



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

Issued by the Chief Inspector

Name of designated centre:	16 Sion Hill Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0002094
Fieldwork ID:	MON-0034176

About the designated centre

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

This community based designated centre provides a residential service for vision impaired young people, aged from 18 to 23 years, both male and female. This includes young people who are vision impaired with additional disabilities. The primary and main aim of a residential placement in the centre is to facilitate access to appropriate education provision. Therefore, any circumstance in which a young adult is accommodated will be because they are pursuing educational arrangements usually associated with a younger demographic, that is attending second level education. The centre provides social care and support consistent with maximising the young person's educational attainment and holistic development. The centre is open from Sunday to Friday afternoon during term time, September - June. The centre is located in a mature residential area, close to amenities and public transport. The premises consists of two storeys and has four bedrooms for residents, one of which is a shared bedroom for two people. Three of these bedrooms have an en suite facility. A very large bathroom with a separate laundry area and a separate downstairs toilet facility are also available. There is a number of communal areas including a kitchen, sitting and dining room. Residents have access to a garden at the rear and side of the premises. The centre has capacity for five residents. Support is provided over the 24 hour period by a team of staff which includes social care workers and the person in charge. This includes the availability of two staff each night on a sleepover shift.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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 5 October 2021	9:00 am to 4:05 pm	Erin Clarke	Lead

What residents told us and what inspectors observed

As determined in the centre's statement of purpose and mission statement, the primary and main aim of a residential placement in this centre for visually impaired young people, is to facilitate access to appropriate education provision. Therefore, all residents residing in this centre attend a linked school and, for the purposes of clarity, will be referred to as students throughout this report.

The centre had closed in March 2020 in line with school closures as a result of the COVID-19 pandemic and reopened in September 2020 on a phased basis. The centre, which had been registered for five students, implemented a 'pod system' so two students could avail of residential services at any one time for a period of two to three nights. After the summer school holidays, the service had resumed in September 2021 and had expanded its remit in line with the lifting of restrictions so four students could return to the service Sunday to Friday.

On arrival at the centre, the inspector had the opportunity to meet and briefly engage with two students. The students were engaged in their morning routines before leaving to attend school. After an initial discussion with the person in charge, the inspector used this time to meet with staff. Staff spoken with were knowledgeable regarding care and support needs and could clearly convey the necessary supports for the students. The inspector observed that students were appropriately supported and treated in a respectful manner. The inspector did observe that some improvements were needed in the areas of staff training and supervision which is detailed later in the report. However, this did not appear to impact the students' positive experience of being in the designated centre.

It was seen by the inspector that the premises of the designated centre overall, was presented in a very well maintained, well-furnished, homely and clean manner. Sufficient communal space was available within the centre given its size and the number of students staying there while, from seeing two students' bedrooms, there was sufficient facilities available for students to store their personal belongings. The inspector noticed there was an uncluttered environment to enable students to navigate freely around their home. Tactile markers were used in the kitchen and laundry room to let students know where things were located and when to use caution. A laundry area had been installed in an upstairs bathroom to improve the kitchen layout for students and reduce noise levels. The inspector identified that additional fire safety measures were required in this area, along with some other fire containment measures within the house.

One area of the garden had been developed since the previous inspection. An outdoor seating area had been created, and the ground had been levelled for ease of access. The steps to the front and back of the house had yellow-painted rails and step edges to reflect the change in surface level. The person in charge explained that further works were planned to the back of the garden to improve the

accessibility for students.

In addition to meeting students and staff along with observing their interactions during this inspection, the inspector also reviewed documentation relating to the centre overall and individual students. On review of the centre's annual review consultation process, the inspector noted that the students' families' feedback was positive. Families were complimentary of the care and support staff provided to their family members. In addition, families were happy about the support their family members received remotely during the health pandemic restrictions. In particular, the creative ways staff stayed in touch with the students, using technology to stay connected and sending out individually tailored care packages in the post. Families said staff were "very approachable" and "went beyond the call of duty during lockdown".

While the annual review did not capture the views of the students, interviews were carried with students during the provider's six-month unannounced visits. A representative of the provider met with two students during the last visit in April 2021 to seek their views of the centre. One student said that the staff were very kind and helpful and when things are not going well, they talk them through everything and explain things to them. The student said they enjoyed being in the house and found lockdown difficult as they missed being with their friends. Another student also provided positive feedback stating they had "good friendships with all students" and found staff very supportive.

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

Capacity and capability

Previous inspections of this centre has always found high levels of compliance with the regulations. The Health Information Quality Authority (HIQA) had last inspected this designated centre in September 2019 for a restrictive practice thematic inspection where the centre was found compliant. Given the length of time since the previous inspection, the purpose of this inspection was to assess the levels of compliance since the service had reopened to students. This inspection found that the provider had ensured that the centre had adequate staffing levels and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. However, in relation to the governance and management systems in place to monitor the safe delivery of care and support to students, a review of local governance and management systems in place was needed to ensure appropriate oversight of the designated centre at all times.

The inspector found that, for the most part, there were satisfactory governance and management systems in place, which enabled service delivery to be safe and of

good quality. The service had a management structure in place which was responsive to students assessed needs and feedback. There was a clearly defined management structure in place that consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported by a team of social care workers and the director of social care.

The director of care completed a detailed annual report for 2020 of the quality and safety of care and support in the designated centre, which was made available to students and their families. All families had been consulted during this process; some improvement was required to ensure students were also part of this process. A six-monthly unannounced review of the centre's quality and safety of care and support had last been carried out in April 2021. The inspector noted improvement was needed in the local monitoring systems as there was no audit schedule in place and the audits completed were limited in frequency and scope. For example, the last medicines audit was completed in June 2019. The inspector found that there was an absence of administration hours allocated to the person in charge to ensure the effective operational management and administration of the centre. Furthermore, improvements were required to ensure that the registered provider had effective arrangements in place to provide the person in charge with supervision.

The social care leader was appointed as person in charge in 2017, having worked in the organisation for a number of years. They worked full time in the centre and had the required qualifications, skills and experience to manage the centre. They were knowledgeable about students' care and support needs and motivated to ensure students were happy, safe, and engaging in activities in line with their wishes and preferences.

The person in charge also oversaw the staff team that was in place in the designated centre to support students. Under the regulations, staffing must be in accordance with the staffing arrangements outlined in the centre's statement of purpose. Based on the findings of this inspection, the inspector was satisfied that the provider was discharging these requirements. The inspector noted that the current staffing levels were slightly below what the statement of purpose provided for, but the person in charge explained an error was made with the statement of purpose, and an updated version would be submitted. It was seen that throughout this inspection, staff members present engaged appropriately and respectfully with students. From the staff rosters that were being maintained in the centre, it was noted that there was a core staff team in place to support students, which promoted a consistency of care and familiarity with the students.

The inspector reviewed training records relating to staff members and noted training in various areas was generally provided to all staff members who worked in the centre. However, it was noted that all staff had not completed mandatory training, particularly the practical elements of manual handling, fire safety, and managing behaviours of concerns. This was highlighted as an area for improvement as part of the provider's annual review due to difficulties securing external face-to-face training due to the pandemic and was actioned by the director of care through the provider's risk register.

Regulation 14: Persons in charge

The person in charge was found to be employed in a full-time capacity and met the requirements outlined in regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff in place to meet the assessed needs of students; staff had the necessary skills and experience to support students and provide high quality, person-centred care. The inspector found that the culture and ethos of the organisation was embodied by the staff team, who clearly recognised their roles as advocates and to created a supportive environment for students. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A core team of staff was employed in this centre, and where relief staff were required, the same relief staff familiar to the residents were employed.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided in areas including manual handling, first aid, fire safety, safeguarding, and behavioural management. The person in charge regularly reviewed training needs, and additional training was scheduled when necessary. Restrictions in place due to COVID-19 had delayed some of the centres scheduled training days and the services access to external training providers. And as a result, some staff members' training elements in manual handling, fire safety and behavioural management were identified as not complete on the day of inspection.

While the person in charge was present in the centre on a full-time basis and very accessible to staff, formal one to one staff supervision was not taking place every six weeks, in line with the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that for the most part, there was satisfactory governance and management systems in place which enabled service delivery to be safe and of good quality. For example, the provider had ensured that an annual review of the quality and safety of care and support had been completed. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these. The annual review of the designated centre was provided to students in an accessible version, should they wish to read it.

However, while the current local monitoring systems in place endeavoured to achieve positive outcomes for residents, to ensure appropriate oversight of the designated centre at all times, a review of the person in charge's responsibilities was needed. The inspector found that administration hours allocated to the person in charge required review to fully ensure the operational management and administration of the centre resulted in safe, good quality and effective service delivery for students. Furthermore, improvements were required to ensure that the registered provider had effective arrangements in place to provide the person in charge with supervision. Also, the inspector noted improvement was needed in the local monitoring systems as there was no audit schedule in place and the audits completed were limited in frequency and scope. For example, the last medicines audit was completed in June 2019 and the last quarterly analysis of incidents was March 2020.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of contracts for the provision of services which were noted to include all of the required information such as details of the fees to be paid. It was noted though that one contract had not been updated to reflect a student's admission to this designated centre from another centre operated by the same provider.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the regulations. The statement of purpose consisted of a statement of aims and objectives of the service and a statement as to the facilities and services which were to be provided to the students. It accurately described the service that will be

provided

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the house as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the students' well-being and welfare were maintained by a good standard of care and support. It was evident that the person in charge and staff were aware of students' needs and knowledgeable in the person-centred care practices required to meet those needs. The inspector observed that each student's educational and personal development was central to service provision. However, some quality improvement was required concerning areas such as infection prevention and control, fire safety and personal plans.

All students attended an education or vocational training programme based on the service's main campus. Therefore, skill attainment and facilitating the students to achieve their optimal independence was prioritised. For example, students were learning and developing skills to travel independently and manage their own finances. From viewing a small sample of files, the inspector saw that the students were also being supported to achieve personal and social goals and maintain links with their families and community.

The inspector reviewed a sample of students' personal plans and saw that they included an assessment of each student's health and personal and social care needs. Overall, arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance with their wishes, individual needs and choices. Students, and where appropriate, their family members, were consulted in the planning and review process of their personal plans. The inspector found gaps within the documentation, such as the specific healthcare requirements. However, these gaps were not found to result in a medium or high risk for residents as the staff on duty demonstrated good knowledge of the relevant care needs.

There were precautions in place to mitigate the risk of a COVID-19 outbreak in the centre. For example, personal protective equipment was available in the house and used according to national guidelines as observed by the inspector. Staff had

undergone training in infection, prevention and control (IPC), and students were provided with training about social distancing and cough etiquette. During the walkabout of the house, the inspector saw there were hand sanitising gels readily available in the house, and there were adequate handwashing facilities. In addition, the use of the one shared bedroom in the house had ceased for the duration of the pandemic. However, an updated COVID-19 contingency plan was not available on the day of inspection and policies relating to IPC and COVID-19 had not been updated in some time in line with national guidance.

The inspector noted that effective and collaborative systems were in place to manage and mitigate risk and support students' safety in the service. For example, assessing risk was a shared effort among the staff team in frequent brainstorming sessions to identify potential risks and identify what positive risk-taking could safely promote students' independence. For example, students at risk with regard to independent travelling were provided with orientation and mobility training to promote their overall safety, welfare and independence. Also, risks associated with skills development such as cooking were mitigated by ensuring adequate tasks analysis.

The house had a fire safety system in place that included fire alarms, emergency lighting and fire extinguishers. Such fire safety systems were being serviced regularly by external contractors to ensure that they were in proper working order. Fire drills were also being carried out at regular intervals to ensure that students, in as far as possible, knew what to do if an evacuation was required. In addition, guidance on supporting students' to evacuate was contained within personal emergency evacuation plans. However, it was found on this inspection that appropriate fire containment measures were not present in all areas of the house. Such measures include the provision of fire doors and are important in preventing the spread of fire and smoke while also providing a safe evacuation route as required. In some areas where fire doors were present, the inspector did observe that some of these doors required review to ensure that they were operating as intended.

There were systems in place to safeguard students. At the time of inspection there were no active safeguarding plans at the time of inspection. Staff had received mandatory training in safeguarding vulnerable adults with refresher training also provided. Staff spoken with demonstrated a good understanding of safeguarding procedures and policies.

Regulation 10: Communication

The registered provider had ensured that students were supported to communicate in accordance with their needs and wishes. A number of strategies were used, including braille and audio. Students also had access to technology such as smartphones, emails and screenreaders and voice activation devices.

Judgment: Compliant

Regulation 13: General welfare and development

All students attend a campus-based lifelong learning programme inclusive of a number of internal and external work placements. Three enterprises are offered in the lifelong learning programme, soap making, horticulture and shredding. The inspector observed from the students plans that they enjoyed leaning these skills. There was a strong focus on activities of daily living (ADL's) so these could transfer with the students when they left the service such as planning and organising, cooking, financial budgeting and household management.

Judgment: Compliant

Regulation 17: Premises

The premises were found to be clean and well maintained. Residents had access to private and communal space to meet their needs and space to store their personal items.

Judgment: Compliant

Regulation 20: Information for residents

The students' guide had recently been reviewed to ensure it contained all of the required information. Students had been involved in the reviewing of this document, and a braille format was available. It included a summary of the services and facilities provided to students, the terms and conditions of residency, arrangements for student involvement in the running of the centre, how to access inspection reports in the centre, the procedure respecting complaints and arrangements for visits.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that students received appropriate support, based on their needs, as they transitioned out of residential services. For example, based on documentation reviewed, one student was particularly appreciative of a structured independence programme that enabled them to spend time on their own in the house as well as shopping, budgeting and cooking for themselves. This programme was part of a transition programme for the student, preparatory to their transition from the service in June 2020.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register was also contained assessments relating to individual residents. Such risk assessments were noted to have been recently reviewed while staff present in the centre demonstrated a good understanding of any risks present in the centre. There was culture of promoting independence and positive risk taking. Current risks for students had a good level of detail rationalising the risk scores regarding potential frequency and impact of the risk consequence.

There was a system in place in response to adverse incidents, including reporting and recording of incidents. On review of incidents occurring in the centre, there was a low level of adverse events occurring.

Judgment: Compliant

Regulation 27: Protection against infection

Systems were also in place to mitigate the risk of infection. For example, personal protective equipment was available in the house and used according to national guidelines as observed by the inspector. Staff had undergone training in infection control, and students were provided with training about social distancing and cough etiquette. During the walkabout of the house, the inspector saw there were hand sanitising gels readily available in the house, and there were adequate handwashing facilities. Temperature checks were carried out twice daily on students and staff and logged. However, updated health protection surveillance centre (HPSC) guidance was not available in the centre to guide practice. For example, the latest visiting guidance in the centre was from September 2020, when visiting recommendations

were limited. The cleaning policy was dated August 2020 and did not align with the current cleaning schedule in place in the centre. In addition, the Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment tool for COVID-19 had not been updated within the required timelines. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support students and staff to manage the service in the event of an outbreak of COVID-19.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, there was suitable fire equipment provided and serviced when required. However, some fire doors were not functioning effectively, and there was an absence of a fire door in a high-risk area, which impacted the efficiency of the containment measures in the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All students had personal plans which informed by relevant assessments and were subject to multidisciplinary review. Students and their families were involved in the development and review of personal plans through a process of person-centred planning. Each student had a multi-disciplinary assessment prior to admission to the house, which, where relevant, included an assessment in functional vision, technical skills functioning, orientation and mobility, medical, assistive technology, speech and language and occupational therapy. Information was made available to students in various forms including braille and audio. Students had a range of goals, both long term and short term, under the following headings.

- life skills
- educational/ cognitive and language development
- social and recreational
- medical and health
- personal development
- planning for the future

Each student had a 'link person' where they completed keyworking sessions on a monthly basis to review progress towards their goals. However, some gaps were identified in the documentation; for example, for one student, their last documented goals were in 2018. Also, some care needs identified through the assessment process did not have corresponding care plans to ensure they effectively guided

staff support.

Judgment: Substantially compliant

Regulation 6: Health care

Due to the nature of the service being provided, the student's healthcare needs were primarily provided for by their families and GPs from their own localities. However, access to a GP service could be provided in the event of an emergency. In addition, students and staff had advice and support from qualified nurses through an on-call system.

Judgment: Compliant

Regulation 8: Protection

There were no active safeguarding concerns in the centre and the provider had systems in place which promoted the safety of students, this included ensuring that staff had received appropriate training. The services of a designated safeguarding officer was available to support students and staff if required. Staff also knew the types of abuse and response requirements to safeguarding concerns.

From speaking with staff, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue or concern to the person in charge if they had to.

Judgment: Compliant

Regulation 9: Residents' rights

Students rights were respected in the centre, with students having choice and control in their daily lives. Students were supported to make choices and decisions with regard to activities and personal goals. The inspector observed communication and interactions between staff and students and found it to be caring and respectful at all times

Key working sessions and student meetings were used as platforms to discuss students rights and advocacy regularly. For example, one student was supported to contact the council regarding their concerns of accessibility issues in the local area and obstructed pathways.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for 16 Sion Hill Road OSV-0002094

Inspection ID: MON-0034176

Date of inspection: 05/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All of the training deficits identified during the inspection have been addressed. In respect of the formal supervision of team members, the PIC has now drawn up a schedule to ensure that individual supervision of a formal type will take place at least every six weeks and more frequently if the PIC determines this to be necessary, this schedule being already operational.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: In respect of ring fencing administration time for PICs the Provider is reviewing this proactively on an organisational basis. As part of this review the supervision arrangements for PICs as arranged by the Provider are also being re-examined, the purpose being to ensure that the supervision model already in place is being used mutually to best effect. This review is scheduled to be completed by the 31st January 2022. As to the matter of medication audits a complete audit occurred on the 12th October 2021, this addressing the specific deficit identified in the inspection. As to the matter of audits generally the six monthly un-announced inspections will in future have a specific focus on the range of audits required, the in-house template having been adjusted to reflect this.	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The oversight identified in respect of one contract for the provision of services having not been updated following the resident's transfer from another house operated by the same Provider to the house in question has now been rectified.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The cleaning schedule and visitor's policy in the house and the organisational policy have now been aligned while also ensuring that changing advice in the form of official guidance from outside agencies, such as the HPSC and HIQA remains central to any adjustments deemed necessary in the future. For instance, the HIQA preparedness and contingency planning self-assessment tool has now been updated and staff have become familiar with the updated HPSC guidance.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A review of the functioning of a number of fire doors is scheduled to be provided by an external company on the 5th and 6th of January 2022, this being a period prior to the students return to the house following their Christmas holidays. In respect of the absence of a fire door in an area identified as high risk a suitable fire door will be fitted, subject to availability, at the earliest possible opportunity and no later than 31st January 2022. In the interval a fire detection device will be installed in the room concerned during the week commencing the 3rd of January 2022.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Each of the deficits identified by the inspector in relation to personal plans have now been addressed.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	04/01/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	04/01/2022
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.	Substantially Compliant	Yellow	31/01/2022
Regulation	The registered	Substantially	Yellow	31/01/2022

23(1)(e)	provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Compliant		
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.	Substantially Compliant	Yellow	04/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	04/01/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/01/2022

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).	Substantially Compliant	Yellow	04/01/2022
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