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:	Ard Rí
Name of provider:	Resilience Healthcare Limited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 March 2022
Centre ID:	OSV-0005446
Fieldwork ID:	MON-0036372

About the designated centre

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

The statement of purpose describes the service as a residential service that accommodates five residents aged from and including 17 years of age to 45 years of age, both male and female. The statement sets out that the provider aims to provide support to residents with intellectual disability and or autism and behaviours that challenge. The premises is located within easy reach of the local town. The staffing team consists of a person in charge, a team leader, senior support workers and support workers. The centre is open 24 hours a day and seven days a week. The premises is a detached property with a large garden to the front. An individualised space for one resident was located on the ground floor. The ground floor of the premises consists of a kitchen, living room, bathrooms and four bedrooms with ensuites. The upstairs of the building consists of a bedroom with ensuite facilities, a bathroom, kitchen, living room and staff bedroom.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 14 March 2022	10:00hrs to 17:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This unannounced inspection took place during the COVID-19 pandemic. The inspector followed public health guidance and HIQA's enhanced COVID-19 inspection methodology at all times during the inspection. The inspector ensured the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The inspector had the opportunity to meet with three of the four residents living in the centre on the day of inspection. Residents presented with non-verbal methods to communicate their thoughts and the inspector endeavoured to observe and understand any non-verbal ways the residents communicated with them. One resident was observed having a rest in their bedroom in the afternoon and they appeared happy and content. The inspector met another resident in their apartment and they appeared comfortable relaxing on their couch and happy in their individual space. Residents appeared happy heading out on various activities in the service vehicles during the day with staff.

The inspector completed a walk around the centre at the start of the inspection day. The premises was a large detached two storey property with a surrounding garden. All residents had their own bedrooms and one resident lived in an individualised living space separate to the main communal areas of the centre. A number of outstanding maintenance works were noted in the premises on the day of inspection. This was an action which had not been appropriately addressed by the provider since the centres most recent inspection. A number of areas were noted as having chipped and scuffed paintwork. One room in the centre had recently been re-purposed as a bedroom. The resident was sleeping here, however works were still being completed. Chipped plaster work and outstanding paintwork was noted in the bedroom. A strong malodour was noted in some areas downstairs in the premises. One resident lived in a separate individualised living space. Water staining, from a previous leak, was noted on the ceiling of this residents en-suite bathroom

Some restrictive practices were in place around the centre and these were secondary to identified risks. Residents presented with some behaviours that challenge and appeared to be supported to manage these behaviours with appropriate access to multi-disciplinary support

The staff team comprised of social care workers and support workers. Positive, familiar and kind interactions were observed between staff and residents during the inspection day. Staff spoken with appeared familiar with the residents needs and knew the residents personalities and preferences.

All residents appeared to enjoy regular individualised activation. Regular activities included walks, swimming, going to the cinema, arts and crafts, baking and reflexology. However, records did not reflect that residents experienced regular meetings with staff whereby residents were regularly consulted about the service

provided to include their views on menu choices, complaints, activities, plans for the week ahead, COVID19 or general house matters. The inspector did not observe records of any recent resident house meetings on the day of inspection.

In summary a number of areas in need of improvements were identified on the day of inspection. This included areas such as staff training, premises, fire safety, safeguarding, notification of incidents, assessment of need and infection control.The next two sections of the report will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on the regulations reviewed.

Capacity and capability

Overall, this inspection found that the registered provider had failed to demonstrate the capacity and capability to provide safe and quality care for the residents at all times. The management systems in place were not effective in identifying areas for improvement in the quality and safety of care and support being delivered to the residents. The provider had not appropriately addressed areas of concern found on this inspection or since the most previous inspection and did not ensure effective practices were implemented in the centre for ongoing oversight and quality assurance.

The centre had recently appointed a new person in charge who was found to have the required qualifications and experience necessary to manage the centre. The person in charge had a full time position and shared their role between two designated centres. The person in charge was also supported in the centre by a team leader. There was a clear management structure and lines of accountability. A lead had been identified within the service to respond to infection prevention and control risks and to COVID-19 concerns. An on-call management system was in place for staff to contact outside of regular working hours. There was a regular staff team in place and staff spoken with appeared familiar with the residents individual needs. However, the inspector reviewed staff training records and found that a number of staff had outstanding mandatory training.

Overall inspection findings did not demonstrate that management systems were in place to ensure the service provided to residents was safe and effectively monitored as detailed in other sections of this report.

Regulation 15: Staffing

There was a clear staff rota in place that accurately reflected staff on duty during the day and night. The staff team comprised of social care workers and support workers. The inspector found that appropriate staffing levels were in place to meet

the needs of the residents. Staff meetings were held monthly and residents had a regular and consistent staff team working with them in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were experiencing regular one to one formal supervisions with their line manager. However, the inspector reviewed staff training records and found that a number of staff were due initial training or refresher training in a number of mandatory areas including fire safety, infection control, behaviour management, manual handling and medication management.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had failed to appropriately address all actions from the centres most previous inspection in line with the time lines submitted to the chief inspector. A number of areas in need of improvements were identified including staff training, premises, fire safety, safeguarding, notification of incidents and infection control. There was a full time person in charge in place who was suitably qualified and experienced. This person shared their role with one other designated centre. The person in charge was supported by a team leader in the centre. There were systems in place for regularly auditing and reviewing the service. This included an annual review, six monthly unannounced inspections and eight weekly thematic audits. However, the inspector found that auditing systems were not appropriately identifying and addressing areas of concern noted on the day of inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre had a Statement of Purpose in place and this was regularly reviewed and contained the items set out in Schedule 1 such as the number and age range of residents living in the centre. However, two rooms in the centre had recently been re-purposed. This included a bedroom which had previously been a staff office and an office which had previously been a games room. These changes were not accurately reflected in the designated centres description or in the centres floor

plans.

Judgment: Not compliant

Regulation 31: Notification of incidents

The provider had failed to ensure that a quarterly report was submitted to the chief inspector detailing any use of restrictive practices in the centre. Furthermore, the person in charge had failed to to notify the chief inspector in writing of an allegation of abuse within three working days as required by regulation 31.

Judgment: Not compliant

Quality and safety

Whilst residents appeared content in their home, the inspector identified a number of areas in need of improvements to ensure that the service provided was always safe and effective to residents. A number of improvements were needed on the day of inspection to ensure that the quality of care provided was suitable to ensure the safety of residents. Concerns were noted in areas including staff training, premises, fire safety, safeguarding, notification of incidents, assessments of need and infection control.

The inspector reviewed a number of care records in the centre to determine how the provider was implementing their quality and safety systems. This included a review of residents care plans, fire safety documentation, cleaning schedules, audits and reviews, policies and procedures, residents financial records, complaints records and accidents and incidents. Areas in need of improvements were noted in a number of these areas.

Systems in place to safeguard residents finances were not effective. The centre had recently experienced a serious incident whereby a large sum of residents monies had been misappropriated. Senior management did not appear to have any oversight of residents financial records during this time. HIQA requested assurances from the provider following this incident and the provider had submitted a report to the Chief Inspector outlining measures and systems in place to safeguard residents finances and to reduce the risk of recurrence. The inspector reviewed financial records on the day inspection and noted a discrepancy in the balance records of one residents finances which did not provide assurance that the systems in place were effective.

A number of infection prevention and control concerns were highlighted on the day of inspection. These concerns had been highlighted during the centres most recent

inspection in October 2021 and the provider and previous person in charge had failed to appropriately address these concerns since this date.

Regulation 17: Premises

A number of outstanding maintenance works were noted in the premises on the day of inspection. This was an action which had not been appropriately addressed by the provider since the centres most recent inspection. A number of areas were noted as having chipped and scuffed paintwork. A strong malodour was noted in some areas downstairs in the premises.

One resident lived in an individualised living space. Staff communicated that food and water was accessed in the main house kitchen. This living space also had an en-suite attached to the residents bedroom. The inspector had noted staining from a previous leak in this area during the centres most previous inspection. While some work had been done to improve this. Areas of dark staining were still noted on the en-suite ceiling.

Judgment: Not compliant

Regulation 27: Protection against infection

The centre had experienced an inspection in October 2021 and the primary focus of this inspection was to review the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This inspection was found to be non-compliant and a number of areas of concern were identified. The provider had submitted a response to the chief inspector following this inspection with a plan to comply with regulation 27 before 10 February 2022. The provider had failed to meet this time line and the inspector found a number of areas had not been addressed or reviewed since this inspection. This included issues in the following areas:

- Policies and procedures were still not guiding practice at times, this was seen particularly in areas including laundry procedures and cleaning schedules and procedures.
- Aspects of the premises still required improvements and cleaning on the day of inspection. The inspector observed areas in the centre where there were walls and floors with flaked and chipped surfaces. This included flaking paint, linoleum and cracked tiles. One bathroom in the centre had dampness on the ceiling. Some areas of dirt and dust were noted. One residents crash mattress was noted as visibly dirty.
- Oversight of IPC measures in the centre required improvements. Auditing and review systems were not self-identifying areas of concern and management

had no audits or checks in place to fully review the centres levels of compliance with national standards and national guidance.
- Cleaning Schedules still did not include the cleaning of all aspects of the centre, to include residents equipment such as wheelchairs, beds, mattresses, and shower trolleys. A number of gaps were noted in cleaning schedules where staff had not signed and it was unclear if staff had completed these cleaning tasks.
- Colour coding systems in place for separating mops and cloths for cleaning of bathrooms, living areas and the kitchen were still not clear and did not guide staff appropriately.
- Staff and resident meetings did not appear to consistently communicate or discuss IPC measures in the centre or updates to national IPC guidance for residential care facilities.
- Laundry systems and procedures observed in the centre did not promote the separation of clean and dirty laundry. Clean laundry was noted as being stored in a basket on the floor of the utility on the day of inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

A number of fire safety concerns were noted which had not been highlighted in any of the providers own audits or reviews of fire safety. Effective systems were not in place to ensure containment in the event of a fire in the centre. A number of fire doors in the centre were noted as wedged open on the day of inspection. Mechanical door closures were in place, however a number of residents were wheelchair users in the centre and the door closures in place did not ensure that wheelchair users would have the ability to move freely around the centre in line with up-to-date fire guidance. For this reason, staff communicated the need for doors to be wedged open.

Evacuation procedures and protocols for in the event of a fire were not prominently displayed anywhere in the centre.The inspector highlighted a concern with one emergency light in the centre which did not appear to be working effectively on the day of inspection. Another concern was noted whereby an electrical lead was hanging from the kitchen wall.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents had assessments of need and personal plans in place which were subject to regular review. All residents appeared to enjoy regular individualised

activation.

However, to date, records and plans in place were not evidencing that the centre was suitable to meet the needs of one resident recently admitted to the centre. The resident presented with a number of healthcare needs and had been admitted to hospital on a number of occasions since their admission to the centre. The resident experienced regular sleep disturbances and this appeared to impact peer residents living in the centre at times. Social goals had not yet been developed for this resident yet and one area of an identified need for this resident had not been fully assessed.

Judgment: Not compliant

Regulation 8: Protection

Staff had completed training in safeguarding and all residents had intimate care plans in place which were subject to review. However, systems in place to safeguard residents finances were not effective and required improvements. Three residents in the centre had not yet been supported to open individual bank accounts and their disability allowance and savings were being stored in cash in the centre. Some work had been done in recent times to change this. The centre had recently experienced a serious incident whereby a large sum of residents monies had been misappropriated. Senior management did not appear to have any oversight of residents financial records during this time. HIQA requested assurances from the provider following this incident and the provider had submitted a report to the Chief Inspector outlining measures and systems in place to safeguard residents finances and to reduce the risk of recurrence. The inspector reviewed financial records on the day inspection and noted a discrepancy in the balance records of one residents finances. This was highlighted to the person in charge immediately. The had not been identified during managements own audits. It was noted another resident in the centre could not fully access their finances and the service had no oversight of this residents bank statements to ensure their finances were safe.

A review of complaints records noted that one potential safeguarding concern communicated to the provider from a member of the public had not been treated by the service as a safeguarding concern and had not been screened nor reported in line with national safeguarding policy.

Judgment: Not 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Ard Rí OSV-0005446

Inspection ID: MON-0036372

Date of inspection: 14/03/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training gaps were identified and action plan in place. All mandatory training where deficits were present, including, fire safety training, Infection Prevention and Control, Behaviour management, manual handling and safe administration of medication, will be completed by 12th May 2022.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Resilience has a clearly identified management structure in the designated centre that identifies the lines of authority and accountability, specific roles, and detailed responsibilities for all areas of service provision. Ard Rí is supported by a full time Person in Charge, who manages two designated centres and 1 full time Team Lead. The service is also supported by a Regional Operations Manager who reports directly to the Director of Social Care. In addition, an experienced Team Leader was also seconded to Ard Rí, and is currently employed as a full time Team Leader in Ard Rí. Resilience acknowledges that several works which were identified in the inspection on the 21st of October 2021 had not been completed due to delays in supplies and	

contractor availability. Resilience did not update the compliance plan, which was submitted on the 11th of January 2022, to notify HIQA that times outlined in the compliance plan could not be met. An updated compliance plan has since been completed and submitted to HIQA.

An action plan of intended works was provided to the inspector on the day of inspection. Dates on this plan have been further revised to come into compliance with the new dates issued by HIQA.

All actions relating to works on premises are in progress and will be completed by the 16th of May 2022.

Audit systems have been updated and implemented based on feedback from this inspection and other inspections across the Organisation.

On the date of inspection, there was 63% compliance with mandatory training, as of the 4th May 85% compliance, all staff will be fully compliant with mandatory training by the 16th May 2022. Monthly audits will be completed on staff training matrix to ensure that refresher training is arranged in a timely manner.

Free swing door closures will be installed by the 16th of May 2022, this will ensure that residents will have the ability to move freely around the centre.

Evacuation plans and protocols are in place and are now prominently displayed throughout the centre.

On the date of inspection it was identified that the NF39 for quarter 4 2021 had not been submitted by the Person in Charge, this was an oversight as the service was in the process of being handed over to a new service manager. Once this was identified the NF39 was subsequently submitted on the 16th of March. The Person in Charge is fully aware of their requirement to submit notifications as outlined in the regulations.

There is a Health & Safety Co-Ordinator in place who conducts 6 monthly health & safety audits and produces a report on the findings. Action Plans will be developed and addressed accordingly.

In line with regulations 6 monthly unannounced inspections of the service and annual quality reviews are completed. These are reviewed with the PIC and senior management to ensure that actions identified will be addressed in accordance with the compliance plan.

Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of	

purpose:
Statement of Purpose was reviewed and updated. Floor plans were updated to reflect correct use of each room within the center. Application to vary was submitted on Tuesday 3rd May 2022.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Quarterly notification was submitted retrospectively on the 16th March 2022. Submission of quarterly notifications will be reinforced at handover meetings to ensure that there is no oversight in the submission of quarterly notifications.

The incident was screened and reviewed and not deemed as a safeguarding incident. This was addressed under Resilience Complaints Policy and procedure and the complainant was satisfied with the outcome. Following discussion with the inspector on the day of inspection a retrospective NFO6 on 3rd May 2022 was submitted

The Person in Charge is fully aware of their requirement to submit notifications as outlined in the regulations.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Resilience acknowledges that several works which were identified in the inspection on the 21st of October 2021 had not been completed due to delays in supplies and contractor availability. Resilience did not update the compliance plan, which was submitted on the 11th of January 2022, to notify HIQA that times outlined in the compliance plan could not be met. An updated compliance plan has since been updated and submitted to HIQA.

The individual space which was created for 1 resident does not have a full kitchen or cooking facilities as this area is part of the main home. Cooking facilities are available in the main home. It is recognised that the resident will regularly choose to have his meals in his individual space. There are times where restrictions maybe in place this is underpinned by our restrictive practice protocols and procedures and are reviewed and reported accordingly.

An action plan of intended works was provided to the inspector on the date of inspection. Dates on this plan have since been revised to come into compliance with the new dates issued by HIQA. All actions relating to works on premises are in progress and will be completed by the 16th of May 2022.

An action plan of intended works was provided to the inspector on the date of inspection. Dates on this plan have since been revised. All actions relating to works on premises are in progress and will be completed by the 16th of May 2022.

- Painting
- Replacement pilot bulb
- Free swing door closures will be placed on all relevant doors

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Resilience have updated cleaning rosters and schedules to include feedback from this inspection and other inspection across the organisation which includes cooking appliances. Cooking appliances with be cleaned following use when it is appropriate to do so, once equipment used is cool and safe to be cleaned. Cleaning rosters and works are validated by the Team Lead and Service Manager on a weekly basis. An additional deep clean is scheduled for the 13th May 2022.Painting on the premises is scheduled and will be completed by the 16th May 2022. Broken tile has been rectified with the replacement of the kitchen floor - 21st April 2022. New mop system has been introduced and clear standard operating procedures for use has been developed and communicated to the staff team. Laundry protocols and procedures have been reviewed and clear standard operating procedures have been developed and communicated to the staff team Weekly environmental audits completed by Team Leader and reviewed by Service Manager. IPC Self-assessment framework continues to be reviewed as required or at a minimum every 3 months IPC continues to be standard agenda item at staff meetings and appropriate IPC issued discussed at residents' meetings.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Free swing door closures will be installed by the 13th of May 2022, this will ensure that residents will have the ability to move freely around the centre. Evacuation procedures

and protocols are now prominently displayed throughout the centre.

The emergency light was confirmed as working effectively on the date of inspection, it was the pilot bulb which required to be replaced. The pilot light does not compromise the effectiveness of the emergency light. Pilot LED bulb will be replaced by the 10th of May 2022.

On the date of inspection there was an extension lead attached appropriately to the wall. This was in place to facilitate a base station for time and attendance which was in place in this area previously. The base station was subsequently moved to another location. The extension was removed on the day of inspection.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
This particular service user spent 56 nights in hospital since admission therefore establishing social goals was not priority over medical needs. Due to ill health the resident was not capable of any meaningful engagement with setting his social goals. The behaviour support specialist met with the staff team on 19.04.2022 and the service user to establish and set social goals. These social goals are now recorded in service users individual support plan and staff are working with the service user to achieve these.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Attempts have been made across the organisation to challenge and address the requirements set by financial institutions which inhibits persons with a disability to open a bank account, as an organisation we have not been able to overcome these issues.

All residents in Ard Rí have post office savings accounts so surplus cash is no longer stored in the centre.

Resilience finance policy is in date and last reviewed December 2021. The purpose of this policy is to ensure that all Service Users' personal finances are protected, respected, and recorded by Resilience.

Resilience employees at Residential centres are responsible for ensuring that all service users and their families are made aware of this policy in relation to their finances whilst in Resilience. Resilience Service Managers are responsible for ensuring that all relevant employees in the company are inducted in this policy and apply it in practice.

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.	Not Compliant	Orange	12/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	16/05/2022
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	Not Compliant	Orange	30/03/2022

	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.	Not Compliant	Orange	11/05/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	13/05/2022
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Not Compliant	Orange	15/03/2022
03 (1)	Prepare in writing a statement of purpose containing the information set out in Schedule 1	Not Compliant	Orange	03/05/2022

	of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	03/05/2022
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 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.	Not Compliant	Orange	16/03/2022
Regulation 05(3)	The person in charge shall ensure that the	Not Compliant	Orange	19/04/2022

	designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	27/04/2022
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	03/05/2022