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:	Teach Iarnroid
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	15 November 2022 and 16 November 2022
Centre ID:	OSV-0008273
Fieldwork ID:	MON-0037831

About the designated centre

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

Teach Iarnroid provides full-time residential care and support to adults with a disability. The designated centre comprises of a five bedded bungalow located in close proximity to another centre operated by the provider in the edge of a large town. Residents in the bungalow have their own bedroom with en-suite facilities. They also have access to a sitting room, kitchen and dining area, utility, staff office and storage areas. Small recreational areas are located to the front and rear of the centre. Residents attend a day service five days a week at present and transport is provided in the mornings and afternoons by the provider. The centre is open seven days a week and supported by a staff team of health care assistants who are supported by the person in charge and another nursing led service located close by. Staff provide support in all aspects of daily living to residents. There is a staff on duty at night providing sleepover support. When residents are present in Teach Iarnroid they are supported by one support worker Monday to Friday with the addition of a second staff at weekends. Transport is provided to the centre and day services also provided transport arrangements for the residents.

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
Tuesday 15 November 2022	17:00hrs to 19:30hrs	Catherine Glynn	Lead
Wednesday 16 November 2022	08:00hrs to 13:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This centre is a new centre with residents moving in during October 2022 and it is run by the Health Service Executive (HSE) in Community Healthcare organisation Area 1 (CHO1). Due to concerns about the management of safeguarding concerns and overall governance and oversight of HSE centres in Co. Donegal, the Chief Inspector undertook a review of all HSE centres in that county, including a targeted inspection programme which took place over two weeks in January 2022 and focused on regulation 7 (positive behaviour support), regulation 8 (Protection) and regulation 23 (Governance and management). The overview report of this review has been published on the HIQA website. In response to the findings of this review, the HSE submitted a compliance plan describing all actions to be undertaken to strengthen these arrangements and ensure sustained compliance with the regulations. Inspectors are now completing a programme of inspections to verify whether these actions have been implemented as set out by the HSE, but also to assess whether the actions of the HSE have been effective in improving governance, oversight and safeguarding in centres for people with disabilities in Co. Donegal.

While inspectors had found that the provider was improving the safety and quality of support for residents during inspections of other centres during the current inspection programme, inspectors found that there was a high level of non-compliance in this centre which was impacting on the quality of care and support for residents. This is described further later in the report.

The inspector spent time and spoke with residents during the inspection. Overall, residents said they were happy living in the centre. However, residents also told the inspector that they were worried about staffing in the centre. They told the inspector of two occasions recently that all of the staff weren't on duty and their planned activities for the day had to be cancelled. The inspector observed that staff were respectful, supportive and kind to residents but also found that residents opportunity to engage in activities of interest was limited by the staffing levels in the centre.

Residents also told the inspector that they were worried about transport. At the time of inspection, there was no transport available in the centre and they were reliant on getting transport from other centres. The residents said that they couldn't plan their activities because they didn't know when they would have transport. For example, two residents had recently won an Art Competition and were looking forward to attending the award ceremony. They were very anxious because they did not know whether they had transport to get there or not and it was only the evening before the ceremony when they were told that a bus from another centre would bring them. When the inspector asked staff, they did not know when the centre would have access to its own transport again.

During the inspection, the inspector also observed the living environment for residents. While each resident had their own room which was decorated as they

wished, there were issues around accessibility and fire safety in the centre which the provider had not identified for themselves. The inspector required the provider to take urgent action in relation to fire drills in the centre.

The following two sections of the report will further expand on how the lack of effective governance and management was negatively impacting on the quality and safety of the lives of residents living in this centre.

Capacity and capability

Despite the assurances provided when the centre was being registered in August 2022, the inspection found that governance and management arrangements at the centre had failed to ensure that effective oversight, consistency and monitoring was in place since the opening of this centre. The provider had not implemented the systems that were introduced as part of the overall quality improvement plan for HSE operated services in Co. Donegal, including communication arrangements between management and staff, staff supervision arrangements, management oversight meetings or the revised audit process which is supposed to be implemented in all centres.

The inspector found that there were no audit systems in place, the required records were not being maintained, there was no evidence of any management meetings and no evidence of opportunity for staff to raise concerns or highlight areas for improvements. There was an absence of guidance for staff to ensure a consistent level of care and support to residents in the centre.

There was an absence of records in the centre which is critical to informing evidence based support to residents.

There was no recognition from the persons participating in management of their roles and responsibility to have ensured the oversight and records were complete and available to staff in the centre.

The provider was also failing to identify areas of non compliance with safeguarding and protection, risk management, individual assessment and personal plans for residents and healthcare. The inspector required the provider to take immediate action to improve fire precautions. These are discussed under the Quality and safety section in this report.

Regulation 15: Staffing

The provider did not ensure that the number, qualifications and skill mix of the staff was appropriate to the number and assessed needs of the residents at all times, at

Teach Iarnroid. The following areas required improvement:

-The provider had not reviewed staffing levels since residents moved in during October 2022 to ensure that they met the assessed needs of residents. The provider was not ensuring a continuity of care and support and there was evidence that the current staffing arrangements did not meet residents' needs.

- The inspector reviewed the roster and found that there was a reliance on agency staffing and that there was inconsistency in the attendance of agency staff which impacted on the ability of residents to participate in planned activities. For example, in the last two week roster, agency staff had not turned up on two occasions and residents activities had to be cancelled.

- The person in charge is required to ensure an accurate staff roster is maintained. Inspectors found that there was only a roster available for a two week period, there was no planned roster available and the roster was inaccurate.

Judgment: Not compliant

Regulation 16: Training and staff development

There were no staff training records available in the centre and there was no evidence of supervision being provided to staff.

Judgment: Not compliant

Regulation 19: Directory of residents

The provider had failed to ensure accurate and up-to-date directory of residents was available and maintained in the centre as required by the regulations. There was no directory of residents in the centre.

Judgment: Not compliant

Regulation 21: Records

The registered provider failed to ensure that the records required by the regulations were being maintained in the centre. For example, the inspector asked to review the personal plans of residents. These are important records to guide staff care and support to residents. They were not available in the centre and the inspector was informed that they were in another centre. They were not made available for

inspection until the second day of inspection. The inspector found that they were out of date, had not been reviewed since the residents had moved into the centre and they were incomplete. There was no personal plan available for one resident. The provider failed to meet the requirements of the regulations in the following areas:-

- records in relation to each resident as specified in schedule 3

- records specified in schedule 4

- records are maintained and available for inspection by the Chief Inspector

Judgment: Not compliant

Regulation 23: Governance and management

The provider had failed to ensure proper oversight of the centre since it opened in October 2022. There were significant failures in meeting regulatory requirements and in implementing the provider's own policies and procedures and the provider had failed to monitor this new service or to identify the failures for themselves. The provider's own oversight arrangements had not been implemented:

- there were no policies, procedures, protocols or guidance for staff in the centre.

- Team meetings had not occurred since the commencement of the centre, and there was no schedule in place.

- Formal staff supervision was not in place and a schedule was not available for review.

- There were no audits in place or a schedule of audits to ensure effective oversight and review in the centre.

- Management audits as outlined in the provider's compliance plan response to the January programme of escalated regulatory inspections had not been implemented in the centre.

- The computer system for accessing policies and procedures, incident reporting and other service reporting had not been set up or connected to the provider's server even though the centre had been registered in August 2022 and residents had moved in during October 2022.

- The provider's own quality improvement tool was not being used

- Staff were not facilitated to raise concerns about the quality and safety of the care and support provided to residents.

- The provider had not made effective arrangements to support, develop and performance manage all staff working in the centre to ensure that a quality and safe service is provided to residents at all times.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider did not ensure that a comprehensive assessment was in place for a new admission within 28 days, to ensure that residents received appropriate supports based on their assessed needs. Furthermore, a new admission to the centre did not have documents available for review which included a written agreement, detailing the support, care and welfare of the resident in the centre and details of the services to be provided for this resident, and where appropriate the fees to be charged and provided consistent with the resident's assessed needs in line with Regulation 5(1).

Judgment: Not compliant

Regulation 31: Notification of incidents

There were no records being kept of incidents or events in the centre. The person in charge did not submit relevant notifications within specified time-frames as required by the Chief inspector. For example, the inspector noted that staff reported a failure in the hot water and heating system in the centre over a period of time at the end of October. This resulted in residents attending another centre to access hot water for shower facilities.

Judgment: Not compliant

Regulation 4: Written policies and procedures

All the policies required under Schedule 5 were not in place in the centre at the time of the inspection.

Judgment: Not compliant

Quality and safety

While residents spent time during the week in a day service and also visited family, they spent the majority of their time in the residential centre. As discussed in previous section, the inadequate staffing arrangements meant that residents did not enjoy full and active opportunities to participate in meaningful activities. In addition, an urgent action was also issued, due to the lack of assessment within 28 days as required for an admission into the centre. Again, the provider was required within a specified time-frame to submit a response in regard to this gap noted to provide further assurance to the Chief Inspector in regard to the safety and quality of care provided in this centre.

The provider failed to identify for themselves that there was inadequate assessment and care planning in the centre. The provider had also failed to implement their own safeguarding arrangements in the centre to protect residents from the risk of abuse. The inspector saw where there was a failure to ensure an appropriate plan for intimate care.

The persons participating in management did not demonstrate an understanding of risk management and had not implemented an appropriate risk management process to ensure the safety of residents. There were also shortcomings in the fire precautions in the centre and again, the provider had not identified this as an issue.

The provider had not ensured that arrangements were in place that upheld residents rights in areas such as the active and meaningful engagement in the running of their home, and access to personal and social opportunities which reflected their needs and personal preferences.

The inspector was not assured by the care and support arrangements put in place by the provider as it was not in line with best practice and national guidance, therefore did not ensure that residents were provided with a quality service and kept safe from harm.

Regulation 26: Risk management procedures

The provider and person in charge failed to demonstrate that they had a full and clear understanding of risk management process in this designated centre. For example:

- There was no risk management policy or risk assessment process in the centre.

- Residents' risk assessments had not been reviewed or updated since their transfer from another centre to ensure that they were appropriate to the new centre.

- The national incident managing systems which the provider uses to record and learn from incidents and events in the centre was not implemented. While staff were completing and submitting incident forms manually and sending them to another

centre, there was no record of the incidents in this centre, no review of any incidents and staff could not identify any recurrence or trends in the centre.

- There was no identification of potential hazards in the centre and hazards were not being assessed, managed or reviewed with appropriate controls to mitigate the risks identified.

- The absence of risk assessments and records meant that staff did not have adequate information to inform their practice in the care and support of residents.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had not ensured that effective fire management procedures were in place in the centre, which resulted in an urgent action being issued during the inspection;

- fire drills were not completed since the opening of the centre on the 10 of October 2022.

- residents were not aware of the fire evacuation plans or meeting point for the centre. Residents told the inspector that they had not completed a fire drill since moving into the centre.

- there was no fire evacuation plan available in the centre. Staff spoken were aware of the fire evacuation point and had recognised that all residents may not be able to evacuate safely due to their assessed needs.

- Furthermore, the inspector observed during the walk around of the centre that a pathway to the rear of the centre which was nominated as a fire exit was very narrow, did not provide a safe passageway for all residents and staff and because there had been no fire drill , it could not be demonstrated that it was a suitable and safe exit in the event of a fire.

- Residents with mobility issues had not been assessed to identify any issues during the evacuation process, such as how to manage the stairs that led from the evacuation door to the fire assembly point.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector found that:

- Residents' records were not available in the centre and the inspector was informed that they were kept in another centre close by. They were not made available to the inspector for review until the second day of inspection.

- when the records were made available, the assessments of need and personal plans were inaccurate and had not been reviewed or updated since the residents moved to the designated centre.

- residents were also limited in social outings due to the inconsistency of their transport. While residents lived in close proximity to a large town, residents required appropriate transport to access local amenities or facilities.

- although residents were attending a day service five days per week, they had limited opportunities for personal and social development outside of their day service.

Judgment: Not compliant

Regulation 6: Health care

The inspector found that residents healthcare needs were not comprehensively met. Residents accessed the service of a local GP and allied health professionals were accessed by referral to the HSE.

While there were some healthcare plans available, the inspector found that not all healthcare needs were being assessed and appropriately responded to. For example, a resident had mobility issues and there was no assessment of appropriate equipment required or support to be provided. The inspector observed poor practice in supporting and lifting this resident. There was no guidance in the centre to direct staff on best practice in supporting the resident.

Judgment: Not compliant

Regulation 8: Protection

While the inspector did not identify any safeguarding issues or compatibility issues at the time of the inspection, the provider had not ensured that there were appropriate arrangements to prevent or respond to safeguarding concerns in the centre. This was particularly concerning as a key aspect of the HSE's improvement plan for centres in Donegal focused on ensuring strong safeguarding arrangements.

- there was no safeguarding policy to guide staff in the centre.

- the designated safeguarding officer was not identified and contact information was not clearly displayed in the centre in line with the providers procedures.

- there were no records of staff training to confirm that they had completed the safeguarding training.

- The inspector saw where intimate care was required and there was no adequate assessment or care plan to ensure it was delivered in a way that protected the dignity and privacy of residents

- up-to-date assessments were not in place for all residents to clearly guide all staff.

- residents' rights were not promoted or respected in the centre and there was no evidence of consultation during the inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

Governance and management arrangements did not ensure that residents' rights were upheld and their needs and preferences were considered on a day-to-day basis . The lack of planning, consultation and oversight by the management team, did not ensure that residents had the opportunity to actively and meaningfully engage in the running of their home.

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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Teach Iarnroid OSV-0008273

Inspection ID: MON-0037831

Date of inspection: 15/11/2022 and 16/11/2022

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In order to bring this centre into compliance the following actions have been or will be taken: • The Person in charge has completed a review of staffing requirements to meet the assessed needs of residents. This was completed 30.11.2022 • The Person in charge has prepared business cases for 4 wte additional support staff within the designated centre. This was completed 08.12.2022. In the interim these additional hours have been provided through overtime and regular agency staff to meet the assessed needs of residents. • The Person in charge has now ensured that there is an actual and planned roster within the centre.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: In order to bring this centre into compliance the following actions have been or will be taken: A review of all staff training requirements has been completed by the person in charge. Training records are now available for Inspection. Completed: 05.12.2022 The person in charge has put a schedule of training in place which will be kept under constant review. Outstanding training listed below.	

• Covid 19 return to work webinar x 1 staff,
• Cyber security x 1 staff,
• Dignity @ work 2022 x 1 staff,
• Donning & Doffing x 1 staff,
• Human Rights modules 1-4 x 1staff,
• Introductory IPC & microbial resistance x 1 staff,
• Anti microbial stewardship in practice x 1,
• Cleaning & disinfectant the healthcare environment & patient equipment x 1 staff
• Clostridioides Difficile infection x 1 staff,
• Management of blood and body fluids spills x1 staff.

Completion Date 23.12.2022 for all online training

A schedule had been put in place for all additional training.

• Managing behavior of concern x 1 staff 13.01.2023,
• CPR x 2 staff 20.12.2022,
• Primary Food Hygiene x 1 staff 31.03.2023

• The Person in charge has completed performance achievement meetings will all centre staff. These were completed 23.11.2022.
• A performance achievement meeting was held with the Person in charge on 23.05.2022. A Record on this meeting is available within the centre.

Regulation 19: Directory of residents	Not Compliant

Outline how you are going to come into compliance with Regulation 19: Directory of residents:
In order to bring this centre into compliance the following actions have been or will be taken:

• The Person in charge has put a directory of Residents in place in the centre. This is monitored daily to ensure it accurately reflects leave from the centre. This was completed 22.11.2022

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
In order to bring this centre into compliance the following actions have been or will be

taken:

• All records as set out within the Health Act 2007(Care and Support of Residents in Designated Centres for Persons Children and Adults with Disabilities) Regulations 2013 Schedules 1- 5 are available within the centre.
• Each residents Personal Plan has been reviewed and updated to reflect their current health and social care status and supports required.
• The Person in charge has completed a review of schedule 2 records pertaining to staff in the centre. An application for updated Garda vetting has been made for 2 staff member. Evidence of this application is available on site.
• An up to date Statement of Purpose is available within the centre. The Statement of Purpose for the centre has been reviewed by the person in charge and a copy provided for each resident and their representative. This was completed 28.11.2022.
• All schedule 5 policies are available on site and have been read by all staff. Completed 28.11.2022
• An updated Directory of Residents is now available within the centre which will be monitored on a weekly basis to ensure it accurately reflects residents leave from the centre.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
In order to bring this centre into compliance the following actions have been or will be taken:

• A self-assessment against the Regulations has been completed by RDON in conjunction with the PIC and frontline staff. A quality improvement plan has been developed which is monitored on a weekly basis by the Disability Manager, Area coordinator and through the General Manager Office Disability Services.
• The person in charge held a staff meeting on 30.11.2022 to discuss all actions identified in the centres quality improvement plan. Minutes of this meeting are available on site.
• All schedule 5 policies are available on site and have been read by all staff. This was completed 28.11.2022
• The person in charge has developed a schedule for staff meetings for the remainder of 2022 and 2023. This was completed 20.11.2022
• The Person in charge has completed performance achievement meetings will all centre staff. These were completed 23.11.2022.
• A performance achievement meeting was held with the Person in charge on 23.05.2022. A Record on this meeting is available within the centre.
• Copies of minutes of all Governance oversight management meetings are now in place in the centre and brought to the attention of all staff.

• The Person in charge has implemented the CHO1 revised annual audit schedule in the centre and all audits as per agreed schedule have been completed to date. All actions arising from these audits have been included in the centres quality improvement plan.
• Senior Management have arranged an unannounced visit for the centre to complete a 6 monthly inspection.
• The person in charge is to escalate a ticket to the service desk for the installation of a landline and internet access for the centre. 12.12.2022
• An Assistant Director of Nursing external to Donegal area has been appointed to support South Donegal two days a week to provide direct support to the PIC for Teach Iarnroid.

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
In order to bring this centre into compliance the following actions have been or will be taken:

• The Care and Person Centred plans for the new Resident admitted to Teach Iarnroid has been completed 18.11.2022. This will be reviewed on a regular basis and amended in accordance with any changes recommended following a review being carried out. Annual review is scheduled for 12.12.2022

• A Contract of Care is in place for the new resident. This was completed 22.11.2022.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
In order to bring this centre into compliance the following actions have been or will be taken:

• The Person in charge submitted a retrospective notification for Loss of Hot Water on 23.11.2022.

• The Person in charge will ensure all notifications are submitted to the authority as appropriate.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
In order to bring this centre into compliance the following actions have been or will be taken:

• All schedule 5 policies and procedures are now available within the centre.

• All centre staff have read the schedule 5 policies and procedures. This was completed 28.11.2022

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
In order to bring this centre into compliance the following actions have been or will be taken:

• The person in charge has implemented the agreed HSE Incident Management system within the centre. Incident reports are now maintained in the centre. This was completed 02.12.2022
• The person in charge has implemented the agreed HSE Risk management system within the centre. This was completed 02.12.2022.
• A Health & Safety Statement has been developed for this centre comprising of HSE Corporate Safety Statement, Location Safety Statement and Site Specific Safety Statement inclusive of all identified risks and measures in place to mitigate against same.
• Individual residents risk assessments have been reviewed and updated. completed 09.12.2022

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In order to bring this centre into compliance the following actions have been or will be taken:

• The Person in charge has implemented a Fire Safety management system in the centre.
• A night time practice evacuation fire drill was completed on 16/11/22 with 1 staff and all 4 residents.
• A day time practice evacuation fire drill was completed on the 18/11/22 with 2 staff and 2 residents.
• A further day time fire drill was undertaken 21/11/22 with 2 residents who were on home leave.
• A fire drill schedule has been developed for year ahead.
• All practice evacuations have been documented
• Personal Emergency Evacuation Plans have been developed for all residents.
• Fire Safety Evacuation plans are displayed throughout the centre.
• A schedule of fire safety checks is now in place within the centre.

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:
In order to bring this centre into compliance the following actions have been or will be taken:

• The Care plan and Person Centred plan for the new Resident admission to Teach Iarnroid has been completed 18.11.2022. This was completed in conjunction with the resident. This will be reviewed on a continuous basis and amended in accordance with any changes recommended following a review being carried out. This will be completed 09.12.2022
• The Care plans and Person Centred Plans for three residents have been reviewed and updated in conjunction with the residents. This was completed 18/11/2022. These will also be reviewed on a continuous basis and amended in accordance with any changes recommended following a review being carried out.
• The person in charge has scheduled dates for annual reviews for each resident in conjunction with key workers and day service providers.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
In order to bring this centre into compliance the following actions have been or will be taken:

• A Referral has been submitted to the Occupational therapist and Physiotherapist for one resident who has mobility issues. One resident was reviewed by the physiotherapist on 06.12.2022, falls risk assessment completed. Occupational Therapy dept. have acknowledged referral for one resident, 25.11.2022, awaiting appointment to complete review.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
In order to bring this centre into compliance the following actions have been or will be taken:

• Safeguarding Policies are in place in the centre.
• A Designated Officer has been identified and contact details are on display in the centre.
• Intimate Care plans have been developed for each resident.
• Residents meeting are being held weekly in the centre.
• All staff have undertaken safeguarding training and this is included on the centres training matrix.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
In order to bring this centre into compliance the following actions have been or will be taken:
• Daily consultation with residents is now undertaken with residents in relation to the planning and running of the centre.
• Residents meeting are now being held weekly in the centre. Any issues raised will be immediately followed up and documented.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(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.	Not Compliant	Orange	08/12/2022
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	08/12/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Not Compliant	Orange	08/12/2022

	circumstances where staff are employed on a less than full-time basis.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	08/12/2022
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	31/03/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/03/2023
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations and standards made under it.	Not Compliant	Orange	31/03/2023
Regulation 16(2)(a)	The person in charge shall ensure that copies of the following are made available to staff; the Act and any regulations made under it.	Not Compliant	Orange	31/03/2023

Regulation 16(2)(b)	The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	31/03/2023
Regulation 16(2)(c)	The person in charge shall ensure that copies of the following are made available to staff; relevant guidance issued from time to time by statutory and professional bodies.	Not Compliant	Orange	31/03/2023
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Not Compliant	Orange	22/11/2022
Regulation 19(2)	The directory established under paragraph (1) shall be made available, when requested, to the chief inspector.	Not Compliant	Orange	22/11/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	22/11/2022
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as	Not Compliant	Orange	14/12/2022

	specified in Schedule 3 are maintained and are available for inspection by the chief inspector.			
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	14/12/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	12/12/2022
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	12/12/2022
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and	Not Compliant	Orange	12/12/2022

	performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.			
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Not Compliant	Orange	12/12/2022
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	12/12/2022
Regulation 24(2)	The person in charge shall ensure that each prospective resident and his or her family or representative are provided with an opportunity to visit the designated centre, as far as is reasonably	Not Compliant	Orange	12/12/2022

	practicable, before admission of the prospective resident to the designated centre.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	12/12/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	12/12/2022
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Orange	12/12/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to	Not Compliant	Orange	09/12/2022

	in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Not Compliant	Orange	09/12/2022
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Not Compliant	Orange	09/12/2022
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for	Not Compliant	Orange	09/12/2022

	the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Not Compliant	Orange	09/12/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	09/12/2022
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided	Not Compliant	Orange	09/12/2022

	by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	21/11/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	21/11/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	21/11/2022
Regulation 28(3)(d)	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.	Not Compliant	Orange	21/11/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive	Not Compliant	Orange	21/11/2022

	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 for the evacuation of residents.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	21/11/2022
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	21/11/2022
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Not Compliant	Orange	23/11/2022

	following adverse incidents occurring in the designated centre: any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.			
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Not Compliant	Orange	28/11/2022
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Not Compliant	Orange	09/12/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but	Not Compliant	Orange	09/12/2022

	no less frequently than on an annual basis.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	09/12/2022
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	09/12/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Red	09/12/2022
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which	Not Compliant	Red	09/12/2022

	outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Not Compliant	Orange	09/12/2022
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Not Compliant	Orange	09/12/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	09/12/2022
Regulation	The person in	Not Compliant	Orange	06/12/2022

06(2)(a)	charge shall ensure that a medical practitioner of the resident's choice or acceptable to the resident is made available to the resident.			
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Not Compliant	Orange	06/12/2022
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Not Compliant	Orange	06/12/2022
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Not Compliant	Orange	06/12/2022
Regulation 06(2)(e)	The person in charge shall ensure that residents are	Not Compliant	Orange	06/12/2022

	supported to access appropriate health information both within the residential service and as available within the wider community.			
Regulation 08(5)	The registered provider shall ensure that where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with.	Not Compliant	Orange	22/11/2022
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Not Compliant	Orange	22/11/2022
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation	Not Compliant	Orange	22/11/2022

	to safeguarding residents and the prevention, detection and response to abuse.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	09/12/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	09/12/2022
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Not Compliant	Orange	09/12/2022
Regulation 09(2)(d)	The registered provider shall ensure that each	Not Compliant	Orange	09/12/2022

	resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	09/12/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	09/12/2022