



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

Issued by the Chief Inspector

Name of designated centre:	Waxwing 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	08 November 2021
Centre ID:	OSV-0004918
Fieldwork ID:	MON-0031930

About the designated centre

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

This designated centre is comprised of one detached single storey premises located in a small housing development in a rural location. It is close to a large city and transport is provided. Residential services are provided to a maximum of six residents and the house is staffed on a full-time basis. The provider aims to provide each resident with a safe homely environment, quality care and supports appropriate to their individual requirements; this is achieved through a process of individual assessment and planning. The provider aims to support residents of all abilities but who are experiencing a need for increased care and support in relation to their disability or increasing age. Residents are supported to enjoy a quieter pace of life but to have continued access to the day service and the wider community in line with their preferences and ability. The model of care is a social model and the staff team is comprised of social care workers and support workers. Direct team management is by an administrative team leader. This person reports directly to the person in charge who is based off site. The house is comprised of six individual bedrooms, two bathrooms, a sitting room, dining room / kitchen, utility room, store room and staff office. A large garden to the rear of the property is secured.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 8 November 2021	9:00 am to 5:00 pm	Cora McCarthy	Lead

What residents told us and what inspectors observed

The inspectors arrived unannounced to the centre and the staff guided the inspectors through the infection prevention and control measures necessary on entering the centre. These processes included hand hygiene, face covering, and temperature check.

On arrival the inspectors noted one resident was exiting the centre with staff, the resident would go outside to the house vehicle and return again. This routine was repeated continually throughout the morning up until lunchtime when this resident left for day service. The inspector spoke to staff and they explained that this resident had a diagnosis of dementia and inspectors observed that this resident was confused and agitated throughout the morning. It was apparent to the inspectors that this resident required a high level of supervision due to high needs. There was one other staff member on duty during the morning to support the other five residents who had very high assessed needs. One elderly resident had increased mobility needs and required support while others had high personal care needs and needed a lot of support from staff also. Another staff member had been rostered on duty but due to unforeseen circumstances was unable to get to work until 11am. Once this staff member arrived they were able to help the residents get ready for day service although it appeared that there was inadequate staffing for the assessed needs of the residents. Staff expressed the view that staffing was inadequate, this had been assessed as a risk and had also been identified in the minutes of multi-disciplinary meetings where staff expressed concerns regarding safeguarding of residents. Throughout the day, inspectors could clearly see how difficult it was for staff to meet the demanding needs of residents.

The residents were very pleasant and welcoming and were happy to show the inspectors their bedrooms which were decorated in the design of the resident's choice and colour. It was evident from the decoration, personal items on display, photos and the resident bedrooms that the residents were involved in the running and decoration of their home.

The inspectors observed the residents on the day and found them to be generally comfortable in the centre. The residents interacted positively with staff and it was evident that staff and residents had a good relationship. The staff present were very knowledgeable about the residents' needs and preferences and were laughing and joking with the residents in a positive manner. On the day of the inspection some residents were getting ready for a return to day service however, residents did not get to leave for day service until after 1pm due to inadequate staffing.

During the afternoon, two of the residents were supported to go for a drive in one of the centre's vehicles. Inspectors noted that the vehicle was visibly dirty and maintained in a poor state both internally and externally. Staff spoken with told inspectors that they found it difficult to complete cleaning duties given the current

staffing levels as they needed to prioritise the safeguarding of residents.

The residents were active on a video conferencing system during the pandemic, engaging with family and friends which residents said they enjoyed. Residents also went for meals out and holidays. Residents enjoyed TV, having meals together, and also enjoyed listening to music.

The centre was decorated and furnished in a homely style and the two assisted shower rooms had recently been refurbished and upgraded, The centre was warm and comfortable however, it was not visibly clean and some areas of the flooring were worn and defective which was both a falls risk and a barrier to good infection prevention and control. The plasterwork to some walls was defective, the painted walls in many areas were marked and stained and required repainting. Also there was a considerable amount of boxes of personal protective equipment, archiving material and other paraphernalia inappropriately stored in the staff office. The outside of the property and garden area were not inviting and did not provide a stimulating or interesting environment for residents. The front driveway was unkempt with moss and weeds evident.

Residents were encouraged and supported around active decision-making. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and decisions made. Residents were informed about COVID 19 restrictions, testing and vaccination processes and given the opportunity to consent.

The inspectors observed that, overall, the residents' rights were being upheld in this centre. Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspectors saw that consent forms and decision-making assessments were included in residents' personal plans.

In summary, the inspectors found that each residents health care needs were maintained to a good standard and that there was a visible person-centred culture within the designated centre.

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 to each resident living in the centre.

Capacity and capability

Governance and management systems in place at this centre had not ensured that care and support provided to the residents was safe, appropriate to residents' needs, consistent and effectively monitored. The person in charge held the necessary skills and qualifications to carry out the role. However, the provider had

not ensured that the centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. On the day of inspection the inspectors issued an urgent action around staffing and governance and management.

The inspector reviewed the actual and planned rota which indicated continuity of care from a core team of staff known to the residents. However, the provider had not ensured that staff numbers at the centre were in line with the assessed needs of the residents. While the staff compliment was in line with the statement of purpose, the increasing needs of the resident group indicated that the provider had not ensured that the number of staff was appropriate to assessed needs of the residents. One resident had been diagnosed with dementia and required increased staff support and other residents needs had also increased in relation to personal intimate care requirements and support for behaviours of concern and increased mobility needs. One resident required to have annual bloods taken on the morning of the inspection however due to low staffing levels this could not be facilitated and the appointment was cancelled. As there was only two staff members on duty and six residents one staff member could not be left alone with 5 residents while one resident went to the GP. Overall the areas highlighted for improvement were indicative of inadequate staff numbers. Despite issues of concern relating to staffing levels in the centre being raised and highlighted by staff, by an external auditor and during multi-disciplinary team meetings over an extended period of time, senior management had failed to take necessary action in a timely manner.

The person in charge demonstrated the relevant experience and qualifications in management. The staff members with whom the inspector spoke with were very respectful to the residents and were very knowledgeable around the residents assessed needs. For example; they were very aware of the residents change in presentation in relation to dementia and the strategies to support the resident.

There was a training schedule in place and staff spoken with confirmed that they had received on- going training. However, the provider could not demonstrate how many staff had or had not completed mandatory training as there was no record available for the inspectors to view.

Clear management structures and lines of accountability were in place. The provider had undertaken unannounced inspections of the service and a review of the quality and safety of service was also carried out in 2020. However while the service was subject to ongoing monitoring and unannounced audits were being carried out twice each year on behalf of the provider, issues of concern highlighted in relation to staffing levels had not been acted upon. Staff highlighted that three residents are regularly up during the night and they expressed fears that they could not follow safeguarding plans as they were required to support residents with personal care. In one example a resident opened the fire exit door and attempted to leave during the night while staff were attending to another resident. One resident who had been the recipient of a behaviour incident required staff support but it was observed in meeting notes that the resident said they had 'learned to live with the behaviours and just avoided the resident'

The management team had not ensured that a COVID -19 contingency plan was available in the centre. Documentation emailed to inspectors during the inspection did not provide clear guidance and information in the event of an outbreak. For example, it did not contain guidance on the arrangements to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of COVID-19, details of on-call staffing arrangements for key management positions, the contact details of the senior staff, HSE crisis management teams and GPs, management of laundry, handling and disposal of clinical waste, cohorting or isolation of residents.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre.

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience and qualifications in management.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels in the centre required urgent review to ensure that all residents were safe and to ensure that

- safe guarding plans were effectively implemented
- all residents could be evacuated safely in the event of fire
- the health care needs of residents were met
- the centre and vehicles used by residents were maintained in a clean condition
- to facilitate residents to attend day service in a timely manner.

Judgment: Not compliant

Regulation 16: Training and staff development

There was a training schedule in place and staff spoken with confirmed that they had received on- going training. However, the provider could not demonstrate how many staff had or had not completed mandatory training as there was no record available for the inspectors to view.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems in place required review to ensure that the service provided is safe, appropriate to residents needs, consistent and effectively monitored.

Despite issues of concern relating to staffing levels in the centre being raised and highlighted by staff, by an external auditor and during multi-disciplinary team meetings over an extended period of time, the provider had failed to take necessary action in a timely manner.

There was no clear management arrangements in place in the absence of the person in charge and person participating in management.

The COVID -19 contingency plan was not available in the centre. The plan which was emailed to inspectors during the inspection did not provide clear guidance for staff in the event of an outbreak.

Further oversight is required in relation to staffing, risk management, infection prevention and control, premises and fire safety management.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the

designated centre.

Judgment: Compliant

Quality and safety

The inspectors reviewed the quality and safety of care received by the the residents in the centre and had concerns in the areas of risk management, safeguarding and premises.

The centre was decorated and furnished in a homely style and the two assisted shower rooms had recently been refurbished and upgraded, however, many of the issues relating to the premises identified at the last inspection had still not been addressed. Some parts of the premises were defective and unclean and a vehicle used by residents was visibly dirty with torn upholstery. This is discussed further under Regulation 17: Premises.

The inspectors were satisfied that the health care needs of residents were generally being met and residents had access to General Practitioners (GPs). During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. There was evidence of referral and access to services such as podiatry, speech and language therapy (SALT), psychiatry, dietetics, neurology, optician and dentist. However, on the day of inspection a scheduled GP appointment for one of the residents had been cancelled due to staff unavailability at the time. This impacted negatively on the health care needs of this resident.

The provider had ensured that the residents had access to facilities for occupation and recreation in accordance with their interests and capacities. However inadequate staffing numbers sometimes impacted their opportunity to go on outings and to activities in the community.

The provider had a risk management policy in place. However the risk of of not being able to safely evacuate residents in a reasonable time frame in the event of a fire did not transfer to the risk register. Infection prevention and control as discussed in Regulation 27 had not been identified as a risk. The risk of a resident absconding for one resident had been closed, stating that the resident would not have the capacity to leave the grounds. On the day of inspection the inspectors saw the resident leaving the house numerous times and noted this as a serious risk.

There were active safeguarding plans in the centre which outlined that high levels of supervision were necessary to prevent peer to peer incidents occurring. While the staff were knowledgeable about the safeguarding plans in place they informed the inspectors that they cannot provide the level of supervision required in the safeguarding plans with the staffing numbers outlined in the statement of purpose and the rota. This had been highlighted by staff and escalated to the provider but

had not been acted on.

Arrangements in place for cleaning of the building and equipment used by residents required review. While there was a documented cleaning schedule in place, it was evident that deep cleaning was not taking place on a consistent regular basis. Parts of the building and a vehicle used by residents were observed to be visibly dirty. A number of barriers to effective infection prevention and control were also identified on the day of inspection. Staff spoken with confirmed that it was difficult to complete cleaning duties given the current staffing levels as they needed to prioritise the safeguarding of residents. This is discussed further under Regulation 27: Protection against infection.

Further oversight was required in relation to some aspects of fire safety management. There was evidence of daily and weekly fire safety checks. The fire equipment and fire alarm had been serviced and fire exits were observed to be free of obstructions. Staff spoken with confirmed that they had received recent on-line fire safety training. Inspectors could not accurately determine how many staff had or had not completed this mandatory training as the provider could not provide records of same. Regular fire drills had been completed involving both staff and residents, however, the fire drill completed in July 2021 did not provide assurances that all residents could be evacuated safely at night time when there was one staff on duty. While a personal emergency evacuation plan (PEEP) had been documented for each resident, some had not been updated since February 2020 and did not address issues of concern highlighted following recent fire drills with regard to the increased support needs of some residents.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for the residents. A person centred planning meeting had been held in 2020 and priority achievements or goals were decided upon with the resident. However goals outlined were very general and functional and there was no evidence of progress monitoring or a indicator of who would support the resident to achieve their goals.

A comprehensive behaviour support plan for two residents was noted to be in place by the inspectors. These included an in depth functional analysis of the residents behaviour thus identifying the behaviour and making every effort to alleviate the cause of this behaviour. Staff demonstrated knowledge of how to support residents to manage their behaviour and were very familiar with the needs of the residents and the behaviour support strategies that were in place.

The provider had ensured that the residents had an input into the running of the house and were consulted on what meals they would like and were informed and asked for consent regarding the vaccines for flu and COVID 19.

Regulation 13: General welfare and development

The provider had ensured that the residents had access to facilities for occupation

and recreation in accordance with their interests and capacities. However inadequate staffing numbers sometimes impacted their opportunity to go on outings and to activities in the community.

Judgment: Substantially compliant

Regulation 17: Premises

Some parts of the premises and a vehicle used by residents were visibly dirty and damaged, for example

- The wooden laminate flooring in many parts of the centre was worn and defective
- The plasterwork to some walls was defective
- The painted walls to many areas were marked and stained and required repainting
- The upholstery seats to a vehicle used to transport residents was torn and defective
- Some cleaning equipment was worn and visibly dirty
- Areas used for storage were disorganised and untidy
- The external garden areas were not inviting and did not provide a stimulating or interesting environment for residents
- The front driveway was unkempt with moss and weeds evident.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place. However the risk of not being able to safely evacuate residents in a reasonable time frame in the event of a fire did not transfer to the risk register. Poor Infection prevention and control as discussed in Regulation 27 had not been identified as a risk. Risk of a resident absconding had also been closed although inspectors observed it as a serious risk.

Judgment: Not compliant

Regulation 27: Protection against infection

Procedures consistent with the standards for the prevention and control of healthcare associated infections were not being implemented in the centre and a

number of barriers to effective infection prevention and control were identified on the day of inspection.

- Many parts of the centre were not visibly clean.
- Some worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.
- There was a build up of dust and dirt noted in several areas, including underneath and behind of equipment, at wall and floor junctions and behind some doorways.
- The interior of the vehicle used to transport residents was visibly dirty and showed an obvious lack of recent cleaning.
- Some cleaning equipment was visibly dirty.
- A floor mop and bucket was inappropriately stored outside the back door.
- A hand towel was located beside the wash hand basin in one of the communal bathrooms which posed a risk of cross infection.

Judgment: Not compliant

Regulation 28: Fire precautions

Further oversight was required in relation to some aspects of fire safety management. The fire drill completed in July 2021 did not provide assurances that all residents could be evacuated safely at night time when there was one staff on duty. Personal emergency evacuation plans (PEEP) reviewed had not been updated since February 2020 and did not address issues of concern highlighted following recent fire drills with regard to the increased support needs of some residents.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for the residents. A person centred planning meeting had been held in 2020 and priority achievements or goals were decided upon with the resident. However goals outlined were very general and functional and there was no evidence of progress monitoring or a indicator of who would support the resident to achieve their goals.

Judgment: Substantially compliant

Regulation 6: Health care

<p>The inspectors were satisfied that the health care needs of residents were generally being met and residents had access to General Practitioners and allied health professionals.</p>
<p>Judgment: Compliant</p>
<p>Regulation 7: Positive behavioural support</p>
<p>There was a comprehensive behaviour support plan viewed by the inspectors for two residents.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>There were active safeguarding plans in the centre which outlined that high levels of supervision were necessary to prevent peer to peer incidents occurring. It was not evident or observed during this inspection that high levels of supervision was taking place and such the safeguarding plans as outlined could not be fully realised.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>The provider had ensured that the residents had an input into the running of the house and were consulted on what meals they would like and were informed and asked for consent regarding the vaccines for flu and COVID 19.</p>
<p>Judgment: Compliant</p>

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Waxwing 1 OSV-0004918

Inspection ID: MON-0031930

Date of inspection: 08/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The resident with a diagnosis of demenita transferred from the centre on November 23rd 2021. • This resident required a significant amount of support from staff both day and night so heavily impacted the staffs ability to complete all other tasks. • There are currently five residents in the centre. • The staffing arrangements have remained the same despite the reduced numbers. • There are three staff on duty each day and one staff by night. • There are no plans to fill this residential vacancy. • Day services remain open which significantly reduces the numbers of persons supported in the house by day. • The person in charge has moved her office to the centre now that there is a vacant room. • This will allow her better oversite to ensure the cleanliness of the vehicle and to support with planning of shifts. • Oversight of the shift planner by PIC and shift lead to ensure supervision and support. • See compliance plan in relation to regualtion 28. • Blood tests for L748 were completed for the purpose of the annual report and no abnormailities were observed. • A replacement is planned for one vehicle and regular valets of the other vehicle are to be arranged by staff. • A member of management is to be contacted in case of the need for emergency short term cover to see if support can be given. 	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Training records for all staff are maintained in the HIQA folder in the centre. • The person in charge will continue to update these records as and when training is completed. • Any outstanding mandatory training is planned for staff in the centre. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The concerns relating to safe services relative to the residents needs has been escalated to the PPIMs by the PIC. • In response, one resident with high support needs has transferred to a more appropriate residential service, ensuring the needs of the remaining residents are met. • This transfer was in train in advance of the HIQA inspection and a number of MDT meetings had taken place recognizing the challenges that were present based on risk assessments. • The PIC has located her office in the centre. • In the absence of the PIC and one of the PPIM's the management of the centre is overseen by the two other PPIM's and the on call person in charge. The senior instructor also provides support to the area but not as PPIM. • Covid Contingency Plan template has been reviewed and the issues identified by the Inspectors have been addressed. The person in charge will update this template with specific details relating to the centre. • The roster is reviewed on a daily basis to ensure staffing levels are adhered to. On the morning of the inspection the staff experienced a personal emergency. • Management on duty will endeavor to replace support needs where possible. • The PIC has oversight of the Risk Register and escalates risks as required. • The Senior Management Team have oversight of escalated risks. Updates on issues related to risks are shared by the PIC. • Staff complete and document cleaning required in the daily checklists. • Monthly infection control audits are completed by the PIC. • The Brothers of Charity Services Ireland has a policy relating to Covid 19 and infection control. • A deep clean of the house was completed on 08/10/2021. A further clean will be scheduled for the New Year. • Plans for the decorative update of the house will be included in the plan of works for 2022. • Clarification obtained from fire safety officer around timing of evacuations. Going forward the time recorded will be the time taken to evacuate a resident from a room that the simulated fire is in. Once the fire door closes to the room where the fire is the staff 	

have 30 minutes to either move the residents to the next compartment or completely evacuate from the centre.

- The PIC has asked staff to detail the route taken during the evacuation and the location of the simulated fire on the fire drill report.
- PEEPS have now been updated to reflect and changes required See compliance plan in relation to regulation 28.

Regulation 13: General welfare and development

Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

- One resident with significant support needs transferred from the centre on 23/11/21.
- There are no plans to fill this residential vacancy.
- Staffing levels have remained the same despite the reduction in numbers.
- The person in charge has been risk assessing the ability of staff to support quality of life of residents.
- The risk rating on this has reduced since the transfer of one resident and resulting reduction in numbers as well as the resumption of day services.
- The person in charge will ensure this risk is kept open and will continuously monitor this and the rating on same.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The person in charge has moved her office to the centre to support with decluttering and organizing within the house.
- The person in charge is working towards de-cluttering the centre to make cleaning easier.
- The person in charge has contacted the facilities manager to arrange for repair to the plaster and spraying of weeds outside.
- New cleaning equipment will be purchased for the centre that is colour coded in line with health and safety requirements.
- One vehicle to be replaced.
- Staff are to arrange for the regular valeting of the other vehicle. Staff to implement a clean as you go practice in regards to the maintenance of the vehicle.
- Works to the centre including painting and repair to floors will be scheduled during 2022.

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The person in charge has a risk assessment in place in the risk register regarding night time evacuation since 13/05/2018. • The rating on this had recently been increased due to newly observed issues affecting evacuation times at night. • This risk was escalated to senior management. • The person in charge was engaging with the Occupational Therapist and Fire Safety Officer to work on mitigations in an attempt to reduce this risk. • The person in charge will engage with waking night staff at supervision on the week of 13/12/2021 and will create a risk assessment around infection control at night when staffing levels are reduced. • Upgrading, painting and flooring will be included in the plan of works for 2022. • The risk relating to absconsion had been closed following a review by the PIC with senior management. The risk remains closed following the transfer of the resident, that was referred to in the risk assessment, to another designated centre. 	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The person in charge is working towards de-cluttering the centre to make cleaning easier. • Reduction in numbers of persons supported and the resumption of day services allow more time for staff to engage in the maintenance of the centre. • Deep clean to be arranged once house is tidied. • New colour coded cleaning equipment to be purchased. • Mops and buckets are stored in the shed when not in use. • Person in charge has asked staff to arrange for valeting of the vehicle as and when required. • Person in charge to do regular checks on the maintenance and cleanliness of the vehicle • Staff have been advised to adopt a clean as you go approach to the cleaning of the vehicle. This will be monitored by PIC. • The person in charge has instructed staff not to leave mops or buckets outside the back door. Person in charge will regularly check if this is being upheld. Staff are to store mops and buckets that are not in use in the shed at the rear of the house. • Hand towel in bathroom belongs to one person supported who regularly engages in obsessive washing behaviors. PIC has linked with the behavior support team to see how this can be managed for him as it is his preference to use a hand towel to dry himself. Attempts at reminding him to remove it after use have been unsuccessful. • Upgrading, painting and flooring will be included in the plan of works for 2022. 	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • OT consulted with and wheelchair now in place to support the prompt evacuation of one resident. • Resident with dementia who was re-entering the compartment has since transferred to a different centre. • Clarification obtained from fire safety officer around timing of evacuations. Going forward the time recorded will be the time taken to evacuate a resident from a room that the simulated fire is in. Once the fire door closes to the room where the fire is the staff have 30 minutes to either move the residents to the next compartment or completely evacuate from the centre. • The PIC has asked staff to detail the route taken during the evacuation and the location of the simulated fire on the fire drill report. • PEEPS have now been updated to reflect and changes required. • Manual handling care plans have also been updated to reflect changes made. • The emergency action plan has also been updated to reflect additional measures that are required. • A repeat night time drill occurred on 10/12/2021. An additional night fire drill is scheduled for 09/01/2022. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • The person in charge will ensure that new PCP's include a functional, aspirational and health care priority in PCP's for 2022. • Planning meetings will include who is responsible and time frames for same. • Reviews continue to occur quarterly for 2022 but will move to a tracking system in PCP's for 2023 once all staff have received training in the new procedure. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The resident with a diagnosis of dementia transferred from the centre on November 23rd 2021. • This resident required a significant amount of support from staff both day and night so heavily impacted the staff's ability to complete safeguarding requirements. • This resident also had two safeguarding plans in place relating to him and another person supported. • Number of safeguarding plans in place has now reduced from five to three as a result of this transfer. • There are currently five residents in the centre. • The staff arrangements have remained the same despite the reduced numbers. 	

- There are three staff on duty each day and one staff by night.
- There are no current plans to fill this vacancy.
- Day services remains open which significantly reduces the numbers of persons supported by day and increased safeguarding as the residents are seperated for a large portion of the day.
- The person in charge has moved her office to the centre now that there is a vacant room.
- This will allow the PIC better oversight to support with shiftplanning including the designation of supervision tasks.
- Daily planner to be completed to ensure support and supervision is provided as required.

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	23/11/2021
Regulation 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	23/11/2021
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	Not Compliant	Orange	23/11/2021

	statement of purpose and the size and layout of the designated centre.			
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	30/04/2022
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	31/12/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/12/2022
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	23/11/2021
Regulation 23(1)(c)	The registered provider shall	Not Compliant	Orange	23/11/2021

	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.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	23/11/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout	Not Compliant	Orange	28/11/2021

	the designated centre.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Not Compliant	Orange	28/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	28/11/2021
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	Not Compliant	Orange	15/01/2022

	associated infections published by the Authority.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	09/01/2022
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.	Not Compliant	Orange	09/01/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	09/01/2022
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the	Substantially Compliant	Yellow	30/09/2022

	resident's personal development in accordance with his or her wishes.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	23/11/2021