
• CNM2 continues to review rosters with night manager following receipt of same for each pay-period.
• The CNM2 has access to planned rosters at all times.
• There is a core staff team that work in the designated centre.
• Risk assessment in place in regards to nursing levels and reviewed quarterly.
• Head of Integrated Services and Assistant Director of Nursing meet with the night mangers bi-weekly to review the roster
• Ongoing recruitment continues

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
• The Services will seek legal advice as to how to deal with this matter until such time as the Capacity bill and its supporting structures are implemented.
• At this time the majority of residents in the designated Centre do not have capacity to sign their agreement and there is no mechanism in place for another person to sign on their behalf.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

• WTE's reviewed on the 21/12/22 and accurate • Organizational and reporting structure updated on the 21/12/22 • Capacity of each house clearly outlined in SOP on the 21/12/22

Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: • NF39D sent on the 21/12/2022 in retrospect for Q2 • CP1 submitted to the Designated officer on the 21/12/2022 • NF06 completed in retrospect on the 22/12/2022	

Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: • CNM2 spoke with OT re this issue, OT will order spare parts for both wheelchairs • Parts for both wheelchairs are due to be replaced by the 31st January 2023 • Spare wheelchair remains in place for resident to access transport. • Since the inspection a review of staffing has taken place in relation to activities across the centre to ensure equal access to community activities for the residents. The activity schedule for the residents will be reviewed weekly at the residents meeting. The day service staff will be supported by the residential staff in ensuring activities take place as planned. • The PIC will monitor the activity schedule to ensure all residents are benefited from this resource.	

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Residents moved temporarily on 4th January 2023 to a vacant building on campus while to facilitate upgrade works on their home. • Upgrade work commenced on the 18th January 2023.	

• Maintenance issues to premises will be completed during the upgrade works. • Toilet seat has been replaced.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection: • Expired bottle of hand sanitizer removed. • All other bottles checked and in date • Gaps in Cleaning records discussed with day and night staff • Cleaning records will be reviewed monthly by the CNM2 • Infection control audits are completed monthly and CNM2 will continue to highlight any IPC issues with the ADON/maintenance that arise through these audits.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • Pharmacy provided label for the medication that was unlabeled. • Expired syringes disposed of in the yellow needle bin. • CNM2 carries out quarterly medication audits.

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: • The Head of Quality and Enhancement is preparing tools, which will be made available on the center's shared drive, to support staff to devise accessible personal plans for all residents living in the Centre. • When the tools are ready, PIC will discuss these with all staff at the weekly staff meetings and over-see the roll out of accessible personal plans for all residents living in

the Centre.
• Following OT assessment carried out for one resident, MDT meetings have taken place to assess ongoing changing needs of this resident. Next MDT meeting is scheduled for 25th January 2023. Weekly resident meetings also take place to review any changes. This resident has been placed on the Admission and Transfer list to monitor changing need and support an emergency transfer if the need arises. Last AMT meeting was the 5th Jan 2023 and he remains on the AMT following that meeting.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• CP1 submitted to the Designated officer
• NF06 completed in retrospect on the 22/12/2022
• CNM2 completes a Monthly review of all incidents/accidents reported.
• Designated officer has arranged to do a training piece in January with staff in relation to the definition of abuse and the signs and indictors of abuse.
• CNM2 discusses the safeguarding process at each staff support & supervision.
• Safeguarding is on the agenda at each weekly house meeting.
• All staff have completed mandatory safeguarding training and complete a refresher every 3 years.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Locked press will be put in place in the visitor’s room for storing personal information belonging to residents.
• The Services will seek legal advice as to how to deal with the signing of tenancy agreements where the person does not have the capacity to sign.
• At this time the majority of residents in the designated Centre do not have capacity to sign their tenancy agreement and there is no mechanism in place for another person to sign on their behalf.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/01/2023
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/01/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the	Not Compliant	Orange	31/01/2023

	number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
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	31/01/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/01/2023
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/12/2022
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	Not Compliant	Orange	31/03/2023

	service and the number and needs of residents.			
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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2023
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' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	30/06/2023
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	31/01/2023

	residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	31/12/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	21/12/2022

	purpose containing the information set out in Schedule 1.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	22/12/2022
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	21/12/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/01/2023
Regulation 05(5)	The person in	Substantially	Yellow	31/03/2023

	charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Compliant		
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	22/12/2022
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/06/2023
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	30/06/2023
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Substantially Compliant	Yellow	30/06/2023

	disability is consulted and participates in the organisation of the designated centre.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/01/2023