



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

Issued by the Chief Inspector

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| Name of designated centre: | Cairdeas Services Belmont |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Waterford |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 19 May 2021 |
| Centre ID: | OSV-0005077 |
| Fieldwork ID: | MON-0030340 |

About the designated centre

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

The statement of purpose outlines that the centre provides full-time care, to 11 adult residents, both male and female, with severe intellectual disability and have additional care needs including support with behaviours that challenge, and age related healthcare needs. The residents require full-time nursing care and this is provided with the nursing staff supported by care assistants. The centre comprises two bungalows in close proximity to each other. The premises are suitable for purpose and the residents all have their own bedrooms, with suitably adapted bathroom facilities. There were suitable and homely communal areas to meet the residents' needs. Both have small gardens attached. The centre is located in a large town with easy access to local services and amenities.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 8 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------|----------------------|----------------|------|
| Wednesday 19 May 2021 | 10:20hrs to 16:45hrs | Elaine McKeown | Lead |

What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with five residents, four in one of the houses and one resident in the other house. To reduce movement in the designated centre as a result of the COVID-19 pandemic, the inspector was located in an office in one of the houses. The inspector was introduced to residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

The inspector was introduced to three residents in the communal area of one of the houses at the start of the inspection. One resident was eating their breakfast and another resident was being offered a choice of what they would like to eat. The third resident had finished eating and had moved into the sitting room to a relaxation chair. Staff explained that one of the residents had only arrived the previous day and was still getting used to their surroundings and new staff. During the day the inspector met this resident on two more occasions. They were in the company of other residents, one of whom they had lived with before in another location and both residents had recognised each other. Later in the evening as the inspector was leaving the house, the resident was sitting on a comfortable high backed chair in a quiet room. The resident was watching a preferred television programme and stated they had enjoyed their day.

The inspector met another resident later in the morning when they were in the sitting room. This resident required a lot of support with activities of daily living and used a wheelchair to mobilise around the designated centre. The resident was supported by staff to explain how they enjoyed having their watch and glasses with them at all times. They liked to watch news programmes on the television and enjoyed listening to their radio if they were lying in bed. Staff also outlined how the kitchen table had been adapted and the height raised to support the resident to join their peers at mealtimes if they choose to while in their wheelchair.

Another resident had moved to the designated centre three weeks before the inspection. They had previously lived in another designated centre but had required admission to an acute hospital for two months in February 2021. On discharge the resident required increased medical support, including continuous oxygen via nasal prongs due to complications of COVID-19 infection and 24 hour nursing care which this designated centre could support. As per the public health guidelines the resident was supported by staff to self-isolate in the designated centre following their admission. During the afternoon, the inspector observed staff to support the resident to meet with visitors while adhering to public health guidelines. The resident remained in the sitting room area at an open door while the visitors were seated outside on a patio area. Staff informed the inspector that the resident appeared to be settling into the centre well. While they still chose to remain in the house for long periods, staff had observed the initial anxieties with which the resident presented had subsequently decreased and they had started to go out for

spins in the locality on the bus as per their wishes. The resident was also engaging more with the staff team and was observed to communicate their needs and engage in conversation with staff during the inspection.

The inspector was invited to meet another resident in the conservatory of the second house located nearby in the early afternoon. Staff supporting this resident assisted them to inform the inspector of a recent outing in the local town. The resident enjoyed shopping and staff had facilitated the resident to get an appointment to go to a well known high street shop that had recently re-opened following the revision of some of the public health restrictions. The staff had supported the resident to use an electronic tablet device during the lockdown period and assisted them to complete on-line shopping while shops were closed. The resident also spoke of how they enjoyed the friendship of one of the peers that they were living with in the house. The resident chose not to spend too much time talking to the inspector and was supported by staff to go to have a hot drink as per their choice.

While all areas of both houses in the designated centre were accessible to the residents, it was evident general maintenance was required both internally & externally. The person in charge explained how planned painting had been delayed due to the public health restrictions. Staff outlined plans to enhance areas for residents which included the development of a secure garden area with seating to support residents to engage in activities outside.

The inspector spoke with many of the staff on duty during the inspection. All spoke of how residents were supported through individual, person-centred care and outlined activities that had been supported in the houses during the public health restrictions which included relaxation sessions, foot spas and painting activities. In addition, staff were available to support regular spins to local amenity areas where residents could have takeaway hot drinks or other treats as they wished. Staff spoke of how they adapted supports provided to residents as required with changing medical needs, for example facilitating relaxation periods in the morning. It was evident that residents were supported by a staff team that were familiar to the residents. They demonstrated a flexible approach to supporting residents and throughout the inspection were observed to respond to residents in a respectful and professional manner. Staff also outlined plans to support newly admitted residents to engage in activities which they were known to enjoy such as gardening and developing outdoor sensory areas.

The staff team had supported the residents throughout the pandemic restrictions and provided full assistance during an outbreak of COVID-19 in the designated centre during January and February 2021. As the designated centre provides support to residents with multiple and complex medical histories the staff team had actively supported seven residents with end-of-life care in the 18 months prior to the inspection. Staff outlined how restrictions on funeral services had impacted on them and the residents during the pandemic. However, an on-line memorial service that staff had facilitated in November 2020 was greatly appreciated by relatives with written compliments seen by the inspector.

Capacity and capability

Overall, the inspector found that there was a good governance and management structure with systems in place which aimed to promote a good quality, safe and person-centred service for residents. However, at the time of the inspection not all staff had completed refresher training in areas of safeguarding and fire safety. In addition, not all changes to the information required for the renewal of the registration of the designated centre had been submitted in a timely manner.

The person in charge worked full-time and had taken over the role for this designated centre since March 2021. They had worked in the designated centre in other roles prior to this appointment. The person in charge was very familiar with the assessed needs of the residents and knowledgeable of their role and responsibilities. They were assisted by a consistent staff team that was comprised of nursing staff, care assistants and student placements in each house. The core staff members were very familiar with the individual needs of the residents, including recently admitted residents.

The number and skill-mix of the staff team was found to be appropriate to the number and assessed needs of the residents in the designated centre at the time of the inspection. There was a planned and actual rota in place which demonstrated continuity and consistency of staff by a core staff team. One resident was supported to continue to attend their day service each weekday, while other residents were supported by staff in the designated centre to engage in various activities such as beauty treatments and multi-sensory sessions. There was an additional staff available to support residents to go for spins to local amenities daily. The person in charge outlined how they reviewed the assessed and changing needs of residents to ensure adequate staffing levels were maintained at all times. The person in charge acknowledged the recent outbreak of COVID-19 had been a challenging time for the whole staff team. However, staff were available to provide additional supports when required. This was also consistent with the information provided by the staff spoken to during the inspection.

Due to the pandemic restrictions, the training schedule of some staff members had been impacted and the person in charge was aware that there were gaps in the training which included refresher training in the area of safeguarding and fire safety. The person in charge provided evidence of planned and scheduled training in the weeks following the inspection. However, following a review of the training matrix for staff at the time of the inspection, the inspector noted 43% of staff required refresher training in fire safety and 22% in safeguarding. 82% of staff did not have up-to-date training in the area of managing behaviours that challenge, the inspector was informed that this was not required by staff working in this designated centre.

It was evident there was good oversight in this designated centre. The provider had ensured an annual review had been completed which included input from residents and their representatives and identified challenges posed by the pandemic in 2020

and 2021. The report also outlined goals for the designated centre and staff team for 2021 which included expanding and building on community integration with residents. In addition, regular audits had been completed which included quarterly safety audits, with actions progressing or completed. The provider had also compiled an information residential pack which included relevant information for new admissions into the centre.

The inspector reviewed the compliments and complaints log for the designated centre. The staff team had been complemented on a number of occasions by family representatives for the care and support shown to their relatives, this included end-of-life care. In addition, family representatives were very appreciative of the on-line remembrance service that staff has assisted with in November 2020. At the time of the inspection there were no open complaints.

While the provider had submitted an application to renew the registration of this designated centre, not all the required information had been submitted. The application form required revised information to be submitted. Not all of the required information for the person in charge and the persons' participating in management had been submitted, the statement of purpose did not contain all the information required under Schedule 1 of the regulations. Also, the floor plans submitted by the provider with the application did not reflect the current use of some of the rooms in one of the houses. The provider was addressing any outstanding items at the time of the inspection.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had submitted an application to renew the registration of this designated centre but not all information provided reflected changes to the designated centre

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned roster in place. There was a consistent staff team, subject to regular review, appropriate to the assessed needs of the residents, statement of purpose, the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had received training including online training in infection prevention and control. A schedule of training for 2021 was also in place with training dates for fire safety planned in the weeks following the inspection. However, not all staff training was up to date at the time of the inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre ensuring the provision of good quality care and safe service to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured planned new admissions were supported to visit the designated centre in advance and the admissions were in-line with the statement of purpose. However, while the inspector was informed contracts of care had been provided to residents, at the time of the inspection a current contract of admission outlining the terms and conditions of each resident's residency was not available for review in the personal files presented to the inspector.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. However, it did not contain all the information required under Schedule 1 of the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that an appropriate and effective complaints procedure was in place. There were no open complaints in the designated centre at the time of the inspection.

Judgment: Compliant

Quality and safety

Overall, residents' wellbeing and welfare was maintained by a good standard of care and support from a consistent staff team to provide a person-centred service where each resident's individuality was respected. However, further review of risks in the designated centre were required.

During the inspection, residents were observed to engage in activities with staff support which included beauty treatments and to go out for a spin. The inspector noted that the atmosphere was relaxed and un-rushed, homely and welcoming for all visitors. Residents were supported by a committed staff team that facilitated a good quality of life and provided residents the opportunities to engage in individual or group activities, as per their wishes and preferences while adhering to public health guidelines. The staff team supported residents to go for spins regularly if they so wished to local amenities such as beaches or parks during the public health restrictions which assisted residents to leave the designated centre for periods of time during the day in the absence of day services being provided outside the houses. One resident was supported to continue to attend their day service as per their assessed needs which benefited them greatly. In addition, staff spoke of how family representatives had been supported to visit their relatives during the restrictions while adhering to public health guidance, with visits facilitated on compassionate grounds where required.

The inspector reviewed three personal plans for residents in the designated centre. One resident had required admission to the designated centre after an increase in their medical needs following an admission to an acute hospital. Ongoing input from the multidisciplinary team (MDT) was well documented and daily communication notes evidenced the supports staff were providing to assist the resident to settle into their new home. Initial anxieties expressed by the resident on admission had reduced. Staff reported that the resident had expressed their preference to participate in activities within the designated centre which included using the multi-sensory room and getting their nails painted. They had enjoyed meeting a peer when that person had come to the centre in advance of their admission. Another resident had participated in their annual personal planning meeting. Goals had been identified which included re-decorating their bedroom in addition to returning to social activities once the restrictions were lifted, these included having a meal with relatives in a restaurant, attend music sessions and socialising with peers in the community. The resident had a schedule of activities that supported them to participate with peers in ball games, music sessions or spins to local amenities, in addition to individual daily relaxation sessions and time to play their musical instrument.

The resident who had been admitted the day before the inspection, had visited the designated centre to meet their peers and see the house in the weeks prior to their admission. They had been living independently but due to increased medical needs required full time nursing support. The resident had previously worked for many years on the campus and had lived with another one of the residents in another setting. Staff outlined how they both recognised each other when they met up for the first time after many years. The inspector also reviewed documentation regarding the planned admission of another resident. While the document was not dated it outlined the medical and support needs for the resident and actions taken

to support the resident in their current designated centre. The inspector was informed that it was hoped to be able to bring the resident to visit the house in the weeks after the inspection and the family representatives were aware of the proposed move.

The person in charge outlined how planned painting and general maintenance of the houses had to be delayed due to the pandemic restrictions. The planned maintenance was due to be completed by December 2020. There were scuff marks and damage to doorways evident from wheel chair traffic around the centre. The inspector also observed damaged surfaces on a seated weighing scales and a toilet seat which were brought to the attention of the person in charge during the inspection. However, a bedroom had been recently painted as per the wishes of a resident who was expected to transition into the designated centre. The inspector observed washed laundry in the sitting room of one of the houses where residents were located. The laundry was on a free standing clothes dryer unit and had been brought inside due to rain. The inspector also observed equipment being stored in areas of the designated centre including a bathroom that was no longer required by the residents in the designated centre. The person in charge had informed the supplier of the equipment it was no longer needed but at the time of the inspection, no scheduled removal of the equipment had been confirmed.

The provider had ensured there was a regular review of risks identified in the designated centre and there were no escalated risks at the time of the inspection. The centre specific risks had been updated to reflect the changing needs of residents recently admitted to the designated centre and included the storage of oxygen, aerosol generating procedures, staffing levels and seating arrangements for residents on transport vehicles. However, a further review of risks in the designated centre was required. For example, the risks posed to residents by the oxygen equipment and the attached trailing tubing as observed during the inspection. The provider had identified a risk due to the possible increase in anxieties displayed by some residents when night time fire drills were scheduled. A minimal staffing fire drill was not being carried out in the designated centre and replaced with a walkabout of the houses by staff. However, following discussions with staff regarding the walkabout process, the inspector was not assured that the provider had ensured that the designated centre could be safely evacuated with minimal staffing. The designated centre had a night time staffing level of one staff in a house that at the time of this inspection had a resident that required assistance out of bed using a hoist with three other residents in the house who also needed assistance to vacate the house in the event of an emergency. The other house located nearby did have two staff on duty at night time, but the emergency plan did not clearly outline the assistance provided in the event of an emergency evacuation being required. In addition, staff had documented that the panic alarm system was slow to activate since 19 March 2021. As previously mentioned in this report, not all staff had completed refresher training in fire safety, this will be actioned under regulation 16: Staff training.

The provider had measures in place to ensure that all residents were protected from potential sources of infection; this included completing regular cleaning schedules in line with public health guidelines and monitoring residents and staff for signs of

illness. Residents were supported to follow safe hand hygiene and coughing etiquette with easy-to-read information provided when required. Each house in the designated centre had its own staff team allocated with regular relief staff to reduce risk of transmission of infection from one house to the other. All staff had undertaken training in areas of hand hygiene and the use of PPE. A COVID-19 folder was available in the designated centre with updated information and guidance. A self-assessment of the preparedness of the designated centre to support residents during the pandemic, issued by HIQA, had been completed and subject to regular review. In addition, contingency planning was also the subject of regular review and had been reviewed during the outbreak of COVID19 in the centre.

Regulation 11: Visits

The registered provider supported residents to receive and visit family members while adhering to public health guidelines.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured the premises was accessible and met the assessed needs of the residents. However, further work was required to ensure the centre was maintained in a good state of repair both internally and externally.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had ensured that residents were provided with information in relation to the services and facilities provided in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place. However, further review was required to the risk of

not carrying out a minimal staff fire drill and to ensure all centre specific risks were identified.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured measures were put in place to protect residents from potential sources of infection, including COVID-19, by adopting procedures consistent with those set out by HPSC.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken precautions against the risk of fire, including installing a fire alarm and emergency lighting; fire equipment was also maintained. However, no minimal staff fire drill had been carried out and the panic alarm system was slow to activate since 19 March 2021. The emergency evacuation plan also required review to reflect actions to be taken by staff in the house and staff in supporting houses located nearby.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly reviewed with evidence of multidisciplinary input. The input of residents and family representatives was evident and goals were identified and progressed in line with residents' wishes.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to have the best possible health with plans of care developed to support the assessed needs in relation to health matters. Residents

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| <p>were also facilitated to attend a range of allied healthcare professionals.</p> |
| <p>Judgment: Compliant</p> |
| <p>Regulation 8: Protection</p> |
| <p>There were systems in place to ensure residents were protected from harm. This included care plans for personal and intimate care which were developed in consultation with the residents. There were active safeguarding plans in place at the time of the inspection in one of the houses which were subject to regular review and of which staff were familiar with. However, not all staff had up-to-date training in safeguarding, this will be actioned under regulation 16: Staff training</p> |
| <p>Judgment: Compliant</p> |
| <p>Regulation 9: Residents' rights</p> |
| <p>Residents were supported to make choices and decisions with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.</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 | |
| Registration Regulation 7: Changes to information supplied for registration purposes | Substantially compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Cairdeas Services Belmont OSV-0005077

Inspection ID: MON-0030340

Date of inspection: 19/05/2021

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 |
|---|-------------------------|
| Registration Regulation 7: Changes to information supplied for registration purposes | Substantially Compliant |
| Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: All information required to reflect changes to the designated center has been provided to the HIQA registration team. | |
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff who require up to date training have either completed the training since the inspection or are due/booked in for training over the coming months on the nearest available courses. | |
| Regulation 24: Admissions and contract for the provision of services | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 24: Admissions and | |

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| <p>contract for the provision of services: Contracts of care are available in all individual files. These contracts are called Service Undertaking documents and are available in each individuals working file signed by the person supported if capable of doing so, Next of Kin and Director of Services.</p> | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: All information required for the statement of purpose is now submitted to the HIQA registration team. The statement of purpose will be discussed at service level through senior management re any changes required who will in turn link back with an outcome to the person in charge.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance outside the center has commenced. The painter who was booked to carry out painting in December but was unable to do so due to Public Health and HSE guidelines during the pandemic. The painter has been contacted and will commence painting inside both residences as soon as they are available to do so.</p> | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A minimal staff fire drill was carried out on the 14. 06.2021.</p> | |

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| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The panic alarms have been repaired by JEC. The emergency evacuation plan has been updated and reflects the actions to be taken by staff in the house and staff in supporting houses located nearby.</p> | |

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 7(1)(b) | The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the new person proposed to be in charge of the designated centre. | Substantially Compliant | Yellow | 26/04/2021 |
| Registration Regulation 7(2)(b) | Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3. | Substantially Compliant | Yellow | 27/05/2021 |
| Regulation 16(1)(a) | The person in charge shall | Substantially Compliant | Yellow | 17/05/2021 |

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| | ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | | | |
| 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 | 31/10/2021 |
| 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. | Substantially Compliant | Yellow | 19/05/2021 |
| 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. | Substantially Compliant | Yellow | 30/06/2021 |
| Regulation 28(1) | The registered | Substantially | Yellow | 30/06/2021 |

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| | provider shall ensure that effective fire safety management systems are in place. | Compliant | | |
| 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. | Substantially Compliant | Yellow | 30/06/2021 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 27/05/2021 |