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:	Le Cheile
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	26 May 2022
Centre ID:	OSV-0004752
Fieldwork ID:	MON-0032406

About the designated centre

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

Le Cheile consists of two large one-storey detached houses located on a campus setting on the outskirts of a city. One of the houses can provide a home for seven residents while the other can support six. Overall the centre can provide full-time residential care for residents over the age of 18 of both genders with intellectual disabilities. Each resident in the centre has their own bedroom and other facilities throughout the centre include dining rooms, living rooms, kitchens and bathrooms amongst others. Residents are supported by nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Thursday 26 May 2022	09:45hrs to 18:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The six residents present during this inspection were observed to be living in a very well-maintained and homely environment which was a significant improvement on where they previously lived. Staff members on duty generally interacted with residents in a pleasant, respectful and warm manner during this inspection.

This designated centre was made up of two buildings located adjacent to one another on a campus setting with both being of a similar size and general layout. At the time of this inspection, one of these building was vacant but was briefly visited by the inspector. It was seen that the general décor and maintenance of this building was poor with a number of surfaces seen to be worn while the widows in the building was made of perspex rather than glass. Some rooms, particularly a bathroom, were seen to be of a poor standard. Six residents had been living in this building until March 2022 when they moved into the second building of this centre. Prior to residents moving into their new home, it had undergone significant refurbishment.

Such works had resulted in the building being of a significantly higher standard both in its general maintenance and homeliness. This was immediately evident from viewing the outside of this building where some external painting and brick work had been completed. Also outside this building were a number of plants and flowers along with a sheltered swing to the rear of the building. Some Limerick flags were also observed to be on display just outside this building's front door. Inside this building it was seen that the general décor and furnishing were of a very good standard which contributed to a very homelike environment, which the residents' previous home did not offer.

All of the furniture within this building appeared new and of a modern design with photographs of residents put on display in communal areas also. Aside from the general décor and furnishings, the rooms in this building were of a much better standard compared to the other building. This was particularly evident in the bathroom areas. Specific rooms were available for staff, storage and visitors while a snoezelen room (a room designated to support the sensory needs of residents) was provided for also. Although there was six residents living this building, it offered space with a large day room present along with other communal such as a dining area.

Each resident had their own individual bedroom and it was noted that some of these were bigger than the bedrooms in their previous home with some rooms merged as part of the refurbishments carried out. It was noted though that residents' bedrooms did not have wardrobes for their personal clothes to be stored. As a result residents' clothes were being stored in a large wardrobe in one of the building's storage rooms with different shelves assigned for individual residents. The inspector was informed that the residents' wardrobes from their previous home did not suit

their new bedrooms so new wardrobes had been ordered which had been delivered and were awaiting installation.

During the inspection all six residents living in this building were present and were met by the inspector but none engaged directly with him. Despite this the inspector did have opportunities to observe the residents in their home and how staff interacted with the residents. It was seen that staff members on duty generally interacted with residents in a pleasant, respectful and warm manner throughout the inspection. Examples of this included one staff introducing themselves to a resident before supporting them, staff engaging with residents at eye level when resident were in their wheelchairs or comfy chairs and residents being supported in an unhurried and calm manner by staff.

The inspector did observe though some instances which suggested that some staff were not overly familiar with all of the particular preferences of one resident. These involved the resident regularly removing an item of clothing which included one occasion where they made a noticeable effort to remove it in the presence of staff. Despite this on three occasions the inspector observed a staff member putting the item of clothing back on only for the resident to immediately look to take it off again. Later on, after the resident had removed the item of clothing for a fourth time, another staff member removed this clothing from the immediate vicinity of the resident. This staff member later told the inspector that this resident sometimes preferred not to wear such clothing.

It was also evident that a significant portion of staff members' time was taken up supporting residents with personal care. This was particularly evident when the inspector first arrived in the residents' home but also at other points during the day. On one occasion, the inspector observed three residents left largely unattended in the day room for 45 minutes while some music was playing from a television that was turned on there. Some staff members did briefly pass through the day room during this period as they were coming and going from supporting other residents with personal care in other areas of the building. The three residents appeared calm during this time period.

Residents spent much of the inspection day in their home and the atmosphere there was generally calm for much of the day. One resident did go to a swimming pool on the campus while others went for walks. At one point an ice cream van visited the campus and staff got some ice cream for the residents to enjoy. On another occasion it was observed that a resident was supported to the snoezelen room for a hand massage while some recently completed arts works by residents were present in the day room. The inspector was also informed that residents were participating in more community based activities and it was indicated that two residents would be attending a concert the day after this inspection.

In summary, residents were generally seen to be treated in a pleasant, respectfully and warm manner by the staff members supporting them. It was evident also that the six residents present during this inspection were living in a very well-maintained

and homely environment. This represented a significant improvement from the previous building that they were living in.

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

A restrictive condition was attached to this designated centre and the registered provider had not provided sufficient assurance that they could fully meet this condition. Improvement were required regarding aspects of staffing.

This designated centre was based on a campus and had first been inspected by the Health Information and Quality Authority (HIQA) in January 2015. Six inspections between then and May 2021 highlighting recurrent concerns around the standard of premises provided and fire safety. The two buildings which made up this designated centre had previously been the subject of a restrictive conditions which required the provider to upgrade both buildings by March 2019 but the standards of both buildings continued to require improvement after this date. Significant regulatory engagement, which included the issuing of a warning letter in September 2020, resulted in this designated centre's registration being renewed until March 2024 with a further restrictive condition which reflected a plan to improve the fire safety systems across the overall campus including both building of this centre.

The plan which informed the restrictive condition had a final date of May 2023 and outlined specific dates when fire safety upgrades were to be carried out for this centre's two buildings. In line with this plan both were due to have been upgraded for fire safety by May 2021 and February 2022 respectively but throughout 2021 it was evident that such time frames would not be met with resourcing of the overall plan a particular issue. One of the buildings though had recently completely refurbishment and fire safety upgrades as referenced elsewhere in this report. This was a positive development. However, at the time of this inspection there was uncertainty as how the current restrictive condition would be met.

During further engagement with HIQA during 2021 and 2022, the provider had put forward some alternative plans for consideration which would involve the other building of this centre being used to temporarily support residents from other designated centres while upgrade works were completed there. This would ultimately end with this building closing in 2024 without having upgrade works completed. The provider though had been unable to provide sufficient assurance as to how such alternative plans would be fully resourced. Given that the regulations require registered providers ensure that designated centres are appropriately resourced, and taking into account extensive engagement between HIQA and provider concerning the campus, the provider was advised during a cautionary

meeting with HIQA in May 2022 of the consequences of continued non-compliance with registration conditions and relevant regulations.

These regulations require the provider to have a statement of purpose in place for this centre which is an important governance document that must contain specific information set out by the regulations and which also forms the basis for a condition of registration. Such a document was in place however, it was noted that the statement of purpose in the refurbished building was from 2019 but an update version was provided to the inspector in a central office on the campus. While this updated version did contain most of the required information, it was noted that it had not been fully updated to reflect a recent change in person in charge. In addition, it was noted that this statement of purpose's floor plans reflected the recent refurbishment works in one house. These had involved some bedrooms being enlarged, the purpose of some rooms being changed and the overall capacity of the building reducing. Despite this the provider had not applied to vary the relevant registration conditions of this centre to reflect such changes.

The statement of purpose also outlined details of the staffing arrangements that were to be provided to support residents. In keeping with the statement of purpose, a certain level nursing support was to be provided to residents during the day. However, from reviewing documents, such as staff rosters and a relevant risk assessment, and from speaking to staff members, nursing staff was not always provided in line with the statement of purpose. This was also evident during the initial period of this inspection with the inspector was informed that two nurses should have been on duty but only one was on duty when the inspector arrived. At one point during the inspection, it was observed that when the nurse on duty was on their break, a nurse from another centre on the campus had to be called to support one resident. A second nurse did commence working during the afternoon of the inspection and it was indicted that they had been attending some training earlier in the day.

It was also indicated to the inspector that a specific staff member was to be assigned to this centre on certain days of the week specifically to support residents to engage in activities. The inspector was informed though that there were times when this staff member would be required to support in the provision of personal care of residents which reduced the amount of time that they had for facilitating activities. This was something which was also observed by the inspector at times during this inspection although it was also observed the specific staff member assigned for activities also supported activities on the day such as walks and a visit for one resident to a swimming pool. In addition to this, most staff had received some formal staff supervisions but some were overdue this at the time inspection. Records provided indicated that staff members were provided with relevant training in areas such as fire safety and safeguarding but it was noted that most staff had not undergone specific training in dementia which had been recommended by a health and social care professional given the needs of some residents in this centre.

Registration Regulation 8 (1)

While the provider had made refurbishments works to one building which involved some changes in the layout of one building, a change in the use of some rooms and a reduction in capacity, the provider had not applied to vary the registration conditions of this centre to reflect this.

Judgment: Not compliant

Regulation 15: Staffing

Nursing staff was not always provided in line with the centre's statement of purpose. Staff specifically intended to promote activities were sometimes required to help with personal care of residents which reduced their ability to support activities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Some staff were overdue formal supervision while not all staff had completed training in dementia as had been recommended by a health and social care professional.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not offered sufficient assurance that they had necessary resources in place to comply fully with this designated centre's current restrictive condition nor any other alternative plans considered.

Judgment: Not compliant

Regulation 3: Statement of purpose

While a statement of purpose was in place it required updating to reflect a recent change in person in charge while an outdated copy of the statement of purpose was present in the refurbished building of this centre.

Judgment: Substantially compliant

Quality and safety

Fire safety systems had been improved in one of the two buildings of this centre. Some improvement was required regarding the contents of personal emergency evacuation plans (PEEPs), activities and infection prevention and control (IPC).

As highlighted earlier, there had been long standing concerns relating to the fire safety systems in the two buildings that made up this designated centre. This related primarily to the fire containment measures and as part of the refurbishment works that had been completed in one building, such measures were now in place in that building along with other fire safety systems including a fire alarm, emergency lighting and fire extinguishers. The other building continued not to have sufficient fire containment measures and, while this building was unoccupied at the time of inspection, it remained the subject of a restrictive condition while there was a possibility that the building could be used in its current form to temporarily support residents from other centres on the campus.

For the residents that were present during this inspection it was found that they had participated in fire drills since their move to their new home with low evacuation times recorded. Each resident had an individual PEEP in place that outlined the supports they needed to evacuate if required. While these had been recently reviewed, it was noted that they did not outline the specific staffing support needed for a particular evacuation method. Aside from the PEEPs, other information related to individual residents was contained within their individual personal plans. Such plans are required by the regulations and should provide guidance on how to support the assessed needs of residents. The inspector reviewed a sample of these and noted that they contained a good level of information in this regard and had been recently reviewed.

A process of person-centred planning was also being used to try to support residents and their families to be involved in the development of the personal plans. Amongst the information contained within the personal plan was details on how to support the residents to enjoy their best possible health. Where residents had particular health needs a corresponding health care plan was in place while there was evidence of residents' health being monitored on a regular basis. Taking such findings into account no concerns were identified regarding the provision of health at the time of this inspection. It was noted though that a provider unannounced visit carried out in November 2021 had highlighted that there had been significant gaps regarding follow up actions for one resident related to health care. This had been

subsequently followed up and a further provider unannounced visit in March 2022 found improvement in this area.

Aside from areas related to health care, the provider's monitoring systems also reviewed matters relating to the daily lives of residents. During the inspection it was indicated to the inspector that residents were now engaging in more community based activities away from the centre and campus. While there was indications of some community based activities, records reviewed for all residents present during this inspection suggested that the vast majority of activities residents were participating in were based either in their home or on the campus where their home was based. It was acknowledged though that some residents had particular needs which could pose challenges in terms of participating in activities away from the campus. However, when reviewing the activity records the inspector did note entries such as "dental appointment" and "new comfort chair" listed as activities which residents did. Other records reviewed indicated that some residents had received visits from their family members since they had moved to their new home and it was also noted that the layout of the refurbished building had an area where residents could meet their visitors in private.

This same building also had other features which supported IPC practices which included supplies of personal protective equipment (PPE) being available throughout. It was observed that efforts had been made to present the storage of such PPE in a manner that was consistent with the general décor. Staff were also seen to wear appropriate PPE during this inspection while a relevant self-assessment on IPC had been recently completed. However, the inspector did observe some instances where IPC practices could be improved. For example, shortly after arriving in the refurbished building the inspector noted a bottle of hand sanitiser present that had expired in March 2021 while an expiry date was not indicated on two other bottles.

In addition, while the refurbished building had storage facilities, it was seen that some cleaning products were stored outside exposed to the elements. The refurnished house was very clean on the day of inspection although the inspector did note some gaps in cleaning records provided. Records were also kept of when staff signed in and out of the centre for COVID-19 purposes but the inspector did note early into this inspection that staff present in the centre at that time had all entered a sign out time even though they were still on shift. The inspector also reviewed a vehicle assigned to this centre. While it was found to be reasonable clean, it was seen to contain some fist aid equipment that had expired in November 2017 while spoons were found on the vehicle's floor. It was unclear how long they had been there for or what they had been used for.

Regulation 11: Visits

Residents were facilitated to receive visitors with a private area available if required.

Judgment: Compliant

Regulation 12: Personal possessions

The six residents met during this inspection did not have their own wardrobes in their bedrooms to store their clothes at the time of this inspection.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Instances such as "dental appointment" and "new comfort chair" were being listed as activities which residents took part in.

Judgment: Substantially compliant

Regulation 17: Premises

While the refurbished building was of a very good standard, the other building remained of a poor standard.

Judgment: Not compliant

Regulation 26: Risk management procedures

Some first aid equipment was seen in the centre's vehicle that had expired in 2017.

Judgment: Substantially compliant

Regulation 27: Protection against infection

A bottle of hand sanitiser was present during this inspection that had expired in March 2021 while an expiry date was not indicated on two other bottles of hand sanitiser. Some cleaning products were stored outside exposed to the elements.

There were gaps in some cleaning records. Staff sign in/out records were not being used correctly.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire containment measures in one building remained inadequate. Residents' PEEPs required further information.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which outlined their needs and how to support these. A process of person centred planning was being used.

Judgment: Compliant

Regulation 6: Health care

Residents had care plans in place outlining how their health needs were to be supported. There was regular monitoring of residents' health needs.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified during this inspection with all staff having undergone relevant training.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Le Cheile OSV-0004752

Inspection ID: MON-0032406

Date of inspection: 26/05/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 8 (1)	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): • Application to vary completed and sent to HIQA on 17TH June 2022 in relation to a change in the use of some rooms and a reduction in capacity.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The staffing levels in the Designated Centre comprise of two nurses and two care staff. • Another staff is allocated from existing day service staffing compliment. This staff provides support for four days a week. At times this staff will be required to support with intimate care where staffing levels have reduced in relation to Covid 19 or sickness. • There is a CE staff in place two and half days a week who supports activities and promotes choice for the residents. • Staffing levels are reviewed on continuous basis and we continue to endeavor to provide consistent staffing day and night whilst also complying with public health requirements relating to Covid 19. • Risk assessments are in place in relation to Nursing staff and not meeting skill mix to ensure mitigations are in place to address the risk. This is now reflected in the Statement of Purpose and Function • The recruitment of Nursing staff is ongoing with HR • New relief nurse commencing on 3rd July 2022	

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
• All supervisions have been booked and will be completed by Q2
• Dementia training scheduled for the 5th ,12th, 19th and 26th September 2022

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Application to vary completed and sent to HIQA on 17th June 2022 in relation to a a change in the use of some rooms and a reduction in capacity
• The Statement of Purpose and Function has been updated and sent to HIQA on 17th June 2022 reflecting a recent change in the Person in Charge .
• The staffing levels in the Designated Centre comprise of two nurses and two care staff.
• Another staff is allocated from existing day service staffing compliment. This staff provides support for four days a week. At times this staff will be required to support with intimate care where staffing levels have reduced in relation to Covid or sickness.
• There is a CE staff in place two and half days a week who supports activities and promotes choice for the residents.
• Staffing levels are reviewed on continuous basis and we continue to endeavor to provide consistent staffing day and night whilst also complying with public health requirements relating to Covid.
• Risk assessments are in place in relation to Nursing staff and not meeting skill mix to ensure mitigations are in place to address the risk. This is now reflected in the Statement of Purpose and Function
• The recruitment of Nursing staff is ongoing with HR
• New relief nurse commencing on 3rd July 2022
• All supervisions have been booked and will be completed by Q2
• Dementia training scheduled for the 5th ,12th, 19th and 26th September 2022
• Following the cautionary meeting the Provider sent an updated proposal to the HSE for their consideration.
• If this proposal is approved then an updated plan will be submitted to HIQA with an agreed timeline for achieving compliance in relation to Fire Safety.
• This will be achieved through the upgrade of a number of bungalows coupled with a decongregation plan for a number of residents resulting in the closure of a number of bungalows.
• In the interim the BOCSILR continue to follow a fire prevention strategy as agreed with our Fire Safety Engineer.
• Bród Lodge / Ashgrove 34 is now fully fire compliant and fully refurbished

• In line with the plan submitted to HSE the Ashgrove 32 will close over time. It will be used as a temporary location while other upgrades are taking place. • Currently no residents are residing in Ashgrove 32

Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The Statement of Purpose and Function has been updated and sent to HIQA on 17th June 2022 reflecting a recent change in the Person in Charge. • Updated copy of the Statement of Purpose and Function is now in the refurbished building in the Designated Centre.	

Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • Wardrobes have now been installed in the six residents bedrooms	

Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: • Email sent to Bród Lodge on the 27th June 2022 advising staff to record accurately meaningful activities • Staff meeting held on 1st June 2022 advising staff about accurate completion of activity charts. • Activity recording charts will be reviewed weekly by the CNM1	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Following the cautionary meeting the Provider sent an updated proposal to the HSE for their consideration.
• If this proposal is approved then an updated plan will be submitted to HIQA with an agreed timeline for achieving compliance in relation to Fire Safety.
• This will be achieved through the upgrade of a number of bungalows coupled with a decongregation plan for a number of residents resulting in the closure of a number of bungalows.
• In the interim the BOCSILR continue to follow a fire prevention strategy as agreed with our Fire Safety Engineer.
• Bród Lodge / Ashgrove 34 is now fully fire compliant and fully refurbished
• In line with the plan submitted to HSE the Ashgrove 32 will close over time. It will be used as a temporary location while other upgrades are taking place.
• Currently no residents are residing in Ashgrove 32

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• Transport Manager contacted on the 27th May 2022 to replace any expired first aid equipment
• First Aid Equipment in transport replaced on 30th May 2022

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• Hand sanitisers were replaced on the day of inspection 27th June 2022
• A container has been installed for the storage of cleaning products

• A meeting took place with the PIC, ADON and Head of services with the cleaning company on 15th June 2022.
• All cleaners were advised to complete forms accurately.
• They were advised if they had to leave the house for any reason another time would be allocated for cleaning and same recorded on cleaning checklist
• The cleaning company manager will review the Cleaning checklists
• Next meeting with cleaning company is 20th July 2022
• On the day of Inspection the Head of Services spoke with staff in relation to the sign in and out book being completed incorrectly. The book was updated.

Regulation 28: Fire precautions	Not Compliant

Outline how y • Fire risk assessment reviewed on 21st June 2022
• Following the cautionary meeting the Provider sent an updated proposal to the HSE for their consideration.
• If this proposal is approved then an updated plan will be submitted to HIQA with an agreed timeline for achieving compliance in relation to Fire Safety.
• This will be achieved through the upgrade of a number of bungalows coupled with a decongregation plan for a number of residents resulting in the closure of a number of bungalows.
• In the interim the BOCSILR continue to follow a fire prevention strategy as agreed with our Fire Safety Engineer.
• Bród Lodge / Ashgrove 34 is now fully fire compliant and fully refurbished
• In line with the plan submitted to HSE the Ashgrove 32 will close over time. It will be used as a temporary location while other upgrades are taking place.
• All Individual PEEPs updated on 27th May 2022 to reflect the supports each individual required to evacuate.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	27/06/2022
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	27/06/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents;	Substantially Compliant	Yellow	27/06/2022

	opportunities to participate in activities in accordance with their interests, capacities and developmental needs.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/12/2022
Regulation 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	31/12/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	30/06/2022

	are appropriately supervised.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/05/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/05/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/05/2023
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped	Substantially Compliant	Yellow	27/06/2022

	with appropriate safety equipment and driven by persons who are properly licensed and trained.			
Regulation 27	The registered provider shall ensure that 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.	Substantially Compliant	Yellow	27/06/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	27/05/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing	Substantially Compliant	Yellow	27/06/2022

	the information set out in Schedule 1.			