



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

Issued by the Chief Inspector

Name of designated centre:	Blossomville
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	16 April 2024
Centre ID:	OSV-0001822
Fieldwork ID:	MON-0043374

About the designated centre

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

Blossomville is a purpose built single storey bungalow located in a town. The centre comprises of six bedrooms, two sitting rooms, a kitchen-dining room, a utility room, a staff office and bathroom facilities. The centre has a maximum capacity of six residents and can provide full-time residential care to residents with intellectual disabilities and /or autism who present with behaviour that challenges and additional needs. Both male and female residents over the age of eighteen years can reside in the centre. The staff team comprises of an area manager/person in charge, social care workers, nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 16 April 2024	07:00hrs to 15:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Six residents were living in this centre, all of whom were met by the inspector. Most residents did not engage verbally with the inspector but one resident who did indicated that they liked living in the centre. The centre was seen to be cleaner than a previous inspection earlier in 2024.

The inspection commenced early in the morning so the inspector could meet night staff who had been on duty before they went off shift. According to the centre's statement of purpose, there was to be three night staff on duty but when the inspector arrived at the centre there was only two staff members present. The inspector was later informed that a third staff member was meant to be on duty but that they had been allocated to support another designated centre. Just one of the six residents living in this centre was up when the inspector arrived. The inspector greeted this resident but they did not interact with the inspector. It was observed at this time that the bedroom door of one resident who was still in bed was left open. The inspector was informed that this was to monitor the resident for possible seizures while a care plan later reviewed indicated that this was what the resident wanted.

After speaking with both members of night staff present, the inspector spent some time in communal areas of the centre as more residents began to get up and day staff came on duty. It was noted that members of day and night then held a handover meeting in the centre's larger sitting room. While this handover meeting was being conducted, one of the residents was present in this larger sitting room while a second resident was within earshot in the nearby kitchen-dining room. Given that all residents of the centre were discussed during this handover, the occurrence of the handover with some residents present or within earshot did raise some potential privacy concerns.

This was later queried with the centre's person in charge (PIC) who highlighted that they had been encouraging more staff to be involved in such handovers. The inspector was informed this was intended to improve communication and awareness of matters within the centre as previously it was indicated that such staff handovers tended to involve one day staff and one night staff only. It was also highlighted to the inspector that due to safeguarding reasons, staff did need to be present with certain residents when they were in communal areas. This was also referenced in relevant safeguarding plans. Matters related to safeguarding in this centre will be returned to later in this report.

Around this time it was observed that one resident moved between communal areas and their bedroom. The resident greeted the inspector who noticed on multiple occasions that part of the resident's clothing could have been adjusted to better promote their dignity. The resident was later overheard to be encouraged to adjust this clothing when the PIC came on duty and this was not seen to be an issue for the remainder of the inspection. However, during the initial stages of the inspection

when another resident was seen moving between their bedroom and a shower room with a staff member, the inspector observed that the resident was undressed while in a communal hall. While it was acknowledged that this was a brief observation and the resident did have preferences around the clothes they wore, sufficient efforts had not been made to uphold the resident's privacy and dignity.

More residents began to get up as the morning progressed and it was seen that some residents were asked if they wanted to have a shower or not. Where residents indicated that they did, staff supported them with this. As staff were helping residents with their morning routines, it was seen that staff knocked on the bedroom or bathroom doors where residents were in. Another two residents were met by the inspector around this time. Neither engaged verbally with the inspector although one appeared happy and energetic. This resident was later seen to use a tablet device to play music with a staff member helping the resident to find a pair of headphones for this. This resident was also seen to use this tablet to bring up pictures of some food they wanted which they showed to the inspector and staff. A staff member was seen to get the food shown on the tablet.

It was noted during this time that one resident was anxious due to the inspector's presence as the resident thought that the inspector was a doctor. It was highlighted that doctors could be a source of anxiety for the resident and it was seen that staff and the PIC took time to reassure the resident that the inspector was not a doctor. The inspector later greeted this resident again but they did not interact verbally with the inspector. One of the residents up at this time did speak briefly with the inspector and responded to some questions asked by the inspector. In responding to these the resident indicated that they liked living in the centre and liked the staff. When asked if they were doing anything later the day, the resident stated that they were doing nothing that day.

The inspector met the remaining two residents living in this centre after they got up later in the morning. One of these residents did greet the inspector while the other did not. As the day progressed residents spent time in communal areas in the presence of staff with one resident tending to stay on their own in the centre's smaller sitting room. Another resident spent time in the staff office and it was indicated to the inspector that this resident liked to look out of the window in this room. Things were generally quiet and calm in the centre during such times although at some points while the inspector was outside to the rear of the centre, he did hear one resident vocalising from inside the centre. Such vocalisations were for very brief periods.

As the day progressed, three of the residents left the centre with staff via a vehicle provided to go for a walk and to do some grocery shopping before returning near the end of inspection. The other three residents remained in the centre during the inspection and it was observed that one resident in particular appeared to spend much of the day in the centre's larger sitting room. It was seen though that a staff member helped the resident to do some painting while also encouraging another resident to do likewise. This staff was very pleasant in their interactions with both residents at this time. It was also highlighted to the inspector that attempts were being made to improve the provision of activities for residents generally. These

included providing residents with more opportunities to avail of a swimming pool operated by the provider and making a second vehicle available for the centre at evening and weekends.

The provision of activities had been highlighted as an area in need of improvement during the previous inspection in January 2024 as had the cleanliness of the centre. On the current inspection, the centre was seen to be cleaner than had previously been the case with particular odours not detected in certain rooms of the centre. Overall, the centre was seen to be reasonably presented and furnished on the day of inspection while some resident bedrooms were seen to be personalised. The inspector was informed though that some consideration was being given by the provider to conducting works in an external garage at the rear of the centre. Such works were intended to give more space for residents given that between residents and staff, there could be up to 12 people present in the centre at certain times.

In summary, some respectful interactions between residents and staff were seen during the inspection but some instances were observed where the dignity and privacy for residents could be better promoted. While the inspector was present in the centre, some residents left the centre while some did not. It was highlighted though that efforts were made to increase activities with a second vehicle having been secured for the centre at certain times of the week.

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

Capacity and capability

Notifications received in recent months coupled with the findings of this inspection raised concerns around the overall governance and oversight arrangements for this centre.

This designated centre had been inspected previously in January 2024 where high levels of non-compliance were identified. This included regulatory actions in areas such as safeguarding, infection prevention and control, the provision of activities and positive behaviour support amongst others while urgent actions were issued on the day of that inspection around governance and medicines management. Such findings raised high concerns around the quality and safety of care and support provided to residents with issues also identified in the communication and interactions between the staff team which were contributing to such concerns. The January 2024 inspection also identified that a number of required notifications had not been submitted to the Chief Inspector of Social Services. This was despite similar issues having been raised a number of times previously with the provider in other regulatory engagement.

Since that inspection, there had been a notable increase in the amount of safeguarding notifications received from this centre. Some of these were notified after concerns were raised by some staff members during the course of a safeguarding audit conducted for the centre during February 2024. Such concerns related to allegations of poor practice and interactions with residents by staff. These allegations were in the process of being investigated by the provider and it was noted that protective measures had been taken in response to these once raised. However, the concerns raised were of a retrospective nature with some covering a period of time. As such, this did not provide assurance that the provider had ensure that all staff were sufficiently supported and performance managed to exercise their responsibilities for the quality and safety of service they were delivering nor that staff were adequately facilitated to raise concerns in a timely manner prior to the January 2024 inspection.

Issues around delayed reporting of concerns in this centre had been expressly raised during a February 2022 inspection. As a result of the January 2024 inspection and the subsequent notifications received, this centre was put on an escalation pathway by the Chief Inspector with further regulatory engagement pursued as part of this. However, during April 2024 a further notification of a safeguarding nature was received which raised significant concerns around staff interactions with a resident and timely reporting. Such was the nature of this notification that the decision was made to conduct the current inspection in advance of other previously planned regulatory engagement. Accordingly, the focus of this inspection was on Regulation 23 Governance and management and Regulation 8 Protection.

On the current inspection it was found that the provider had made efforts to respond to the concerns that had been raised during the January 2024 inspection. For example, there had been changes in the staff team in response to the communication and interaction issues previously raised while staff spoken with also highlighted some improvements. The current PIC was spending more time in the centre while some members of the provider's senior management team, but not all members, had visited the centre since the previous inspection. However, given the status of the centre and the concerns previously raised, the current inspection found that there was not sufficient management presence in the centre to ensure sufficient oversight. In particular, the current PIC was nominally employed by the provider as an area manager and at the time of this inspection had a total of eight different houses under their remit.

This limited the PIC's ability to be present in this centre. It was acknowledged that the provider was making efforts to recruit for a dedicated PIC for the centre and the overall number of houses under the PIC's current area manager remit was soon due to decrease. Even with this though, this inspection also raised concerns around aspects of monitoring of the centre and its oversight by the provider. It was particularly notable that this inspection again found that not all required incidents had been notified to the Chief Inspector within three working days as required. This was despite the provider's compliance plan response for the January 2024 expressly indicating that such incidents would be notified. The same compliance plan response indicated that staff were to undergo safeguarding training during March 2024 in response to concerns around staff's knowledge in this area. While such training had

happened, the current inspection found that staff knowledge in this area was varied. This will be discussed further in the context of Regulation 8 Protection.

Regulation 15: Staffing

It was highlighted to the inspector that the centre was experiencing some staffing challenges. According to the centre's statement of purpose, there was to be three night staff on duty but when the inspector arrived at the centre there was only two staff members present. Since the January 2024 inspection there had been some changes in the staff team and it was highlighted that this impacted the familiarity of staff with residents. It was acknowledged that some of these changes had been in response to the communication and interactions issues previously highlighted during the January 2024 inspection.

Judgment: Substantially compliant

Regulation 21: Records

Under this regulation the provider is required to maintain specific documentation relating to all staff working the centre including agency staff. Documentation relating to agency staff working in this centre was made available for the inspector to review. A sample of files reviewed indicated that most of the required documentation was on file such as qualifications/training completed and evidence of Garda Síochána (police) vetting. However, some required documentation were not present such as written references and photo identification for some staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The findings of this inspection along with the notifications received in the time leading up to this inspection raised concerns around the overall governance and oversight arrangements for this centre. Such concerns included the following;

- Given the nature of the service provided and the identified issues in the centre, there was not a sufficient management presence in the centre.
- The regulatory actions identified on this inspection, particularly in the areas of safeguarding and notifications, did not provide assurance there was effective monitoring and oversight of the centre by the provider.
- The allegations that had been raised by staff of this centre in February 2024

did not provide assurance that the provider had ensured that all staff were sufficiently supported and performance managed to exercise their responsibilities for the quality and safety of service they were delivering.

- Despite delayed reporting of concerns being expressly raised by a February 2022 inspection, the allegations that had been raised by staff of this centre in February 2024 did not provide assurance that the provider had ensured were staff adequately facilitated to raise concerns in a timely manner prior to the January 2024 inspection.
- It is important that regular audits are carried out to assess, evaluate and improve the provision of services in a systematic way in order to achieve better outcomes for residents. While there had been some audits done since the January 2024 inspection, in areas such as medicines management, safeguarding and cleaning, it was noted that an audit schedule for 2024 for the centre was not in place at the time of this inspection.
- While it was indicated that supervision was to be conducted every 8 weeks, the inspector was informed that the person in charge had not been supervised in 2024.

Judgment: Not compliant

Regulation 31: Notification of incidents

Under this regulation the Chief Inspector must be informed of specific events that happen in a designated centre within a specific time period. This is important to ensure that the Chief Inspector is aware of matters which could adversely impact the quality and safety of care and support received by residents. Amongst the events that must be notified are allegations of a safeguarding nature which must be notified within three working days. Despite, this area being expressly identified as area in need of improvement during the January 2024 inspection, the current inspection found that some incidents of a safeguarding nature between residents had not been notified in a timely manner. In addition, when reviewing specific records during this inspection, it was noted that some allegations raised by a staff member which were of a safeguarding nature had only been partially notified to the Chief Inspector in a February 2024 notification submitted.

Judgment: Not compliant

Quality and safety

The documentation reviewed during this inspection process around an April 2024 notification raised safeguarding concerns. Reported safeguarding incidents between residents had increased in recent months with various safeguarding plans in place as

a result. Staff knowledge varied around aspects of safeguarding.

While further regulatory engagement was planned with the provider following the January 2024 inspection, the current inspection had been triggered by a notification of concern submitted earlier in April 2024. The notification submitted detailed allegations that raised significant concerns around how a resident had been supported along with the timeliness of reporting and immediate protective measures implemented. Additional information about this had been requested before the inspection and incidents reports related to this matter were reviewed during this inspection. An additional record reviewed during this inspection raised further concerns around the immediate protective measures implemented after the allegations were raised. Following the inspection correspondence was received indicating that the allegations raised was still being investigated and that further information was needed as part of these. While this was acknowledged, the Chief Inspector continued to need further assurance around this matter.

Aside from the April 2024 notification, as highlighted earlier in in this report, there had been a notable increase in safeguarding notifications received for this centre since the January 2024 inspection. The majority of these involved interactions between peers. While some of these involved the presentation of one resident that were indicated as not adversely impacting other residents, others involved one resident being bitten or being hit by another. The majority of such incidents had been processed through the provider's safeguarding systems but during the inspection some incidents were identified which did not appear to have been processed as safeguarding concerns. This was queried with the PIC who indicated that this contributed to by server issues at the time that one incident occurred. For the incidents that had been processed appropriately, it was seen that safeguarding plans were in place outlining measures to prevent similar instances from happening.

Such measures included staff supervision of certain residents which was seen to be in place during this inspection while, from reviewing some daily notes, staff had on occasion prevented such incidents from happening. Other measures outlined in some safeguarding plans included updating residents' positive behaviour support plans and providing training to staff by the week of 2 April 2024. While updated positive behaviour support plans for residents were made available on the day of this inspection, staff had yet to undergone training in this area. The PIC highlighted that delivering this training had been delayed by staff challenges but that training due to be delivered soon after the inspection. A further measure outlined in some safeguarding plans related to converting available space into a sensory room. This was related to completing works in the centre's external garage that under consideration as referenced earlier in this report. At the time of this inspection it was not known if such works would proceed.

A notable measure outlined in some safeguarding plans was ensuring that all staff knew about these plans. However, while some staff spoken with during this inspection did demonstrate an awareness of safeguarding concerns in the centre involving resident interactions, other staff members' knowledge varied in this area. For example, one staff member said that there was "one or two" active safeguarding plans but from the documents reviewed during this inspection there was at least 17

active safeguarding plans. Knowledge of staff also varied around safeguarding generally. Such staff did demonstrate reasonable knowledge about some of the different types of abuse, such as physical, psychological and financial, but no staff referenced potential abuse types such as neglect or institutional abuse. Staff knowledge around who safeguarding concerns could be reported was reasonably good although two staff did suggest that safeguarding concerns could be reported to the complaints manager in addition to others.

Regulation 27: Protection against infection

Previous inspections had raised concerns around the cleanliness of this centre. On the day of this inspection the centre appeared cleaner while cleaning was also seen being done by a staff member. New cleaning schedules and records had also been introduced but the inspector did note some gaps in such records in recent times.

During the inspection it was also observed at one point that a staff member had worn latex gloves while helping a resident take a shower continued to wear these for a period after the resident had finished their shower. As a result this staff member was seen touching some communal surfaces in the centre while wearing the gloves they had on for personal care. This was not in keeping with appropriate infection prevention and control practices.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This regulation was not reviewed in full but during the inspection it was observed that the centre had fire doors. Such fire doors are intended to prevent the spread of fire and smoke while also providing for a protected evacuation route in the event of a fire. At various points during the inspection the door to the staff office was seen to be held open by a rope while the door between the kitchen-dining room and the centre's utility room was briefly held open by a chair. As these doors were fire doors, keeping these open in this way prevented them from operating as intended.

Judgment: Substantially compliant

Regulation 8: Protection

Taking into account the number and nature of reported incidents since the January 2024 inspection, assurances were not provided that all residents were protected

from all forms of abuse. Particular concerns were identified in the following areas;

- There has been a high number of incidents involving interactions between residents which were of a safeguarding nature since the January 2024 inspection.
- Not all incidents of safeguarding nature involving residents had been appropriately processed as safeguarding concerns at the time of this inspection.
- An April 2024 notification and the available information and documents reviewed as part of this inspection raised significant concerns around how a resident had been supported along with the timeliness of reporting and immediate protective measures implemented.
- While various safeguarding plans were in place, the findings of this inspections indicated that not all outlined measures were been implemented in an effective and timely manner. For example, not all staff were aware of the safeguarding plans in place.
- Although records provided indicated that staff had completed safeguarding training and training had also been delivered since the January 2024 inspection, during the current inspection it was found that staff knowledge around safeguarding varied. For example, no staff referenced neglect or institutional abuse as potential forms of abuse while some staff suggested safeguarding concerns could be reported to the complaints officer. This indicated that further safeguarding training was needed.

Judgment: Not compliant

Regulation 9: Residents' rights

While respectful interactions were seen between staff and residents, during the initial stages of inspection some instances were observed where the privacy and dignity of residents could be better promoted. These were;

- A handover meeting where all residents living in this centre were discussed was held in presence of or within earshot of two residents.
- Multiple occasions were observed where part of a resident's clothing could have been adjusted to better promote their dignity.
- A resident was briefly observed to be undressed in a communal hall while a staff member supported the resident to go from their bedroom to the centre's shower room. Given the needs and preferences of the resident, a sign was on display in the resident's bedroom to remind staff to encourage the resident to wear a gown in such scenarios while a gown was to be hung on the back of the bedroom door. The resident was not heard to be encouraged to wear this gown at this particular time and when later viewing this resident's bedroom it was seen that the gown was not hanging up on the back of the door.

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	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Blossomville OSV-0001822

Inspection ID: MON-0043374

Date of inspection: 16/04/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider wishes to assure the Chief Inspector that it will conduct a planned review of the service in Blossomville regarding the staffing levels at night time. Following this review, the Statement of Purpose will be amended based on the evidence of the review. This will be completed by June 14th 2024.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Person in Charge will ensure that all agency staff files have in place the required documentation including written references and photo ID. Furthermore, the Provider wishes to assure the Chief Inspector that it is in the process of further enhancing its audit of both staff and agency files to ensure all the required documentation is insitu. In addition, this audit will form part of the Provider’s Key Process Indicators (KPI’s)	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider can confirm that it has recently recruited a new Person in Charge who is	

currently going through the onboarding process. The new Person in Charge will be at the Blossomville designated centre on a full time basis until such time as both the centre's compliance levels and culture have improved and are sustained.

Furthermore, to improve the Providers oversight and governance of its designated centre's it will implement the following actions:

- More regular external medication audits carried out by its SAMs instructor. The actions identified from these audits will be completed by the Person in Charge and monitored by the Area Manager. In addition, these audit's findings and trends of medication safety will be reviewed and discussed at the Provider's Medication Review Group which is chaired by the Quality & Risk Manager. Where gaps of non-compliance remain, the Medication Review Group will ensure resources are put in place to ensure compliance is achieved. The Medication Review group will report into the Provider's Quality & Risk Committee.
- Regular Safeguarding audits conducted by the Designated Officer. Audit findings will be addressed by the Person in Charge and monitored by the Area Manager. Furthermore, safeguarding audit trends will be an agenda item at the weekly Safeguarding committee meeting. The safeguarding committee will where possible address any safeguarding concerns and/or will escalate to the Quality & Risk committee.
- Implement an audit schedule to monitor levels of compliance with the National Standards in the registered centres. The oversight of this audit schedule will be with the Quality & Risk Committee to ensure learnings are communicated and sustained. While the main purpose of the audit schedule is to monitor compliance with the regulations, it will also serve as an educational tool for staff across its registered centres. Actions arising from these audits will be tracked and monitored by the Area Manager and the Quality & Risk Manager with the latter being the link between the audit group and the Quality & Risk committee. The person in charge will be responsible for ensuring that actions are closed out in a timely manner. These audits will be unannounced and conducted together by a Person in Charge, an Area Manager and the Quality & Risk Manager. The audit schedule will have commenced by June 21st 2024 and will be scheduled monthly thereafter.

Despite safeguarding audits and refresher training being completed in the Blossomville designated centre, unfortunately the safeguarding knowledge base of some staff is not at the required level. To that end, the Provider now has assigned its Designated Officer to solely focus on the following:

- Safeguarding audits
- Reviews of Safeguarding plans
- Attending Designated Centre team meetings
- Safeguarding vulnerable Adult Training
- Conducting unannounced visits

The Principal Social Worker will also support the Designated Officer with the above.

To ensure that the centre's staff are sufficiently supported and performance managed, the Person in Charge will ensure that staff receive regular supervision and the necessary additional refresher training where required. The Provider can confirm that the centres staff are currently receiving training on Positive Behaviour Support Plans which is being provider by the Principal Psychologist.

The person in Charge wishes to confirm that the designated centre does have an audit schedule in place. The schedule covers topics such as:

- Care plans
- Safeguarding
- Complaints
- Infection Prevention and Control
- Cleaning
- Pharmacy
- Staff files
- Medication/Kardex
- Health & Safety
- Restrictive Practice thematic
- Finance

The Person in Charge can confirm that the following audits have been completed so far in 2024:

- Medication/Kardex on 01/02/2024
- Cleaning audit on 02/02/2024 and 07/05/2024
- IPC on 29/03/2024
- Satisfaction surveys in January 2024
- Health & Safety on 24/04/2024
- Restrictive Practice thematic on 08/05/2024
- Complaints on 03/05/2024
- Safeguarding on 05/05/2024

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The Provider wishes to confirm that an update pertaining to a notification was submitted to the Chief Inspector on the 1/03/2024. The Provider can further confirm that Terms of References are currently being drafted up for the investigative process to commence. Additional updates will be provided to the Chief Inspector once available.

The Provider can confirm that a retrospective Notification has been made to the Chief Inspector regarding incident relating to 6th of April 2024.

The Provider also wishes to acknowledge and apologise for the omission that was noted on the notification identified during the inspection .The Person in Charge will ensure that all future notifications will contain all the relevant pieces of information prior to submission to the Chief Inspector.

For further oversight and to ensure accurate reporting of incidents to the Chief Inspector, the Provider will implement a process whereby the Person in Charge and or designee in

the Designated centre will twice weekly check the resident daily records for any incidents which require reporting to the Chief Inspector and on the Provider's own incident management system. The provider will ensure that all relevant staff receive the necessary training to implement this. The training will be completed by June 7th 2024.

As indicated under regulation 23, the Provider wishes to confirm to the Chief Inspector that to improve the safeguarding knowledge base of staff it has assigned its Designated Officer to solely focus on the following:

- Safeguarding audits
- Reviews of Safeguarding plans
- Attending Designated Centre team meetings
- Safeguarding vulnerable Adult Training
- Conducting unannounced visits

The Principal Social Worker will also support the Designated Officer with the above.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The person in charge can confirm that this issue was addressed on the day of inspection with the staff members involved. To prevent reoccurrence, the Person in Charge wishes to assure the Chief Inspector that good Infection Prevention Control practices will be reiterated to staff as part of team meeting and will thereafter be monitored by the Person in Charge. This will be completed by May 17th 2024.

In addition the Person in Charge wishes to confirm that unannounced spot checks of cleaning schedules is conducted weekly by the Person in Charge.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The Person in Charge wishes to assure the Chief Inspector that all fire doors in the designated centre have been checked and confirmed as unobstructed, going forward this will be monitored regularly by the Person in Charge. In addition, as part of the centre's team meetings the Person In charge will reiterate to staff that all fire doors must remain unobstructed at all times and forms part of the centre's daily health & safety checks . Furthermore, the rope referenced in this inspection has since been removed.

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: To come into compliance with Regulation 8 and ensure staff are aware and up to date with the centre's safeguarding plans, the centre's handover process now includes a section on Safeguarding and Incidents. Safeguarding is also an agenda item for house meetings.</p> <p>As already outlined under regulation 23, the Provider now has assigned its Designated Officer to solely focus on the following:</p> <ul style="list-style-type: none"> • Safeguarding audits • Reviews of Safeguarding plans • Attending Designated Centre team meetings • Safeguarding vulnerable Adult Training • Conducting unannounced visits • The Principal Social Worker will also support the Designated Officer with the above. <p>The Provider can confirm that since the April 16th Inspection, Staff training on Positive behaviour support plans was conducted by Principal psychologist, Designated Officer and Quality and Risk Manager to further enhance staff's understanding, with training also addressing the importance of staff being familiar with each residents safeguarding plans to enrich staff knowledge.</p> <p>The Provider can confirm that all incidents of a safeguarding nature involving residents have been appropriately processed and notified to the Chief Inspector.</p> <p>The Designated Officer has been made aware of the short comings identified during the inspection on the 16th of April,. Although the Provider's safeguarding training already has a detailed section on all types of abuse including signs, symptoms and examples, the Safeguarding audits will now involve each staff being questioned on the different forms of abuse so that both the staff themselves and the Designated Officer is fully aware of any remaining knowledge gaps which in turn can be addressed during the audits.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Person in Charge can confirm that since the inspection on April 16th the handover is now taking place in the centre's office in which Residents privacy is maintained. The Person in Charge will ensure that the centre's staff are made aware to always be vigilant of maintaining Residents dignity, e.g, adjusting clothing when required. This will be addressed with staff through team meetings.</p> <p>Regarding the use of a gown for one of the Residents, the Person in Charge wishes to</p>	

assure the Chief Inspector that this concern was addressed with staff on the day of the inspection. The Person in Charge will monitor and have oversight of same to help prevent reoccurrence.

The Person in Charge has also reminded staff of the importance of promoting dignity and respect and the use of the visual in Resident room.

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.	Substantially Compliant	Yellow	14/06/2024
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	21/06/2024
Regulation 23(1)(c)	The registered provider shall ensure that management	Not Compliant	Orange	21/06/2024

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and 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.	Not Compliant	Orange	21/06/2024
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	21/06/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	17/05/2024

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/05/2024
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	07/06/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	01/07/2024
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention,	Not Compliant	Orange	01/07/2024

	detection and response to abuse.			
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	17/05/2024