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:	Parkside Residential Services Belfield
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	16 October 2023
Centre ID:	OSV-0005109
Fieldwork ID:	MON-0032419

About the designated centre

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

Parkside Residential Services Belfield consists of three two-storey houses in close proximity to each other, on the outskirts of Waterford city. Combined all three houses can provide full-time residential support for a maximum of eight residents with intellectual disabilities (at the time of the current inspection the provider was seeking to reduce the maximum capacity of the centre to seven). Individual bedrooms are available for all residents and other rooms in the three houses include kitchens, living rooms, kitchen-dining rooms and bathrooms. Residents are supported by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Monday 16 October 2023	11:00hrs to 19:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This designated centre was made up of three houses located in close proximity to one another. All three were visited and while mostly seen to be well-presented and homelike, there were some elements in one house which did not appear homely. The residents spoken with during this inspection gave some positive feedback but some comments made suggested that some residents could be negatively impacted by those they lived with.

When the inspector visited the first of the three houses to commence the inspection, neither of the two residents who lived there were present with both attending their day services. The inspector was provided with copies of pre-inspection questionnaires that had been completed. One had been done by a resident themselves while the other had been completed by staff on behalf of the resident. These questionnaires contained positive responses to most areas including staff, safety, choices and food. One questionnaire though did indicate that a resident was unhappy about not being able to see visitors in private. This was queried with management of the centre who indicated that this related to the resident not currently receiving visitors rather than the resident not being able to receive visitors in private.

The house where this resident lived was seen to be well-presented and was very homelike in its general appearance. For example, the sitting room had canvas and framed photographs of the residents on display. The kitchen-dining room was nicely presented and clean also. The inspector did note a small area of the wall there that needed painting. It was indicated to the inspector that this was due to be done shortly after the inspection. Residents' individual bedrooms were on the first floor of the house. A main bathroom was on this floor also and while this bathroom was mostly well-maintained and clean, the inspector did observe that some the taps present were grimy in their appearance. The inspector was informed that these taps were also due to be replaced shortly.

After spending the initial hours of the inspection in the first house, the inspector visited the second house at a specific time. Prior to this announced inspection, the person in charge had made contact with the inspector and advised that owing to the particular needs and preferences of the one resident living in this house, it would be better if the inspector visited the house when the resident was not present and to meet the resident at another location. Given the reasons outlined, the inspector agreed to this and upon visiting this house on the day of inspection the resident was away from the house on an outing with staff. It was also indicated that the resident did not want to speak with the inspector on the day and so this resident was not met during the course of this inspection. The house where this resident lived had a similar layout to the first house and was seen to be homely in its appearance in parts.

For example, the sitting room was well furnished with couches and a television

along with a fish tank present. Despite this, there were elements of this house that were not homelike in appearance which included a press door in the kitchen-dining room having a graphic dental picture on display. The inspector was informed that this was intended to encourage the resident not to use too much sugar and was put on display after consultation with a behavioural specialist. In addition, two closed-circuit television (CCTV) cameras were on the ceilings of the kitchen-dining room and the sitting room. The person in charge indicated that these were not active and had been previously used for a resident who no longer lived in this house. A locked press was also seen in the sitting room. This was highlighted to the person in charge who indicated that the press had been locked for some time but should not have been as there were no risks for the resident related to the press contents.

A risk though had been identified relating to the resident's bedroom. It was indicated that due to the particular needs and preferences of the resident a large number of items were stored in their bedroom. Given the potential fire safety and hygiene risks that can arise from such high volume storage, the inspector viewed this resident's bedroom via an open door without entering. It was seen that this contained a lot of items such as receipts and shopping bags. The inspector was informed that efforts would be made with the resident to get them to reduce the amount of items in the bedroom but that a proportionate intervention would need to be followed as an overly proactive approach could cause significant stress for the resident involved. It was also indicated that the provider was seeking an alternative accommodation for this resident in a more rural location to better suit them.

Upon completing a review of the second house and reading some specific documentation there, the inspector returned to the first house which was still unoccupied at the time. The two residents living there did return later though from their day services in the company of a staff member. Both of the residents greeted the inspector in the kitchen-dining room with one introducing themselves with their full name and saying that it was nice to meet the inspector. This resident soon went to another room with the staff member present for a one-to-one discussion in private while the other resident made a sandwich and spoke with the inspector. They told the inspector that they had known the other resident for a long time whom they described as their friend. The resident said that both had previously lived together in another house but had moved to this house after they made a complaint.

It was mentioned by the resident though that they did not like having to leave their current home due to the other resident living there. The resident also talked about having house meetings where the rules of the house were discussed. These rules were shown to the inspector by the resident who said that that other resident was good for following these rules but sometimes did not follow them. The second resident and the staff member on duty then returned to the kitchen-dining room for a house meeting which the first resident was invited to participate in. The inspector left the kitchen-dining room at this point but returned later and spoke with the second resident. This resident indicated to the inspector that they liked living in the centre, liked the staff and felt safe. When asked what they liked about living in the centre, the resident said doing the hoovering. The resident also talked about their

day services which they attended Monday to Friday.

Soon after this the inspector left the first house and went to visit the third house of the centre. On his arrival there, one of the four residents who lived in this house was outside the house. A member of the centre's management who arrived at the same time greeted the resident with a fist bump. The resident seemed happy to see this manager and then entered the house. As the inspector entered, this resident and another resident were in the dining area for a meal. The inspector greeted both but neither interacted with the inspector. One of the centre's management then introduced the inspector to the other two residents who were having their meals separately in different rooms. Both of these residents greeted the inspector. After this the inspector had a discussion with a staff member in the staff office and by the time he had completed this, two of the four residents had left the house to go for a drive and had not returned by the end of inspection.

Of the remaining two residents, one seemed shy around the inspector and did not interact with him. The other resident though did speak to the inspector in one of the house's sitting rooms. A lot of movie DVDs were present in this room with the resident telling the inspector that they all belonged to them. When asked what their favourite movie was the resident responded by staying "007". The resident also indicated that they liked living in the centre and when asked what they liked about living in the centre they responded with "the peace and quiet". However, when asked by the inspector if there was anything that they did not like, the resident said that they did not like a peer shouting and banging doors. The resident indicated that they had said this to the person in charge whom they met regularly. It was also mentioned by this resident that they liked the staff but did not like one former member of staff.

When asked by the inspector what they liked to do with their time, the resident talked about attending a gym twice a week. The resident also said that they liked their bedroom. The inspector asked if he could see the resident's bedroom which the resident agreed to and pointed out to the inspector where they kept their bedroom door key. When viewing this resident's bedroom it was seen to be well furnished and decorated. This was one of four individual resident bedrooms in the house. Given that four residents lived in this house, there was more communal space there compared to the other two houses of the centre. This included there being two sitting rooms and a living room present along with a kitchen and a dining room. The house overall was seen to be presented in a clean, homely and well-maintained manner.

During the inspector's time in the third house, the overall atmosphere was quiet and calm. While the inspector did not observe many resident and staff interactions in this house, a staff member spoken with talked respectfully about the residents they supported. While the inspector had been in the first house when residents and staff were there, things were generally relaxed with residents seeming comfortable in the presence of the staff member on duty who engaged warmly with both residents. Despite this though when reviewing records relating to the centre, such as incident reports and a provider unannounced visit report, there had been some instances in both of these houses where the presentation or activities of some residents had

impacted those they lived with. This included shouting and being woken at night while some documentation also referenced one resident being afraid of a peer. Such matters will be discussed further elsewhere in this report.

In summary, all three houses that made up this centre were visited by the inspector. During these visits he met six of the seven residents living in this centre and spoke with three of them. During these discussions the feedback provided was generally positive although two residents' comments suggested that they could impacted by their peers. This was also reflected in documentation reviewed. Aside from this the houses were residents lived were well-presented overall although some aspects of one house were not homely while the storage of items in one resident's bedroom did pose risks.

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

Appropriate staffing were found to be in place to support residents. Provider unannounced visits to the centre were being conducted every six months as required. One such visit in June 2023 highlighted a number of areas of improvement. While there did appear to be some improvement since then, the findings of this inspection suggested that some areas continued to need improvement.

This designated centre was registered until March 2024 to provide a service for a maximum of eight residents. It had last been inspected by the Chief Inspector of Social Services in July 2022 with that inspection focusing on the area of infection prevention and control. In September 2023 the provider submitted an application to renew the registration of the centre for a further years. In doing so the provider submitted all of the documents required to inform a renewal application including evidence of insurance for the centre and details of the centre's management. In submitting this renewal application, the provider also indicated that they were seeking renew the centre for a maximum capacity of seven which involved reducing the capacity of one of houses by one. As the renewal of registration can only be granted by the Chief Inspector if the provider is in compliance with the regulations, the current inspection was carried to assess compliance with the regulations in more recent times.

The regulations require that a statement of purpose (SOP) be in place for designated centres. An SOP is an important governance document for a centre as it should set the services to be provided while also forming the basis for a condition of registration. This centre had an SOP in place and while it did have some minor discrepancies, which were addressed during the course of the inspection process, it

did contain all of the required information. This included details of the staffing arrangements that were to be provided for this centre. During this inspection it was found that staffing in the centre was being provided in accordance with the SOP. This was evidenced in staff rosters reviewed but it was seen that planned staff rosters for two of the centre's three houses did not always show what hours staff were originally planned to work. Staff files were also being maintained with a sample of these reviewed by the inspector found to contain all of the required information and documents.

Such information included details of the training completed by staff. At the outset of this inspection management of the centre highlighted that there were gaps in the provision of training. This was reflected in training records reviewed which indicated that some staff required refresher training in areas such as fire safety and safeguarding. Similar training gaps had also been identified in a provider unannounced visit that had been conducted for this centre in June 2023. Under the regulations a provider, or their representative, must conduct such a visit every six months to assess the quality and safety of care and support provided to residents. Prior to the June 2023 visit, similar visits had also been conducted in December 2022 with all these visits reflected in written reports that were available for the inspector. When reviewing these, the inspector noticed a clear difference in the quality and detail of these visits with the June 2023 visit report seen to be far more comprehensive than some of the visits conducted in December 2022. The inspector was informed that additional training had been provided to those carrying out unannounced visits on behalf of the provider.

While it was acknowledged that the June 2023 unannounced visit report focused on the three different houses that made up this this centre, a number of areas for improvement where identified during that visit. An action plan was put in place to address such issues and there was evidence that some of the issues raised had been addressed. These included cleaning and updating the SOP. However, the June 2023 unannounced visit also highlighted actions in areas such as restrictive practices and risk management with regulatory actions in these areas found during the current inspection on behalf of the Chief Inspector. It was also highlighted by the June 2023 provider unannounced visit that incident reports lacked details and did not always indicate if residents were impacted by certain incidents. Despite this, some the incidents reviewed then did clearly indicate a negative impact on one resident due to the presentation of a peer in one house. These included references to the resident being afraid and being locked into the staff office.

Such incidents had resulted in a safeguarding process being followed but this happened in June 2023 even though one relevant incident, which suggested a clear negative impact, had occurred in April 2023. It was acknowledged that there were some specific circumstances which contributed to such incidents and since June 2023, it did appear that matters had improved with safeguarding arrangements in the centre to be discussed further elsewhere in this report. The inspector was also informed that the provider was looking to change its incident reporting in order to make it clear if residents were impacted during incidents or not. This suggested that there had been learning from the June 2023 provider unannounced visit report. However, as will be discussed further below there did appear to incidents still

occurring in another house which had the potential to negatively impact residents which such matters requiring further risk assessment. This was an area that needed further consideration for this centre given that a previous inspection by the Chief Inspector in November 2020 had highlighted a concern around the recognition of negative resident interactions.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew the registration of this centre had been submitted in a timely manner and contained all of the required information.

Judgment: Compliant

Regulation 15: Staffing

Staffing was in line with the SOP. A sample of staff files were reviewed which were found to contain all of the required documentation such as written references, photo identification and evidence of Garda Síochána (police) vetting. Rosters were being maintained but it was seen that planned staff rosters for two of the centre's three houses did not always show what hours staff were originally planned to work.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records reviewed indicated that some staff required refresher training in areas such as fire safety and safeguarding.

Judgment: Substantially compliant

Regulation 22: Insurance

This designated centre was appropriately insured with documentary evidence of this submitted to the Chief Inspector by the provider as part of the renewal of registration application submitted.

Judgment: Compliant

Regulation 23: Governance and management

A June 2023 unannounced visit report for this centre highlighted a number of areas for improvement. While some issues raised had been addressed, based on the findings of this inspection others continued to need improvement with a number of regulatory actions identified. This indicated that the monitoring systems in place needed improvement. An annual review for 2022 had been completed for the centre in March 2023. While this did contain relevant information and provided for consultation with residents and their families, it did not assess the centre against relevant national standards as required.

Judgment: Not compliant

Regulation 3: Statement of purpose

The SOP provided during the inspection process contained all of the required information such as details of the staffing arrangements and organisational structure for the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Any restrictions in use in a designated centre must be notified to the Chief Inspector on a quarterly basis. The June 2023 provider unannounced visit of the centre highlighted a restrictive practice that was in use in one house. While this had since been discontinued, it had not been notified to the Chief Inspector in the notification of restrictive practices submitted for the second quarter of 2023. In addition, during the current inspection the inspector observed a locked press in one room. It was indicated that this locked press had been in use for some time but had not been notified previously as a restrictive practice.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Under the regulations the provider must have in place specific policies and ensure that these are reviewed every three years. Such policies were reviewed during this inspection and it was seen that a nutrition policy was overdue a review since May 2023. The provider's records policy reviewed on the day of inspection was overdue a review since January 2023. However, following the inspection it was confirmed that this had been reviewed by the provider on the same day of the inspection. The provider did not have a standalone restrictive practices policy but matters in this area were referenced in some of the provider's other policies.

Judgment: Substantially compliant

Quality and safety

Given some incidents that had occurred which could negatively impact residents' lived experiences, further assessment of the risks involved were needed. Some restrictive practices were used that had not been approved for use. Residents had personal plans provided but aspects of these needed improvements.

As highlighted earlier in this report, due to certain incidents that had occurred in one house, a safeguarding process had been followed in June 2023. As a result of this a safeguarding plan was in place related to this matter which had been reviewed during August 2023. The inspector read this safeguarding plan and noted that it outlined actions to safeguard one resident from another resident they lived with. These included providing reassurance and multidisciplinary review. However, discussions with a resident, staff and management suggested that further actions were to be followed also. These included the supervision of the two residents and one resident either going to their bedroom or leaving their home depending on the presentation of the other resident. Such actions were not expressly included in the safeguarding plan although a resident being redirected to their bedroom was mentioned in a contingency plan for the centre. It was indicated to the inspector that there had been no instance of one specific resident being redirected to their bedroom or leaving the house where they lived since June 2023.

In another of the centre's houses, one resident told the inspector that they did not like another resident they lived with shouting and banging doors. Records reviewed indicated that the resident had complained about this previously in 2023 and met with the person in the charge regularly to discuss any concerns they had. There were also incident reports in 2023 highlighting the resident as being impacted by their peer with a member of staff spoken with indicating that the resident's complaints about their peer were sometimes valid while also indicating that it was hard to imagine that other residents in the house were not impacted by shouting in the house. In the same house, the inspector also read some incident reports that involved one resident disturbing the sleep of another resident during the night. Such matters had the potential to negatively impact residents' lived experiences in their home. Despite this, it was indicated to the inspector that such matters had not been

risk assessed to determine the extent that they were impacting residents.

Given the needs of some residents in this centre, it was seen that behaviour support plans were provided for residents. Such plans are important in providing guidance for staff in how to promote residents to engage in positive behaviour. Relevant training was also provided but records reviewed suggested some staff had yet to receive such training. The inspector reviewed a sample of positive behaviour support plans and noted that staff spoken with demonstrated a good awareness of the content of these plans. It was seen though that in one behaviour support plan direction around the use of a PRN medicine (medicine only taken as the need arises) in certain circumstances required greatly clarity. The use of such PRN medicines can be a restrictive practice and during the inspection process it was seen that some restrictions were in use in this centre. Given that these restrictions can impact residents' rights in their homes, it is important that the use of any restrictions are properly assessed, considered and approved before use.

Despite this the June 2023 provider unannounced visit of the centre highlighted a restrictive practice that was in use in one house. While this restriction had since been discontinued, the inspector was informed that its initial use had not been approved. Similarly, as referenced earlier in this report, a locked press was seen in the sitting room of another house. It was indicated to the inspector that this had been locked for some time but that the locking of this press had not been approved either. The provider did have a multidisciplinary team in place to review restrictive practices and it was seen that this team was involved in the review of residents' individualised personal plans. Such plans are required by the regulations and are intended to identify the health, personal and social needs of residents while also providing direction on how to meet these needs. A sample of these plans were reviewed by the inspectors and were found to provide clear information around residents' needs.

For example, for resident with particular health needs, specific healthcare plan were included within the residents' overall personal plans. Residents were also supported to access health and social professionals such as general practitioners (GPs) and podiatrists. As part of the personal planning process, goals for residents to achieve were identified and it was indicated to the inspector that residents had been supported to achieve these goals. These included going on holidays and attending concerts. However, the documentation reviewed in some personal plans did not always clearly reflect how goals were progressed while it was not evident who was assigned to assist residents with specific goals. Aside from this, the regulations also require personal plans to be available in an accessible format for residents but it was indicated that such formats were not in place for some residents. It was acknowledged though that the provider did have some easy-to-read information in place for residents related to their routines.

Regulation 17: Premises

While one house did have some elements that were not homely and another house had some grimy taps and a small area of the wall that needed painting, overall the three houses of this centre were found to be well-presented and well-maintained. It was noted though that the boilers in two of the houses were overdue a service since May 2023.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was in place that contained the information required by the regulations such as details of the visiting arrangements for the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Given the incidents that were happening in one house which had the potential to negatively impact residents' lived experienced in that house, further risk assessment was need to determine the extent that they were impacting residents. It had been previously highlighted that incident reports lacked details and did not always indicate if residents were impacted by certain incidents or not. This had the potential to impact the identification and review of risk in the centre.

Judgment: Not compliant

Regulation 27: Protection against infection

While the storage of items in one resident's bedroom did pose infection prevention and control challenges, overall the three houses visited were seen to be clean. In one house though some bottles of expired hand sanitiser were found including one which had expired in March 2021.

Judgment: Substantially compliant

Regulation 28: Fire precautions

All three houses were provided with appropriate fire safety systems including fire

alarms, emergency lighting and fire extinguishers. Such systems were subject to regular maintenance checks by external contractors to ensure that they were in proper working order. During a provider unannounced visit to the centre in June 2023 it had been highlighted in one house that the same staff member was conducting all fire drills in the house. This was again found to be the case during this inspection and did not provide assure that all staff working in the house were aware of the procedures to be followed in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines storage and documentation was reviewed in one house of the centre and were found to be in order.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place but these were not available in an accessible format as required by the regulations. The documentation reviewed in some personal plans did not always clearly reflect how goals were progressed and it was not clear who was assigned to assist residents in achieving their goals.

Judgment: Substantially compliant

Regulation 6: Health care

Guidance on supporting residents' health needs was contained within their personal plans while residents were supported to attend health and social care professionals such as GPs, chiropodists and podiatrists.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some restrictions had been used in this centre which had not been approved for use with one of these restrictions appearing unnecessary. While behaviour support plans

were in place, which staff spoken with were aware of, direction around the use of a PRN medicine in one resident's behaviour support plan required greatly clarity. Relevant training relating to de-escalation was also provided but records reviewed suggested some staff had yet to undergo such training. In the behaviour support plans seen, it was noted that they included reference to different de-escalation training then was being offered by the provider.

Judgment: Not compliant

Regulation 8: Protection

While a safeguarding plan was in place for one resident related to past incidents in the house where they lived, some actions were outlined to safeguard the resident that were not reflected in the safeguarding plan. These included the resident being supervised when with a peer, the resident being redirected to their bedroom or the resident leaving the house where they lived.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Parkside Residential Services Belfield OSV-0005109

Inspection ID: MON-0032419

Date of inspection: 16/10/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge will ensure that the roster will show planned and actual working hours going forward.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will review the training matrix and all outstanding training will be scheduled and completed.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The current format of the annual review will be reviewed to ensure that the 2023 annual review will be in compliance with HIQA requirements. The PIC will ensure that all outstanding actions from the June unannounced six monthly audit are completed. The provider is currently reviewing the format and process of six monthly unannounced audits and action plans to ensure clear and adequate oversight is demonstrable. The PPIM/Services Manager will meet with the PIC to monitor how action plans are progressing this will be done as an agenda item at team leaders meetings, which will increase oversight.	

The Compliance Manager will monitor progress on action plans and compliance plans arising from inspections and internal audits and report to the Director of Services.

Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: A review of all restrictive practices will be undertaken and the Person in Charge will ensure that all restrictions are notified to the Chief Inspector as required.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Food and Nutrition policy is currently under review.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A review of maintenance will be undertaken by the Person in Charge and any outstanding maintenance issues identified will be completed. Servicing of gas boilers to be scheduled by PIC in conjunction with the Facilities Department.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: • Individual risk assessments will be completed to assess any potential impact on residents lived experience of behaviors that challenge in the centre. Control measures will be put in place where necessary and PIC will review on an ongoing and regular basis in line with policy. • PIC to ensure that, where relevant, incident reports contain adequate detail to ascertain whether residents were impacted by the incident.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: • The Person in Change will continue to work with the Multi-Disciplinary team to address infection control issues in a resident's bedroom. • A review of all PPE in the designated center will be undertaken to ensure that this is in date.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The person in charge will ensure that all staff working in the designated center will be involved in fire drills in order to be aware of the procedures in the event of a fire. This will be highlighted and discussed at the next team meeting.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The Person in Charge will ensure that personal plans are in an accessible format and that individual goals are reviewed to ensure that there are agreed steps and review dates included to monitor progress. • The person in charge will ensure it is clearly specified in the personal plan who is assigned to assist the residents in achieving their goals and the timeframe under which it should be reviewed.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • A review of Positive Behavioral Support plans will be undertaken by the MDT to ensure that all alternative measures are considered before a restrictive procedure is used. It will also ensure there is clarity around the use of PRN medication where applicable and should intervention be required it is clearly outlined and only used for the shortest duration necessary. • The Person in Charge will ensure that all staff working in the designated center have undertaken the relevant training in PBS de-escalation techniques. • The person in charge will complete a restrictive practice self-assessment tool in the centre to ensure there are no further unauthorized restrictive practices in place. Should necessary restrictive practices be identified going forward they will be risk assessed in line with national policy and referred to the human rights committee for regular review. They will also be notified as required on a quarterly basis to the Chief Inspector	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All actions outlined to safeguard the person are now reflected in the active safeguarding plan.	

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/11/2023
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	31/01/2024
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working	Substantially Compliant	Yellow	30/11/2023

	order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/12/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/01/2024
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	Not Compliant	Orange	30/11/2023

	risk, including a system for responding to emergencies.			
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	30/11/2023
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	31/12/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Not Compliant	Orange	31/10/2023

	relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/01/2024
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	31/03/2024
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall	Substantially Compliant	Yellow	31/03/2024

	take into account changes in circumstances and new developments.			
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	31/03/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/03/2024
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	31/03/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or	Not Compliant	Orange	13/03/2024

	environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/03/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/03/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/10/2023