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:	Glenealy
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	13 October 2022
Centre ID:	OSV-0002385
Fieldwork ID:	MON-0029070

About the designated centre

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

Glenealy is a designated centre operated by St. Michael's House. The centre comprises a campus based seven bed-roomed bungalow located within the main St Michael's House complex in North Dublin. It is within walking distance of lots of local amenities which residents frequently use. The centre provides full-time residential care for seven residents. Residents are both male and female and over the age of 18 years with physical and intellectual disabilities with co-existing mental health concerns. It is a fully wheelchair accessible house. Residents present with a range of complex needs which were assessed on an individual basis. There is a small patio area to the rear of the centre for residents to use as they wish. Care and support is provided in the centre by a person in charge, deputy manager, registered staff nurses, social care workers and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Thursday 13 October 2022	10:00hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This inspection was a registration renewal inspection and was announced. On the day of the inspection, the inspector was provided with the opportunity to meet six of the seven residents living in the centre. Some residents communicated verbally and other residents used other methods of communication. The inspector spoke with the person in charge, staff, and residents (with staff support), and a family member (via telephone conversation). A review of documentation and observations, throughout the course of the inspection, were also used to inform a judgment on residents' experience of living in the centre.

On the day of the inspection, a number of the residents were supported to attend their day service in the community. Post COVID-19 restrictions, residents were supported to return to their day service. While not all residents' day services had returned to full-time, most had returned to delivering a three or four day service. However, due to the current transport arrangements in place in the centre, not all residents were provided with the choice of attending their day service on all of the days that the service was available to them. This is discussed further in the next two sections of the report.

One resident was provided their day service on site which was in line with the their assessed needs. The inspector observed the resident enjoying a foot spa in the morning and listening to music in the afternoon. By later afternoon most of the residents had returned from their day service and the inspector observed them relaxing in the sitting room and later enjoying their supper in the dining room. Residents received support with feeding, eating and drinking which was observed to be in accordance with their support plans.

Overall, the inspector observed that residents appeared content and relaxed in their environment and in the company of staff. There was an atmosphere of friendliness in the centre and the person in charge and staff were kind and respectful towards residents through positive, mindful and caring interactions. On observing residents interacting and engaging with staff, it was obvious that staff could interpret what was being communicated to them by the residents. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident. On briefly speaking with staff throughout the day, the inspector found that they were familiar with the residents' different personalities and were mindful of each resident's uniqueness and different abilities.

The designed centre consisted of a bungalow with seven bedrooms. There was a large living area and a separate dining area which was connected to a kitchen. There were three bathrooms with bathing facilities (two of which were en-suite). Overall, since the last inspection there had been a number of upkeep and decorative repairs completed. On the day of the inspection, the inspector observed the premises to be freshly painted in many areas. The inspector observed the centre to

be clean and tidy and overall, in good decorative and structural repair. However, during the walk-around of the centre, the inspector observed that further upkeep and repair work was needed to some areas of the house and to some of the equipment, fixtures and fittings. Some of the repair work impacted on the infection prevention and control measures in the place in the centre. This meant that the centre was not, at all times, conducive to a safe and hygienic environment. In addition, the disrepair meant that not all surfaces could be effectively cleaned, which in turn, posed a potential risk of the spread of infection to residents and staff.

The inspector spoke with a family member over the telephone. They informed the inspector that they were happy with the service provided to their family member. They spoke very positively about the care and support provided by the person in charge and the staff team. They said staff facilitated and supported their family member to go home two days a week. Where there were times that they were unable to collect their family member from the centre, staff had driven the resident to their home. They were happy with the levels of communication from staff regarding the care and support provided to their family member and in particular, of been kept informed about their family member where matters arose. They noted that they were aware of who to go to should they need to make a complaint and believed that if they did so, that it would be resolved quickly.

In summary, through speaking with management and through observations and a review of documentation, it was evident that the management team and staff were striving to ensure that residents lived in a supportive and caring environment.

The inspector found that, for the most part, there were systems in place to ensure residents were safe and in receipt of good quality care and support, however, some improvements were needed and these are discussed in the next two sections of the report which 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 resident living in the centre.

Capacity and capability

The registered provider and person in charge were striving to ensure that residents living in the designated centre were in receipt of a good quality and safe service. There was a clearly defined management structure in place. The service was led by a capable person in charge, supported by a person participating in management, who were knowledgeable about the support needs of the residents and this was demonstrated through good-quality care and support.

The inspector found that since the last inspection, a number of improvements had been made which resulted in positive outcomes for residents. However, due to current transport arrangements and staff vacancies, the provider was not ensuring, at all times, that all residents were provided with access to facilities for occupation

and recreation, in line with their assessed needs or with their wishes. In addition, due to inadequate fire containment equipment in one room, the provider was not ensuring adequate fire safety precautions were in place in all parts of the centre.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. The provider was endeavouring to ensure that the centre was adequately resourced however, on the day of the inspection there was a number of vacancies which were impacting on other areas of service delivery.

The inspector found that governance and management systems in place were monitored through ongoing auditing and oversight of its performance so that a quality assurance system was in place. The provider had completed an annual report of the quality and safety of care and support provided to residents living in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. In addition, six monthly unannounced reviews of the quality and safety of care and support provided to residents were taking place and there was a plan in place to address any concerns regarding the standard of care and support provided. Furthermore, there was a robust local auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. For example audits related to residents finances, health and safety, accidents and incidents, risk assessments, staff training, risk assessments, housekeeping and safety managements systems.

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge carried out a schedule of local audits throughout the year and followed up promptly on any actions arising from the audits. These audits assisted the person in charge in ensuring that the operational management and administration of centre resulted in safe and effective service delivery.

There were a number of staff vacancies in the designated centre. Relief and agency staff were employed to fill these vacancies alongside two other types of absences. While the provider was in the process of recruiting staff and had secured three new recruits, overall, the number of vacancies in the centre was impacting on the care and support provided to residents and in some circumstances, was impacting on access to their day service.

Notwithstanding the above, staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents. The inspector reviewed a sample of staff folders and found that they included all of the Schedule 2 regulatory requirements.

The education and training provided to staff enabled them to provide care that

reflected up to date, evidence-based practice. The training needs of staff were regularly monitored and addressed by the person in charge to ensure the delivery of quality, safe and effective services for the residents.

Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

The person in charge was familiar with the residents' needs and ensured that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

Judgment: Compliant

Regulation 15: Staffing

There was a high reliance on agency and relief staff on a weekly basis to cover staff vacancies. The person in charge was endeavouring to provide continuity of care by employing the same agency staff members to cover the vacancies as much as possible. However, due to the systems in place for accessing agency staff, this was not always possible.

In addition, and in light of the current transport arrangements in place, which required the centre's staff to drive most of the residents to community activities, appointments and day services, access to some residents' day services, was limited at times. The person in charge took into consideration the current transport arrangements when completing the staff roster. They endeavoured as much as

possible to include staff members who held appropriate licences on the roster on a daily basis. However, as this did not include most staff, and considering the number of staff vacancies, there were a number of days where residents could not be facilitated to access their day service as much as it was available to them.

Judgment: Not compliant

Regulation 16: Training and staff development

There was a training schedule in place for all staff working in the centre. The inspector found, that for the most part, staff had been provided with the organisation's mandatory training and that the majority of this training was up-to-date. (Please refer to Regulation 28 regarding Fire Safety training).

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available and was up to date with all the required information. A recent unannounced review of the support and care provided to residents in the centre highlighted some improvements needed to the directory of residents which had been followed up by the person in charge.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, there were satisfactory governance and management systems in place in the centre that ensured the service provided was safe and effectively monitored.

However, the systems in place did not ensure that the service was appropriately resourced to meet the residents' needs at all times.

For example, the provider had not ensured that the centre was adequately resourced. On the day of the inspection there were three staff vacancies, one of which included a clinical manager nurse grade II.

While the provider had completed a fire door survey in the designated centre and had identified containment issues in one part of the house, the timeliness to resolve this risk was not satisfactory.

Furthermore, a review of some of the local auditing systems in place was required. There were a number of fire safety issues observed on the day of the inspection which had not been identified on the weekly, daily or monthly in-house fire safety audit checks.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was available in the designated centre and contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that occurred in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. The person in charge had submitted notifications regarding adverse incidents within the required three working days as set out in the regulations and had ensured that quarterly and six-monthly notifications were submitted as required.

Judgment: Compliant

Quality and safety

The inspector found that overall, the residents' health and wellbeing was maintained by a good standard of evidence-based care and support. It was evident that the

person in charge and staff were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, improvements were needed to some of the systems in place that ensured residents' general welfare and wellbeing, at all times. In addition, improvements were needed to some of the containment measures in place to ensure the safety of residents should a fire break out. Overall, there were good infection prevention control measures in place in the centre to mitigate the risk of spread of infection however, due to required upkeep and repair, the effectiveness of all measures was not ensured at all times.

The inspector found that, for the most part, the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were satisfactory contingency arrangements in place for the centre during the current health pandemic. Policies and procedures and guidelines in place in the centre in relation to infection prevention and control clearly guided staff in preventing and minimising the occurrence of healthcare-associated infections. Overall, the inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the resident. The majority of the actions from the previous infection prevention and control inspection had been completed.

There were cleaning schedules in place and there was evidence to demonstrate that staff were adhering to the schedules. However, there were some areas of the house, including fixtures, furnishings and equipment, that required a deeper clean to ensure the centre was conducive to a safe and hygienic environment at all times. In addition, there were areas in the house that required repair and upkeep, which meant that, not all surfaces could be effectively cleaned, which in turn, posed a potential risk of the spread of infection to residents and staff.

Overall, the inspector found that a number of fire management systems in place in the centre required review to ensure the safety of residents at all times. While a number of staff had received training in fire prevention and emergency procedures, building layout and escape routes, training records demonstrated that some staff were due refresher training in this area.

In addition, not all doors in the centre, in high risk areas such as the laundry room, provided appropriate containment arrangements to prevent the spread of fire or smoke. Subsequent to the inspection, the provider advised that they had previously self-identified this risk and had put measures in place to reduce the risk until the replacement of the door at the end of the year.

Notwithstanding the above, the mobility and cognitive understanding residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. Overall, the fire equipment, such as emergency lighting and fire extinguishers and alarm were serviced at appropriate intervals however, an improvement was required to ensure that the fire extinguisher in the staff office was included in the annual equipment service.

Families played an important part in the residents' lives and the person in charge

and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis. Residents enjoyed activities such as swimming, drumming, going for walks and attending their local day service.

The person in charge was endeavouring to support residents develop and maintain personal relationships and links with the wider community in accordance with their wishes. All residents in the centre attended a day service. Most attended this service out-side of their home and where this occurred, residents required transport to bring them to their day service. The inspector found that a review of the transport arrangements in the designated centre was needed to ensure that there was a fair and transparent criteria around the arrangements and in particular, that residents were facilities for occupation and recreation as much as they chose to.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. The inspector found that staff had been provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice. There were systems in place to ensure that where behavioural support practices were being used, that they were clearly documented and reviewed by the appropriate professionals on a regular basis. However, improvements were required to ensure that where residents required therapeutic interventions, there were adequate guidance in place to ensure a consistent approach at all times.

There were a number of restrictive practices in place in the centre. For the most part, where applied, restrictive practices were clearly documented and were subject to review by the appropriate professionals. The person in charge reviewed restrictive practices in place on a quarterly basis, and the organisation's monitoring approval group monitored each restriction on an annual basis.

Regulation 13: General welfare and development

The majority of residents attended a day service in the community. While one resident was provided transport to and from their service by the organisation, other residents relied on the staff in the designated centre to drive them to and from their service. There was no clear criteria relating to the reason why some residents were provided with the organisation's transport and some were not.

Where residents were provided with the organisation's transport, they availed of their day service as many days of the week as they chose to however, where residents were not provided this service they could not avail of the same choice.

For example, some resident's day service was available to them four days a week however, due to current staffing vacancies and limited numbers of staff with a driving licence, not all residents were afforded the choice to attend all four days on a regular basis.

As such the registered provider was not ensuring that all residents were provided with access to facilities for occupation and recreation, in line with their assessed need or with their wishes.

Judgment: Substantially compliant

Regulation 17: Premises

There were a number of maintenance issues observed on the day of the inspection in the house that impacted on the infection prevention and control measures in the centre and these have been addressed in Regulation 27.

However, in addition to these, the light in a bathroom was constantly flickering and required repair. Pipes and cables from a Parker bath were exposed and presented as a trip hazard.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The following is an example of some of the upkeep, repair and deep cleaning issues that were observed on the walk-around of the house. As a result, the centre was not, at all times, conducive to a safe and hygienic environment. In addition, not all surfaces could be effectively cleaned, which in turn, posed a potential risk of the spread of infection to staff and residents.

The provider had identified a number of upkeep and repair works through a number of auditing systems however, the following remained outstanding;

- Chipped and exposed timber - on an office cupboard, floor of main sitting room and bedroom floor in a resident's bedroom. The latter was covered in duct tape to cover over the damaged floor.
- There was dirt and dust build up in an extractor fan in a bathroom.
- A shower trolley cover and pillow were in disrepair, for example there were areas where the surface was scratched and ripped. A pipe under the shower trolley required a deep clean to remove build in grime and dirt.
- The area under the Parker bath, where there was exposed pipes, required a deep clean to remove built in grime and dirt. In addition, a number of the floor tiles in this area were cracked. Some areas on the surface on the bath were chipped.
- The seal around the base of the toilet was discoloured and required upkeep.
- There was rust observed on a number of radiators in the house including bedrooms and bathrooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire exit door in a resident's bedroom and an external gate on one of the fire escape routes, were sticking and difficult to easily open.

The fire extinguisher in the staff office had not been serviced since June 2021. The extinguisher had not been part of the overall fire equipment service check in September 2022.

The seal on the fire door exiting the sitting room was in disrepair and the door itself was badly chipped.

On the day of the inspection, was no documented evidence available to the inspector to demonstrate that a fire drill had taken place in the last twelve months with the minimum amount of staff and the maximum amount of residents. (Subsequent to the inspection, assurances were provided that a night-time drill had taken place in November 2021 and the next night-time drill was due 21st of October).

A review of the arrangements in place for containing fire in some areas of the house was required. On the day of the inspection, there was no documentation to demonstrate that the laundry door and one of the hall doors next to the laundry door could provide adequate arrangements for containment if a fire should break out. On the day of the inspection, the laundry door was held open with a laundry basket, while a small window was open in the room, there was no other ventilation system in place.

Subsequent to the inspection, the provider followed up with assurances and advised that a fire door survey had been completed and identified issues where doors needed to be upgraded or replaced. The door to the utility room had been noted as part of the survey results. The provider advised that there were plans in place to replace the door by the end of the year (2022). As an interim measure, and in line with an updated risk assessment, the provider advised that the appliances in the laundry room would not be used when staffing numbers were reduced to night time support levels.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector looked at a sample of personal plans of residents living in the centre and overall, found them to be up-to-date and reviewed appropriately. Overall,

personal plans sampled reflected residents' assessed needs and outlined the support required to meet residents' individual needs and choices.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff were provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice.

Where appropriate, residents were provided with positive behavioural support plans or psychological support plans. There was a system in place that where plans had been reviewed and updated, staff acknowledged that they had read and understood them. These plans included strategies and de-escalation techniques to guide staff on how to best support residents during times when their behaviour could negatively impact themselves or others.

However, where therapeutic interventions had been recommended, not all plans clearly demonstrated at what stage the intervention should be implemented. This meant that the information in the plan was insufficient to adequately guide and support staff to manage behaviours that was challenging in a consistent way.

Judgment: Substantially compliant

Regulation 8: Protection

Overall, the inspector found that the residents were protected by practices that promoted their safety.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse.

The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity.

The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glenealy OSV-0002385

Inspection ID: MON-0029070

Date of inspection: 13/10/2022

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:

• The Registered Provider will continue to recruit for all frontline vacancies and vacancies for the identified centre is on the organisational recruitment spreadsheet which is managed by HR and the Service Area Administration Manager.

• One staff nursing vacancy was filled 17/10/2022.

• An additional staff nurse has been successful for a WTE vacancy and a start date will be given once successful pre-employment checks.

• Relief staff has been assigned to Glenealy to fill a vacancy and assist with driving duties. Relief staff members will complete the majority of their shifts within the centre to ensure continuity of care is provided.

• The Registered Provider has an agreed roster approval and agency process in place to support frontline services to ensure continuity of care is maintained across all residential centres

• The Registered Provider is working closing with internal and external transport department/companies to address the transport requirements to Day Services for the residents and continued effort will be made with other residential centres in close proximity to the designated centre to support residents to their day service where possible

Regulation 23: Governance and management	Substantially Compliant

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

• The Registered Provider will continue to recruit for all frontline vacancies and vacancies for the identified centre is on the organisational recruitment spreadsheet which is managed by HR and the Service Area Administration Manager.

• One staff nursing vacancy was filled 17/10/2022.

• An additional staff nurse has been successful for a WTE vacancy and a start date will be given once successful pre-employment checks.

• Relief staff has been assigned to Glenealy to fill a vacancy and assist with driving duties. Relief staff members will complete the majority of their shifts within the centre to ensure continuity of care is provided.

• The PIC will address deficits in fire safety records with the staff team via staff meetings and support meetings. PIC has also sent a reminder email to the staff team (16/11/22) of the importance of same.

• A review of fire safety arrangements within the centre was completed by the organisational fire officer on the 15/11/2022 and as part of this review timeframes for any actions were reviewed.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

• The Registered Provider is working closing with internal and external transport department/companies to address the transport requirements to Day Services for the residents and continued effort will be made with other residential centres in close proximity to the designated centre to support residents to their day service where possible

• In the absence of residents attending their day service provision, staff within the centre will continue to ensure that residents are accessing occupational and recreational activities in line with their assessed needs and wishes.

• Relief staff whom is a driver has been assigned to Glenealy to fill a vacancy and assist

with driving duties. Relief staff members will complete the majority of their shifts within the centre to ensure continuity of care is provided.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Identified light which was observed to be flickering on the day of the inspection was repaired on 15/11/22.

• Cables and pipes from the parker bath which are exposed were logged to TSD and this will be address by putting a cover over them and this will be completed by the 30.11.22

• Slips trips and falls risk assessment has been updated to include exposed pipes and cables from the parker bath whilst awaiting repair.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• The Registered Providers Techical Service Department will get 3 quotes for the flooring and office press. Service manager will complete a capex form to apply for funding.

• Extractor fan in the bathroom was cleaned following the inspection and this has been added to the centres cleaning roster.

• Piping under the shower trolley has been cleaned and added to the centres clearning roster to be completed daily.

• The PIC has made contact with OT and is in the process of getting quotes to replace the pillow and shower trolley cover.

• PIC has request a quote from specialised company to repair the surface of the parker bath.

• Seal around the base of the toilet has been logged to the TSD and will be replaced.

• The Registered Providers Techical Service Department will review rusted radiators and advise best course of action.

• The PIC and the Registered Provider will continue to implement the actions identifed in the Providers Hygiene audit

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The fire extinguisher in the staff office was serviced and recharged in Sept 2022, servicing record is now available for review.

• Night-time fire drill with the minimum amount of staff and the maximum amount of residents was completed on 15/11/22 and no pertenant issues were identified. Documentation is available in the centre for review.

• The door to the laundry will be installed by crossfire by 30/11/2022.

• A mechanical extract will be installed in the laudry room to support with adequate ventiliation by the 31.12.22

• In accordance with the centres risk assessment the appliances in the laundry room will not be used at night when the staffing levels are reduced.

• The door to the sitting room will be addressed as part of the organisations fire door survey upgrade programme in 2023.

• PIC met with the fire officer in regards to the fire exit door in a resident's bedroom, fire officer contacted a company to fix the issue and this will be completed by the 30.11.22

• The external gate on the fire escape routes was repaired by the TSD and is now easily opened for access and egress.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The Person in Charge and relevant Clinical support reviewed all elements of the positive behaviour support plans, updating current procedures and guidance for staff to ensure that where physical, chemical or environmental restraints are used they are applied in accordance with national policy, organisation policy and evidence based practice. Review schedule was updated in line with clinical guidance.	

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	30/06/2023
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	30/06/2023
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	Substantially Compliant	Yellow	30/06/2023

	provided.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2022
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.	Substantially Compliant	Yellow	30/06/2023
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	Substantially Compliant	Yellow	30/06/2023

	monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency	Substantially Compliant	Yellow	30/11/2022

	lighting.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2023
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	30/06/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	17/11/2022