



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 18
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	30 November 2021
Centre ID:	OSV-0005852
Fieldwork ID:	MON-0028033

About the designated centre

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

Stewarts Care Adult Services Designated Centre 18 is operated by Stewarts Care Limited. The designated centre aims to provide long stay residential care to no more than 10 men and women with complex support needs. It consists of two wheelchair accessible bungalows located in a congregated campus setting in Co. Dublin. The premises has been refurbished and adapted to meet the needs of residents with complex physical support needs. Nursing support is provided within the centre, and the staff team is made up of staff nurses and care staff. Residents can avail of services from a range of allied health professionals such as psychiatry, psychology, occupational therapy, speech and language therapy, dietitian services, dental services, General Practitioner and social workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 30 November 2021	10:20hrs to 16:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

This report outlines the finding of an unannounced inspection of this designated centre.

The inspector ensured physical distancing measures were implemented as much as possible with residents and staff during the course of the inspection. The inspector greeted all residents that were present during the course of the inspection. At all times, the inspector also respected residents' choice to engage with them or not during the course of the inspection.

During the inspection, the inspector met briefly with all five residents present in the designated centre. The second residential bungalow that made up the centre was unoccupied at the time of the inspection and undergoing refurbishment works.

Residents were unable to provide verbal feedback about the service or care they received in the centre. The inspector carried out observations of the residents' daily activities, routines and interactions with staff.

Overall, it was notable that COVID-19 had impacted on residents' opportunities to engage in community based activities and meaningful day opportunities.

Staff spoken with described the impact the pandemic had on residents living in the centre. Residents' opportunities to engage in activities outside of the campus had been significantly impacted due to community restrictions as a result of the pandemic but also due to the need for staff to protect residents from COVID-19 in light of their underlying health conditions. Staff described the activities residents engaged in each day, generally these consisted of in arts and crafts and sensory based activities in their home, for example. Staff also brought residents out for walks on the grounds of the campus.

Due to staffing shortages in the campus setting, staff described how sometimes they were redeployed to work in other designated centres on the campus that were short staffed. This impacted then on the staffing resources available to provide meaningful or planned activities for residents in this designated centre. Residents required manual handling, mobility and nursing supports and therefore, a high level of staffing resources and planning was required to support residents to engage in activities off campus. In addition, due to their underlying medical conditions residents had been cocooning for a long period of time. Staff explained it was difficult to therefore plan safe and suitable activities for residents, that took place off campus, and mentioned residents had not left the campus setting since the pandemic began.

The inspector observed and overheard staff interactions during the course of the inspection. Overall, the inspector observed and heard person-centred, caring and kind interactions throughout the inspection. Staff were observed interacting in a kind

way with residents and included them in all conversations that were occurring in their vicinity.

The inspector also observed some residents were unable to leave their bed during the day due to deteriorating health and factors associated with aging. Staff brought those residents to the large communal area in the centre to ensure residents were included in the daily activities of the centre and frequently went over to the resident to speak with them, adjust their position and check on the resident. Other residents were observed watching TV and electronic devices which had been positioned at the correct height for them to see. Those residents were also provided with headphones so they could listen to their preferred programme or music without impacting on their peers who were engaged in other activities or resting.

Despite the busy nature of the care and support requirements for residents, staff took the time to engage in arts and crafts activities with those that wished to do so. At one point a resident began to sing and staff were overheard singing along with them and encouraging the resident.

The inspector further discussed the staffing resource arrangements with the person in charge and senior manager for the centre. They acknowledged that staffing resources were a challenge at times. The provider had carried out a number of staff recruitment drives in the previous months and some newly recruited staff had begun to work in the centre. However, in spite of this, recruiting staff remained an ongoing challenge for the provider and was reflective of a broader staff recruitment challenge across the social care sector.

The inspector carried out an observational review of the premises. Overall it was demonstrated that the provider's refurbishment of the centre had been to a good standard and suitably provided adequate space and equipment to meet the needs of the residents living in the centre. There was a good standard of hygiene in the centre also.

Toilets and bathing facilities were large, well maintained and clean. They also provided assistance equipment for manual handling purposes and were suitable and required to meet the needs of residents. Overhead tracking hoists were available in residents' bedrooms. Each resident bedroom was large, pleasantly decorated and individualised for each resident. There was good light and ventilation in the centre. Communal areas were decorated with Christmas decorations and a Christmas tree was located in the living room area. Residents' Christmas art work was placed on the walls of the living room space.

The inspector visited the second residential bungalow that made up the centre. At the time of inspection, some refurbishment works were underway. The inspector observed the bungalow was being repainted throughout, each bedroom was large and an overhead tracking hoist was available in each bedroom.

In summary, the inspector found that each resident's physical well-being was being managed to a good standard. Staff endeavoured to provide residents with the opportunity to engage in activities within the resources available and with due regard to the complex needs of residents and COVID-19 restrictions. However,

improvements were required to ensure consistent staffing resources were in place in the centre to support residents to engage in meaningful activities outside of the congregated campus setting.

Provider-led six monthly audits had not been completed in the centre for a prolonged period of time, some additional improvements were also required in relation to fire safety procedures in the centre.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The provider was operating and managing this designated centre in a manner that ensured residents' healthcare needs were met by a staff team who were delivering person-centred care.

However, improvement was required to ensure the provider carried out provider-led audits and reviews of the quality of service provision in the centre within the time frame set out in Regulation 23. Some improvement was also required to ensure the designated centre was operated in a manner that ensured allocated staffing resources were maintained at all times so that residents' had opportunities to have their social care needs met.

The person in charge was a clinical nurse manager who reported to a programme manager who in turn reported to the director of care. The person in charge was knowledgeable of the needs of residents. They were responsible for this designated centre only. They informed the inspector that the nurse on duty for the day were the assigned responsible person for the centre in their absence and on-call management systems were also in place. The person in charge had not yet completed a management course.

An annual review had been completed for 2020 by the provider. This review met the requirements of Regulation 23.

However, it was noted the provider had not carried out regulatory required six-monthly visits to the centre for a considerable period of time. The inspector noted a six-monthly provider led audit had been carried out a number of days prior to this inspection. However, the previous provider-led audit had occurred August 2020 meaning there had been a gap of approximately 16 months between audits. This required improvement to ensure the provider was consistently implementing quality oversight assurances in the centre in a manner that met the requirements of Regulation 23.

While the most recent provider-led audit was comprehensive in scope and provided

an improvement action plan to bring about enhanced compliance, there were additional improvements required. On the day of inspection the person in charge was not aware the recent provider-led audit had taken place and was not informed of the findings or actions from the audit, for example. A senior manager provided the inspector with a copy of the audit on request.

The provider had previously applied to vary conditions of registration for the designated centre to change the function of the centre's second residential bungalow in order to provide the organisation with a COVID-19 isolation unit with capacity to support residents to stay for short periods of time while their homes were being refurbished also.

Some improvements in relation to defining the management roles and responsibilities for the overall designated centre were required. The roles and responsibilities for the person in charge and other managers were not clearly set out in relation to the the second residential bungalow that operated in a different capacity to the full-time residential bungalow.

There were no documented lines of responsibility in relation to management of notification of incidents that occurred in the second bungalow, resident care and support responsibilities, staff supervision, reporting arrangements and maintenance of a directory of residents. The impact of this was demonstrated whereby the person in charge had maintained a directory of residents for the full-time occupied bungalow but, had not maintained a directory of residents for the second residential bungalow, for example.

The person in charge and provider were required to review these matters and to update the directory of residents for the designated centre to ensure an accurate record of all residents that had stayed in the second bungalow was documented in line with the matters as set out in Regulation 19: Directory of Residents.

The inspector reviewed the statement of purpose for the centre, it reflected the purpose of the centre and the service provision provided at the time of inspection. However, the whole-time-equivalent working hours for the person in charge were not accurately recorded to demonstrate they worked in a full-time capacity. In addition, it did not clearly set out the management oversight arrangements as mentioned previously.

During the course of the inspection, the programme manager informed the inspector that the second residential unit would revert to a full-time residential service and that residents from within the organisation would be transferring to there in due course.

However, the provider had not submitted to the Chief Inspector, an updated the statement of purpose for the centre to reflect the change in purpose and function of the centre whereby both bungalows of the designated centre would function as full-time residential services.

Required staffing resources for the centre each day consisted of three care staff and a nurse. However, this was not always maintained as staff were sometimes moved

from the centre to fill staffing shortfall resources in other designated centres on the campus. For example, in August 2021 staff had been moved from the centre nine times, in September and October four times in each month. The inspector also noted there had been a day in November 2021 where there had been just one nurse and a care staff working in the centre for the day due to staff shortages.

The provider was required to review the organisational arrangements and systems for covering staff shortages and absences on the campus to ensure residents were not negatively impacted when staff were redeployed to other designated centres. It was acknowledged however, that the provider had carried out a suite of recruitment drives to hire more staff to ensure greater staff resources were available throughout the organisation.

While the staffing resources needed to be addressed by the provider, the staff team were promoting meaningful activation and social inclusion for residents to the best of their abilities. Staff were observed to be eager to offer residents meaningful days, where possible and interactions between residents and staff were friendly, respectful and person-centred.

Regulation 14: Persons in charge

The person in charge worked in a full-time capacity and were responsible for this designated centre only.

The person in charge was knowledgeable of the assessed needs of residents in the centre and had ensured up-to-date personal planning arrangements for all residents.

The provider had submitted information to demonstrate the person in charge had the required experience to perform the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

Staffing resources for the centre each day were three care staff and a nurse. However, this was not always maintained as staff were sometimes moved from the centre to fill staffing shortfall resources in other designated centres on the campus.

For example, in August 2021 staff had been moved from the centre nine times, in September and October four times in each month. The inspector also noted there had been a day in November 2021 where there had been just one nurse and a care staff working in the centre for the day due to staff shortages.

The provider was required to review the organisational arrangements and systems

for covering staff shortages and absences on the campus to ensure residents were not negatively impacted when staff were redeployed to other designated centres.

It was acknowledged however, that the provider had carried out a suite of recruitment drives to hire more staff to ensure greater staff resources were available.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained for only one residential bungalow that made up the centre and had not been maintained for the second residential bungalow that made up the centre.

The person in charge and provider were required to review these matters and to update the directory of residents for the designated centre to ensure an accurate record of all residents, that had stayed in the second residential bungalow, was documented in line with the matters as set out in Regulation 19: Directory of Residents

Judgment: Not compliant

Regulation 23: Governance and management

The provider had completed an annual report for 2020 which met the requirements of Regulation 23 and sought feedback from residents and/or their representatives.

The provider was required to review their quality oversight systems to ensure provider-led audits occurred in a timely manner and in compliance with the time-lines as set out in Regulation 23. There had been a gap of approximately 16 months between the most recent provider-led audit and the previous one carried out.

Improvements were also required to ensure systems were in place so that all managers for the designated centre were informed a provider-led audit had occurred and provided with a draft copy of the provider-led audit findings, in a timely manner.

The roles and responsibilities for the person in charge and other managers were not clearly defined or set out in relation to the oversight and responsibility of the second residential unit that made up the designated centre and operated, at the time of inspection, as a COVID-19 isolation unit/residential setting for residents to use while their homes were being refurbished within the organisation.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had not updated the statement of purpose for the centre to reflect the proposed change in purpose and function of the centre whereby both bungalows of the designated centre would revert to being a full-time residential services.

The provider had not submitted a revised statement of purpose to the Chief Inspector demonstrating these proposed changes.

The whole-time-equivalent working hours for the person in charge required review as they did not reflect their full-time role management role for the centre.

Judgment: Substantially compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had submitted a notification to the Chief Inspector of a change of person in charge to the centre.

While most of the required information had been submitted, the provider had not submitted all qualification certificates for the person in charge.

- Management qualification.

Judgment: Substantially compliant

Quality and safety

This inspection found that residents were in receipt of a service that was safe, person-centred and meeting their individual healthcare needs. Some improvements were required to promote the quality of care to ensure where possible residents had increased access to meaningful activities both within and outside the congregated campus setting.

The provider had ensured residents lived in a pleasant and homely environment. Each resident had their own private bedrooms and decorated in a manner that reflected their personality, and personal style. Residents bedrooms also contained

framed photographs of their family members and people important to them.

Toilet and bathing facilities were maintained to a good standard in the residential bungalow visited during the inspection. There were good manual handling resources available to staff with overhead tracking hoists and other manual handling equipment available in each bedroom and bathing facility. Communal areas were large and spacious with good natural light and ventilation throughout. Residents had a separate dining/kitchen area and a facilities for laundering and drying their clothes.

While the environment was homely and comfortable for residents, residents had not left the campus since the onset of the pandemic, despite a number of National pandemic restrictions being lifted.

The inspector did acknowledge residents had underlying health conditions that posed challenges for staff and the provider in the context of COVID-19 and engagement in off campus based activities. However, redeployment of staff from the centre also contributed to residents having less opportunities for engaging these activities. The provider and person in charge was required to review the opportunities available for residents to engage in meaningful activities and put the required resources and supports in place to ensure residents had regular, planned and safe activity opportunities available to them and at regular intervals.

The provider had processes in place to promote residents' safety and protect residents from harm. There was a policy in place to guide the management of safeguarding concerns, allegations or suspicions, and the process for responding and recording safeguarding concerns was in line with national policy. Residents had access to a social work department, if required, and there was a named designated officer for the designated centre. Overall, there were a low number of safeguarding incidents occurring in the centre. There were systems in place however, to monitor for safeguarding concerns.

Staff were provided with training in safeguarding and refresher training was also made available. Each resident had an intimate care plan in place. Staff provided discrete personal care to residents while ensuring their privacy and dignity was maintained.

Residents' healthcare needs were assessed and planned for, information was kept up to date and there was a plan in place for any assessed healthcare need. Residents had access to their own general practitioner (GP) and had received an annual health check. The provider had ensured an adequate number of nursing resources were available in the centre each day and night to meet residents assessed nursing care needs. The person in charge was also a registered nurse and provided clinical governance oversight of nursing care and intervention in the centre in their role.

The person in charge had also ensured residents' needs and wishes for end-of-life care had been recorded into written plans. Residents' wishes and decisions about their future needs were noted and respected, and supports put in place, where

necessary to enable residents to make their own decisions.

There was a schedule of maintenance in place for fire safety equipment, including extinguishers and fire blankets. Copies of fire safety equipment servicing was maintained centrally on the campus but copies of the servicing records were made available for the inspector on the day of inspection.

Staff had received training in fire safety management, however a number of staff required refresher training in fire evacuation. During the course of the inspection a fire evacuation drill occurred and the inspector observed staff could evacuate all residents from the residential bungalow in a timely and safe manner.

The centre had a fire panel that displayed a number of zones, each zone on the panel corresponded to a location on campus. The inspector reviewed the fire evacuation procedure for the centre and noted there was a written procedure in place for night time, however, it was not demonstrated that a written procedure was in place for day-time.

The person in charge was required to put in place a documented day-time evacuation procedure, which provided staff with guidance on the use of the fire panel, the systems in place to support staff in locating the source of the fire and the evacuation procedure steps to be implemented and practiced during the course of fire evacuation drills.

Some further improvements were required in relation to the location of the fire assembly point in the centre. The fire assembly location point had been deemed to be unsuitable for the needs of residents. However, at the time of inspection, this matter had not been addressed.

The inspector observed good standards of cleanliness throughout the premises. Residents' mobility aids, toilet aid appliances and showers were clean and surface areas appeared free from dust or grime. .

The inspector reviewed infection control management in the centre and found contingency planning arrangements, in the event of a COVID-19 outbreak in the centre, were in place. Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day. The premises were maintained to a good standard of hygiene throughout. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection.

The provider had also ensured a comprehensive infection control audit for the centre had been completed by a clinical nurse specialist in Infection Control. This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions. This audit had found good infection control standard precaution implementation in the centre with some minor improvement actions required.

Regulation 13: General welfare and development

It was notable that COVID-19 had impacted on residents' opportunities to engage in community based activities and meaningful day opportunities.

Further improvements were required in this regard to ensure each resident had the opportunity to engage in activities that was suited to their interests and abilities both within and outside of the campus setting in a planned and safe manner.

It was noted however, that staff endeavoured to support residents to avail of daily activity opportunities within the centre and with the resources available to them.

Judgment: Substantially compliant

Regulation 17: Premises

The provider had refurbished and upgraded the premises of the occupied residential bungalow, visited during the course of the inspection, to a good standard.

The provider had ensured all matters as set out in Schedule 6 of the regulations had been made available and put in place for residents.

The second residential bungalow of the centre was undergoing some refurbishment at the time of the inspection. The inspector observed the provider had ensured appropriate manual handling equipment was made available for residents in all bedroom spaces in both residential bungalows that made up the centre.

Each resident was provided with a large and spacious bedroom, communal and circulation areas were large and wide and could accommodate residents' mobility aids and equipment.

The centre was suitably decorated and clean throughout.

There was good ventilation and light in each residential bungalow.

Residents were provided with a separate kitchen/dining area and facilities to launder and dry their clothes.

Bathroom and toilet facilities in the occupied residential bungalow visited during the inspection were kept clean and were adapted to suitably meet the needs of residents.

Residents' bedrooms were individually decorated and personalised to reflect their personalities and provided residents with options to have a television and stereo and

additional sensory equipment where suitable.

Judgment: Compliant

Regulation 27: Protection against infection

There were COVID-19 contingency outbreak planning and systems in place.

There were good supplies of PPE in the centre.

Alcohol hand gels were made available to staff, daily temperature checks were in place.

The inspector observed a good standard of cleanliness in the centre with cleaning schedules maintained and recorded daily.

The provider had ensured additional infection control standard precaution oversight arrangements were in place. An infection control audit by a clinical nurse specialist, had been carried out in the centre and reviewed all areas of infection control including and outside the context of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Not all staff had received refresher training in fire evacuation.

The person in charge was required to put in place a documented day-time evacuation procedure, which provided staff with guidance on the use of the fire panel, the systems in place to support staff in locating the source of the fire and the evacuation procedure steps to be implemented and practiced during the course of fire evacuation drills.

Some further improvements were required in relation to the location of the fire assembly point in the centre. The fire assembly location point had been deemed to be unsuitable for the needs of residents. However, at the time of inspection, this matter had not been suitably addressed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) and a multidisciplinary team which consisted of a psychiatrist, psychologists, occupational therapist, physiotherapist, speech and language therapist, clinical nurse specialist in behaviour, social workers and dietitians.

Residents also had access to dental services, optician services and chiropody services.

Residents were supported to avail of National Screening programmes if required and with due regard to their wishes.

Residents were provided with end-of-life care planning arrangements.

The provider had suitably resourced the centre with nursing staff during the day and at night time in line with residents' assessed nursing care needs.

The person in charge was a qualified nurse and provided clinical oversight in relation to nursing care provided to residents.

Judgment: Compliant

Regulation 8: Protection

There was a policy in place to guide the management of safeguarding concerns, allegations or suspicions and the process for responding and recording safeguarding concerns was in line with national policy.

The provider had appointed a designated officer in the centre to ensure all safeguarding incidents were responded to and investigated, and residents had access to a social work department if required.

Residents had intimate care plans in place to guide their needs and preferences.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 18 OSV-0005852

Inspection ID: MON-0028033

Date of inspection: 30/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The provider has reviewed the organisational arrangements and systems for covering staff shortages and absences on the campus to ensure residents were not negatively impacted when staff were redeployed to other designated centres. The Registered Provider has also undertaken a recruitment drive and has sought the support of external agencies to further the recruitment of staff for the Designated Centre. The Registered Provider has reduced the negative impacts to Residents following the recruitment of staff to the Registered Provider.</p>	
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Registered Provider has updated the Directory of Residents to reflect the residents of both bungalows. The Directory of Residents will be documented in Line with Regulation 19 requirements.</p>	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The provider has implemented a timescale to complete audits within the Designated Centre to meet the requirements of Regulation 23 which incorporates the feedback from residents and/or their representatives.

The provider will ensure provider-led audits occurred in a timely manner and in compliance with the time-lines as set out in Regulation 23.

The roles and responsibility have been identified for the Person In Charge with responsibility for the entire Designated Centre. The second bungalow no longer serves the function of COVID - 19 isolation centre. From March 31st the second bungalow shall serve to cater for the needs of Residents who have been diagnosed with Dementia and require greater clinical supports.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

1. Statement of Purpose will be updated to reflect the proposed change in purpose and function of the centre when the Dementia unit opens after 28/2/2022. Registered provider will submit revised statement by 1/3/2022.
2. Statement of Purpose has been updated to reflect the whole time equivalent working hours of Person in Charge.

Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
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Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes:

Person In Charge has not completed Management Qualification to date. Has been registered for QQI Level 6, start date to be confirmed. Letter of management competencies was submitted to Regulator on 6/5/2021.

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The Registered Provider has commenced internal audits of the activities that are provided for Residents to engage in.</p> <p>The results from the audits facilitate the opportunities of each resident to actively engage in the community. Commenced with immediate effect.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Person in charge has updated Day Time Fire evacuation procedure with guidance on the use of the fire panel re: source of fire and step by step guide. To be further updated following review with fire officer before 1/2/22.</p> <p>The fire assembly location point had been deemed to be unsuitable for the needs of residents, and this action is being reviewed. It is expected to be resolved by March 31st 2022.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 7(1)(b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the new person proposed to be in charge of the designated centre.	Substantially Compliant	Yellow	30/06/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	19/11/2021
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports	Substantially Compliant	Yellow	19/11/2021

	to develop and maintain personal relationships and links with the wider community in accordance with their wishes.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/07/2022
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Not Compliant	Orange	19/11/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall	Not Compliant	Orange	19/11/2021

	<p>carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>			
Regulation 28(3)(d)	<p>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.</p>	Substantially Compliant	Yellow	31/03/2022
Regulation 28(4)(a)	<p>The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements</p>	Substantially Compliant	Yellow	01/02/2022

	for the evacuation of residents.			
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.	Substantially Compliant	Yellow	31/03/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	01/03/2022