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:	No.2 Heather Park
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	09 November 2022
Centre ID:	OSV-0005136
Fieldwork ID:	MON-0029087

About the designated centre

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

No. 2 Heather Park provides seven respite places at any one time for adults aged 18 years and over. The centre is based in a seaside location in County Cork. The service is provided to individuals with varied levels of intellectual disability including those who are autistic. The designated centre comprises a six-bedroom facility and a one-bedroom, self-contained apartment to support individuals with higher support needs. The same staff team supports residents in both areas. One short-stay emergency bed is available in the designated centre. The duration of respite breaks may vary but typically last two or three nights per visit. The staff team is made up of registered nurses, social care workers and care assistants. The centre is staffed at all times that residents are present. It is not open on Sundays.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1

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
Wednesday 9 November 2022	09:05hrs to 19:30hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

The centre was part of a large, single-storey building located in a coastal area of County Cork. The parts of the building that were not part of the designated centre were not in use at the time of this inspection. The centre provided a residential, respite service to adults. The centre was laid out in such a way that a larger section of the building was used to provide this service to a group of residents, and a sole-occupancy service was available in a smaller, separate area. Each resident had their own bedroom. Those who stayed in the larger section had access to a kitchen, activities room, a large communal room with a designated lounge area, and four communal bathrooms. Any resident who stayed in the smaller area had access to a living room, kitchen, utility room and two bathrooms. There were also four staff offices and two staff bedrooms in the designated centre. The centre was registered to accommodate seven adults at any one time.

Since the last inspection completed on behalf of the chief inspector, the model of service provided in this centre had changed. A countywide respite service was now provided. Although this centre was operated by one provider, people who met the admission criteria living in Cork city and county were eligible to apply to access this service. As a result, residents may also receive supports, such as day services, from other registered providers. Access to the service provided in this designated centre was determined by a committee, chaired by a representative of the funding body, made up of representatives of registered providers operating in Cork.

At the time of this inspection, 21 people had stayed in the centre in 2022. Another 23 were in the process of being screened to assess if the service could meet their needs. Management advised that when operating at full capacity there would be 78 people accessing this respite service, with 12 of those accessing the sole-occupancy service. In general, each person would be offered 10 overnight stays a year. Stays usually lasted two or three nights, beginning on either Monday or Thursday. The centre was not open on Sundays. Due to funding arrangements, the group respite service was offered every week, and the sole-occupancy service every second week. On the day of inspection there was one resident staying in the centre who was scheduled to return home the following day. Ordinarily, this resident would stay in the smaller area. However due to scheduled maintenance works, they were staying in the larger section of the centre.

This was an announced inspection. On arrival, the inspector was greeted by the person in charge who shortly afterwards introduced them to the resident. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection. The resident appeared very at ease in the centre and with the support provided by the staff team. In the morning they were supported to visit another service operated by the provider. Later in the afternoon, they left the centre to go to the cinema, with the plan to get a takeaway meal of their choice on the way home. Later, when reviewing this resident's personal plan, the inspector

saw that these activities were some of the resident's goals for their stay. Staff spoken with had a good knowledge and understanding of this resident, their personality, preferences, communication style, and assessed needs. Warm relationships had clearly been developed between the resident and the staff team, with interactions observed to be light-hearted, respectful and unhurried.

Parts of the premises had undergone renovation and redesign in recent months. The centre was observed to be clean, bright and decorated in a homely manner. Management advised that the change from a commercial to a more homely kitchen had resulted in residents spending more time in the kitchen area and increased participation in baking and food preparation. There were six bedrooms in this part of the centre. All had a single bed, a laundry basket, chair, and storage facilities. Profiling beds were available in some bedrooms to support those with mobility needs. The storage available in some rooms was very compact but sufficient for a two- or three-night stay. Residents who stayed in the larger part of the centre had access to a number of spacious communal areas. These had comfortable furniture, televisions, DVDs, a desktop computer, and music systems. One room, called the activities room, had a number of seating options and a wide range of recreational equipment including a pool table, table tennis table, table soccer, and a variety of arts and crafts materials and sporting equipment. Residents also had access to a large outdoor area with some outdoor furniture. Additional outdoor facilities had been ordered and were awaiting delivery. The smaller section of the centre had undergone significant refurbishment and some additional minor works were being completed on the day of inspection. This environment, including the activity items available, was tailored to the needs and interests of whoever was staying there at the time. Any resident staying in this part of the centre also had access to an enclosed outdoor area.

There were a number of communication aids on display throughout the designated centre. These had been developed with input from a member of the provider's speech and language therapy department. These aids facilitated the sharing of information regarding the staff working in the centre and also facilitated choice-making opportunities for residents regarding meals and activities available in the centre. Management advised that they intended to increase and refine the communication supports available in the centre as the service developed. The inspector was informed that an electronic tablet was available to support communication and that further communication training for staff was planned. When walking around the centre, some inconsistencies with the floor plans submitted as part of the application to renew the registration of the centre were identified. Some of these were due to recent renovations, others were due to formatting errors on the document. Management committed to providing the chief inspector with up-to-date, accurate floor plans.

When residents stayed in the larger area, there were two staff on duty at all times. At night one staff remained awake, while the other completed a sleepover shift. Although there were six resident bedrooms in this area, management advised that it was planned for a maximum of four residents to be accommodated at any one time. It was outlined in the statement of purpose, that a minimum of one staff member would be available to support a resident staying in the sole-occupancy area of the

centre. The inspector was informed that to date, due to their assessed needs, residents who had stayed there had received the support of two staff at all times, with one sleeping overnight. Management and staff spoken with were enthusiastic about their work and the service provided. It was explained to the inspector that for many residents, the availability of the sole-occupancy service meant that people were able to experience and enjoy a respite break for the first time.

As this was an announced inspection, questionnaires were sent to the provider in advance. Four questionnaires were completed by relatives of residents who had stayed in the centre. Overall the feedback received was positive and reflective of what the inspector had been told and observed during the inspection. Respondents described their relatives as being comfortable in the centre. The staff team were praised and described as calm, kind, friendly, patient, professional and well-prepared. In addition to the service provided, the location of the centre and its proximity to a beach was also viewed positively. The inspector also reviewed the feedback gathered as part of the annual review process. This too was positive with one relative advising that their relative loved spending time in the centre and that that in itself said a lot. Others commented on the welcoming service, how approachable they found the staff team, the fact that their relative was listened to, and their own opportunities to contribute to their relative's personal plan. Some requests and suggestions for improvement were also included. The inspector discussed these with the person in charge and was assured that they had been followed up and addressed.

As well as spending time with the resident in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. Staff training and rosters were reviewed, as were the medication management practices and systems in place to protect against infection in the centre. The inspector also looked at a sample of residents' assessments and personal plans. These included residents' personal development plans, healthcare and other support plans.

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

Overall, some good management practices were observed. The provider adequately resourced and staffed the service, and collected information in order to improve the quality of the service provided to residents. Management systems ensured that all

audits and reviews as required by the regulations were being conducted. There was evidence of management presence and leadership in the centre. However, as was found on the last inspection of this centre on behalf of the chief inspector, increased awareness, oversight and implementation of the provider's medication policy was required. The findings regarding medicines will be discussed in the next section of this report.

There were clearly-defined management structures in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. Staff reported to a social care leader who reported to the person in charge, who reported to the person participating in management. The inspector met with all three of these members of the management team during the inspection. Each displayed a good knowledge of the service, its objectives, and a shared understanding of what they hoped to achieve as the service worked towards operating at full capacity.

The social care leader worked in the centre on a full-time basis and had 17 supernumerary hours a fortnight. Their work schedule varied, facilitating them to work across all the days that the centre was open. This provided all support staff with opportunities to access management supervision and support. The person in charge was employed on a full-time basis, was based in the designated centre and was fully supernumerary. They worked in the centre from Monday to Friday. The provider also had an on-call system in place which meant that all times staff had access to management support.

Staff meetings took place regularly in the centre. As the service was now open more regularly, it was planned for these to be held fortnightly. All staff working in the centre had participated in one one-to-one supervision session to date and a schedule was in place for follow-up sessions.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in February 2022 and involved consultation with residents and their representatives, as is required by the regulations. An unannounced visit had taken place in August 2022 and again in October 2022. Where identified, there was evidence that actions to address areas requiring improvement were being progressed or had been completed. One of the issues identified related to challenges associated with staff working in the centre who were familiar with the resident but were not members of the residential staff team. This arrangement had been required due to an accelerated admission to the service. Measures to mitigate against these challenges had been implemented and management advised that this situation had not occurred since, and they did not foresee it arising again.

The provider also had a schedule of audits regarding specific regulations to be completed by the person in charge across the calendar year. To support these audits, templates specific to these regulations had been developed. The inspector reviewed this schedule in the centre. While it was documented that different regulations had been reviewed, the nature of this review and any findings, or

actions required to address them, were not documented. It was then identified that an outdated version of the audit schedule was in place. Management followed up on this and the current templates were sourced during the inspection. In addition to this schedule, completed audits regarding infection prevention and control (IPC), fire safety and the physical environment were available in the centre.

The inspector reviewed staff training records available in the centre. It was identified that three staff were in the process of completing online training in fire safety. This training had moved to an online format of as a result of the COVID-19 pandemic. All staff had completed training in the local fire safety procedures implemented in the centre. Aside from this, all staff had recently completed training in the areas identified as required in the regulations. The staff team had also completed additional training in first aid, total communication, supporting people with a dysphagia diet, risk management, autism, and other areas relevant to supporting the needs of residents who may stay in the centre. In addition, it was planned for staff to complete training in Lámh (a sign system used by children and adults with intellectual disability and communication needs in Ireland) in the new year.

Planned and actual staff rotas were available in the centre. From a review, the inspector assessed the staffing was routinely provided in the centre in line with the staffing levels outlined in the statement of purpose.

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Some revision was required to ensure that the admission criteria and organisational structure of the centre were clearly outlined and accurate. In the course of the inspection, it was identified that, if required, the centre may be used for isolation purposes. This service needed to be reflected in the statement of purpose.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre in line with the requirements outlined in this regulation.The provider was asked to submit revised and accurate floor plans.

Judgment: Compliant

Registration Regulation 8 (1)

The registered provider had applied for the variation of a condition of registration

using the form determined by the chief inspector.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had recently attended the majority of trainings identified as mandatory in the regulations. Three members of the staff team were in the process of completing fire safety training.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed. There was evidence that where issues had been identified, actions were completed to address these matters. Management presence in the centre provided all staff with opportunities for management supervision and support. Staff meetings and one-to-one meetings were regularly taking place which provided staff with opportunities to raise any concerns they may have. Improvements were required to ensure that audits were taking place in line with the provider's own schedule. As was found on the last inspection, improved knowledge, awareness and implementation of the provider's medication management policy was required. The system in place regarding learning of changes in circumstances and new developments between visits required review. Awareness of this information in advance would allow for effective planning to ensure the service provided was safe, consistent and appropriate to residents' needs.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Each prospective resident had an opportunity to visit the designated centre in advance of staying there. The resident staying in the centre at the time of the inspection had a current written service agreement. Service agreements had been provided to residents' representatives for review.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure that the admission criteria and organisational structure of the centre were clearly outlined and accurate. It also needed to reflect all services, including an isolation service, that may be provided in

the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

An accessible complaints procedure was in place. Although opportunities for feedback were provided at the end of each stay, no complaints had been received to date.

Judgment: Compliant

Quality and safety

Residents enjoyed spending time in this centre. A review of documentation and the inspector's experience while in the centre indicated that residents' rights were promoted and that participation in activities was encouraged and supported. Improvements were required in some areas, including in staff's awareness and implementation of the provider's medication management policy. Some of the information management systems in place also required review to ensure that important information regarding each resident was easily accessible and available in a timely manner.

In advance of staying in the centre, information was gathered to inform the assessment of each resident's needs. This information was gathered from the resident, the person/s they lived with, staff supporting them in other services, such as day services, and the completed referral form. Annual health checks had been completed and recent multidisciplinary reports were available. Residents were invited to visit the centre in advance. Each resident's transition to the service provided in the designated centre was individualised. Some residents had stayed in the centre previously while others were planning to stay there for the first time. Some residents chose to visit the centre a number of times before staying overnight. Management encouraged and supported this individualised approach.

The assessment process informed the development of each resident's personal plan. The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance on the support to be provided to residents while staying in the centre. Information was available regarding residents' interests, strengths, likes and dislikes, the important people in their lives, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs such as mealtime support plans. Where a healthcare need had been identified a corresponding healthcare plan was in place. These plans had been

signed by a nurse. Some residents had an epilepsy diagnosis and were prescribed emergency medication to be administered, if required, in the event of a seizure. There were specific plans in place regarding this assessed need and these had been signed by the resident's treating physician. A number of residents had documented recommendations regarding feeding, eating, drinking and swallowing. These were available in the kitchen in the centre. Residents who required one, had a behaviour support plan in place. These outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required. In one personal plan, the proactive measures to be implemented regarding a potential challenging behaviour were outlined in a risk assessment rather than a support plan. Although comprehensive information regarding each resident was available, the arrangement of information and documents required review to ensure that templates were completed accurately and that key information was easily accessible.

Management advised that on arrival to the centre at the beginning of each stay, any changes to key information since the previous stay were communicated to staff by either the resident or the person supporting them. When asked if the resident or their representative was contacted in advance of arriving in the centre, management advised that this was not current practice. This approach gave the management and staff team limited time and opportunities to ensure they had adequate resources in place to support any changes to residents' needs. Following their arrival, each resident then met with a member of the staff team who welcomed them to the centre and supported them to plan how they would like to spend their time and any goals they wished to achieve while in the centre. Residents also met with staff at the end of each stay where their visit was reviewed and resident feedback was encouraged. The initial information shared on arrival, and the resident meetings at the outset and end of each stay, were all recorded in the same document. These were available for review in each resident's personal plan. On review the inspector identified that not all sections had been completed. As a result it was not always possible to know if there had been any changes since the last stay, or if residents had participated in activities or achieved their goals, as planned, during their stay.

Most residents who stayed in the designated centre usually attended a day service. The inspector was informed that due to the location of the centre and most residents' perception of their stay as a mini-holiday, the majority of residents did not attend their day services while in the centre. Records indicated the while in the centre residents participated in a variety of activities in line with their preferences. These included walks on the beach, visits to the cinema, listening to music, watching films, playing games and sports, going for ice cream and getting a takeaway.

The inspector reviewed the processes in place regarding the management of residents' personal possessions when in the centre. A list of residents' belongings was recorded on arrival to the centre and cross-referenced when they were going home. Residents had access to and controlled their belongings during their stay. Where staff provided support to residents to manage their money, systems were in in place to ensure there was transparency and oversight of any spending.

At the time of the last inspection completed on behalf of the chief inspector, an area of poor practice in the area of medication management was identified. There was evidence that this specific matter had been addressed and this practice was no longer used in the centre. During this inspection it was identified that improvements were required to ensure the guidelines outlined in the provider's policy regarding the management of controlled drugs were implemented. The resident prescribed this medication had stayed in the centre on a number of occasions previously. During their most recent stay, management had recognised that there were additional requirements regarding the storage, administration and documentation associated with this medicine. While some had been implemented, not all measures as outlined in the policy were in place on the day of the inspection.

The inspector reviewed the medication management processes in place in the centre with one of the management team. There was a system in place to document the receipt of any medicines. Medications were stored in a locked press with a shelf dedicated to each resident, in designated rooms in both the larger and sole-occupancy areas of the centre. It was identified that there was no separate, secure area for the storage of out of date or returned medicines, as is required by the regulations. A process regarding the management of medications to be disposed was also required. Management committed to addressing these shortcomings. At the time of this inspection, a new storage press had been ordered for the office in the larger area of the centre and was due to be installed that week. This had been designed based on the needs of the service. Medication fridges were available and their temperatures were monitored. The inspector reviewed a sample of residents' prescriptions and administration records. These were generally well maintained. However, it was noted that the maximum dose to be administered within 24 hours was not always recorded for some 'as needed' medications. This was not in keeping with the provider's policy.

The premises had been recently decorated and some areas renovated. Due in part to the design and layout of the designated centre, very few restrictive practices were used. Doors to some rooms used to store confidential information and cleaning products were locked. These restrictions were reviewed in line with the provider's own policy and had been reported to the chief inspector, as required. There was a door fitted with a keypad that facilitated staff to move between the larger and the sole-occupancy areas of the centre. Management committed to discussing with the provider's rights committee if this door met the definition of a restriction, as outlined in the provider's policy.

As outlined in the opening section of this report the centre was bright, decorated in a modern style, and generally clean. However, some damaged surfaces were noted in the centre. These included the surfaces of the chairs in each bedroom, shelving in one bedroom, and a chip in the kitchen countertop which was already scheduled for repair. The upholstery on the passenger seat of the service's vehicle was also torn. Due to the damage observed, it would not be possible to effectively clean these surfaces. The flooring in one staff office was also in need of repair or replacement. At the time of the inspection not all parts of the designated centre were available to residents. These included some bathrooms which were in the final stages of

renovation and one which was awaiting the installation of an accessible bath.

There was evidence of many good infection prevention and control (IPC) practices in the centre. There was an identified IPC lead who completed monthly audits, as well as an additional checklist they had devised themselves. All staff had completed IPC training, including hand hygiene. Supplies of personal protective equipment were available. Staff had discussed hand hygiene and cough etiquette with residents to support them to develop these skills to keep themselves safe. The inspector was informed that modelling these behaviours to residents was found to be the most effective approach. The provider had a contingency and isolation protocol in place, to be implemented if required. This required review to ensure that it was specific to this centre and was reflective of the service provided, the facilities available, and the likely scenarios that could occur in the context of a respite service. The provider's recently reviewed guidance, policies and procedures regarding COVID-19 and other respiratory infections were available in the centre.

Laundry management was also reviewed. Laundry equipment was stored in a utility room that was well-organised. Systems were in place to ensure that clean and unclean items were kept separate. Posters on display indicated that a colour-coded cleaning system was in use in the centre whereby certain coloured equipment was used in specific areas to reduce the risk of cross contamination. Equipment was stored according to this system. However it was noted that items used in the kitchen were being washed with items used in other areas. This practice was not consistent with the guidance available to staff in the centre.

Regulation 10: Communication

Staff had a good knowledge and awareness of residents' individual communication needs. Aids to support communication were available throughout the centre. Staff had completed training in the area of communication and more was planned. Residents had access to media including televisions and the internet.

Judgment: Compliant

Regulation 11: Visits

Due to the nature of the service provided in the centre residents did not typically have visitors. However they were free to receive visitors if they wished and both communal and private spaces were available to facilitate this.

Judgment: Compliant

Regulation 12: Personal possessions

Residents retained control of their possessions when in the centre. Where staff support was provided regarding the management of money there were processes in place to ensure oversight of any spending.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and wishes. Opportunities were provided to participate in a wide range of activities in the centre and the local community.

Judgment: Compliant

Regulation 17: Premises

The premises was laid out to meet the aims and objectives of the service and the number and needs of residents. Each resident had their own bedroom and access to communal spaces. The centre was clean and suitably decorated. Parts of the centre were under repair at the time of the inspection and were therefore not accessible to residents. The flooring in one office required repair or replacement.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were supported to prepare meals if they wished. Both kitchens had been recently renovated and had adequate storage for food and equipment. There was evidence that choices were offered at meal times and that staff had a good knowledge of residents' individual dietary and mealtime support needs.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide prepared by the provider met the requirements of this regulation.

Judgment: Compliant

Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare-associated infections including COVID-19. A COVID-19 contingency and isolation plan was in place but required review to make it specific to the service provided and facilities available in this centre. The staff team had completed training in infection prevention and control, including hand hygiene. The centre was observed to be clean. However there were some damaged surfaces evident which therefore could not be cleaned effectively. The management of all laundry was not consistent with the guidance in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This regulation was not inspected in full. In the course of the inspection, holes were noted in the fire door leading to the laundry, a high risk area. The provider was asked to receive assurance from a competent person that this damage would not impact on the door's effectiveness, should it be required in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Improvement was required in the awareness and implementation of the provider's own policy regarding the management of controlled drugs. An agreed process regarding medicines to be disposed was required, as were facilities for the segregated storage of these medicines. The maximum dose to be administered within 24 hours of any 'as needed' medicines was required to be documented consistently.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment and personal plan in place. Residents outlined what they would like to achieve during each stay on their arrival to the centre. A review of these goals was not always recorded prior to the resident leaving the centre, as planned.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Where healthcare needs had been identified, a recently reviewed, corresponding care plan was in place. Staff spoken with were familiar with residents' assessed healthcare needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required one, had a recently reviewed behaviour support plan in place. The restrictive practices used in the centre were regularly reviewed in line with the provider's own policy. Further follow-up was required regarding one door in the centre and whether it met the provider's definition of a restriction.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of this inspection. All staff had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected each residents' rights. Residents were consulted on a one-to-one basis at the beginning of their stay to ensure the service provided would be tailored to their individual preferences and requests. Residents were encouraged and supported to exercise choice and control while staying in the centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 8 (1)	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	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	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.2 Heather Park OSV-0005136

Inspection ID: MON-0029087

Date of inspection: 09/11/2022

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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 ensure that staff have access to appropriate training as part of their continuing professional development programme. The three staff members who were outstanding in their fire trainings have completed same. [14/12/2022]	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider will ensure that systems in place at the centre provide for the service to be delivered in a manner that is safe, appropriate to the needs of the residents, consistent and monitored. The correct version of the Person in Charge audit tool is now in place. The system of gathering updates for each person supported prior to their respite stay is now set out in a formal procedure. All staff are now more familiar with the medicines management policy.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Registered Provider has prepared in writing a statement of purpose that contains the relevant information as set out in Schedule 1. An updated statement of purpose and the floor plan has been submitted to the Authority.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider will ensure that the premises of the centre is of sound construction and kept in a good state of repair externally and internally. The following works will be completed

• Bathroom updates will be completed by 30/1/23.

• Flooring in the office to be completed by 30/3/23.

• Bath to be installed by 20/12/22.

• Bus seat to be repaired by 31/12/22.

• Chairs to be replaced by 31/1/23.

• Kitchen countertop to have chip repaired by 31/1/23.

• Removal of shelves in one bedroom to be completed by 20/12/22

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The registered provider has prepared updated guidance to ensure ICP procedures are consistent with National standards for the prevention and control of healthcare associated infections.
The Centre's ICP contingency plan was updated on 14/11/22

Damage to surfaces in kitchen and bedroom will be fixed by 31/1/23

The management of laundry was discussed with the staff team and new reminder signs put in place for relevant guidance. This was completed on the 14/11/22

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider will ensure that effective fire safety management systems are in place.

A fire door will be replaced by 31/1/23
As stated under Regulation 16 staff members who were outstanding in their fire trainings have completed same. [14/12/2022]

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to medication management.

All documents in relation to the management of controlled drugs are now in place.

Facilities for the segregation of medication that needs to be disposed and its process are in place.

The maximum PRN dosage within 24 hours will be correct on all prescription charts going forward, now in place since 14/12/22.

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 shall ensure that the personal plan is reviewed.

All goals will be reviewed upon discharge and any outstanding goals will be noted for the next visit. This is in place from the 24/11/22

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 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	14/12/2022
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.	Substantially Compliant	Yellow	30/03/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	14/12/2022

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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	31/01/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2023
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre	Not Compliant	Orange	14/12/2022

	is stored securely.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	14/12/2022
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	14/12/2022
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	Substantially Compliant	Yellow	24/11/2022

	effectiveness of the plan.			