

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

Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0002398
Fieldwork ID:	MON-0034791

About the designated centre

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

The Pines is a designated centre operated by St. Michael's House. It provides residential care and support for up to five adults with an intellectual disability. Residents with additional physical and sensory support needs can also be accommodated in the designated centre. The designated centre can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes and residents with well managed health conditions such as epilepsy or diabetes. The centre can also support people with a dual diagnosis of intellectual and mental health diagnosis. The centre comprises a detached, two-storey house in a busy Dublin suburb. Each resident has their own bedroom. The centre is managed by a person in charge and person participating in management as part of the provider's governance oversight arrangement for the centre. The staff team consists of social care workers.

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 (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
Wednesday 31 May 2023	09:50hrs to 17:50hrs	Michael Muldowney	Lead
Wednesday 31 May 2023	09:50hrs to 17:50hrs	Kieran McCullagh	Support

What residents told us and what inspectors observed

This inspection was carried out as part of the regulatory monitoring of the designated centre. Inspectors found that aspects of the care and support provided to residents in the centre was effective and of a good quality, however improvements were required to ensure that the service was safe and adequate arrangements were in place to meet residents' assessed needs.

The centre comprised a large two-storey house in a busy Dublin suburb. The centre was within a short distance of many amenities and services including shops, cafés, pubs, and parks. There was also a dedicated vehicle to transport residents to community activities.

The person in charge accompanied the inspectors on an observational walk around of the centre. Overall, it was found to be clean, bright, homely, nicely furnished, and the lay out was appropriate to the needs of residents living there.

The communal living areas included two sitting rooms, a kitchen dining area, and a large back garden that residents enjoyed using. The kitchen had been renovated since the previous inspection of the centre in May 2022. It was well equipped, and inspectors observed a good selection of food and drinks available to residents. There were a number of bathrooms, a utility room with laundry facilities, and two staff offices in the centre.

The main bathroom had been recently upgraded, and some of the infection hazards in the centre, such as rusty fittings, had been mitigated. Residents' bedrooms were comfortable, and decorated to residents' personal preferences. Equipment used by residents, such as electric beds and hoists, was observed to be in good working order. Some minor upkeep and maintenance of the premises was required, and was being reported by the person in charge to the provider. There were some environmental restrictive practices in the centre which are discussed further in the report.

Inspectors observed a communication board in the hallway. It contained information on advocacy services, self-care, and in-house activities such as reflexology and therapy dogs. The staff rota was displayed using photos. There were also nice photos of residents and some of their artwork displayed in the centre.

Inspectors observed good fire safety systems including fire detection, containment and fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. Inspectors observed the fire doors to close properly when released. However, some improvements were required as some of the emergency lighting required replacement and some of the exit doors were key operated.

On the day of the inspection, there were four residents living in the centre and one

vacancy. One resident attended a day service, and the other three were supported by staff in the centre with their social and leisure activities. Two of the residents went for a drive and lunch out with staff, while the other resident chose to remain in the centre. During the inspection, a therapist visited the centre and residents availed of massage and reflexology treatments.

One resident did not communicate with the inspectors. They chose to spend their time in bed, and staff supported them to engage in activities meaningful to them in their room, for example, using smart devices, therapeutic and beauty treatments, and recently baking. They also liked to spend time in the garden which contained sensory aids such as wind chimes.

Three residents chose to speak with the inspectors. The first resident told inspectors that they loved living in the centre and referred to their housemates as "friends". They said they liked the staff and that they "do good work". They had no concerns, but said staff would help them if they ever had any problems. They told inspectors that they could access and control their own money. They had their favourite meals often, and were happy for staff to do the cooking. The resident enjoyed some household chores, such as watering plants and cleaning floors. They showed the inspectors their bedroom which was nicely decorated. They said they were happy with their bedroom and the facilities in the centre. They told inspectors about the activities they enjoyed, such as playing musical instruments, watching television, and eating out. They spoke about their family, and their plans to visit them soon. They had participated in fire drills and knew to evacuate the centre in the event of the fire alarm activating.

Another resident told inspectors that they were happy in the centre, and that their housemates and the staff were "lovely". They said staff helped them clean their bedroom and cooked meals that they enjoyed. They liked to watch television, do light household chores, go for drives, and have beauty treatments. They kept in touch with their family through phone and video calls, and told inspectors they would like to visit family members living abroad. They said that the service manager visited the centre often and was very easy to talk to. They told inspectors that some residents "'fight'" with each other and shout using 'bad' language. They said that sometimes they are present during these incidents, and leave the room when they happen as staff "deal" with the incidents.

Another resident briefly spoke with inspectors when they returned from their day service. They said that they liked their day service and everything was "alright" in the centre. They liked to visit their family and watch sports on television. They liked the food in the centre, and said they did not want anything changed in the centre.

The provider's recent annual review of the centre had consulted with residents and their representatives. The annual review noted that "all service users have said that they are happy in the Pines" and "families are happy with the standard of care received".

Inspectors observed staff engaging kindly with residents and respecting their choices, and it was clear that they knew each other well. Inspectors spoke with the

person in charge, a social care worker, and the service manager. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents and commitment to ensure a safe service for them. However, they had concerns regarding the safeguarding of residents, attributable to their compatibility in living together, that was adversely impacting on their safety and well-being. Staff also expressed concerns about staffing arrangements at night-time which posed a risk to the quality of care for some residents.

The person in charge and service manager told inspectors about the supports in place to meet residents' needs. They said that the staff team were dedicated to the care and support of residents, there was good access to multidisciplinary services, and that some of the residents' needs were being met in the centre, for example, healthcare needs. However, the safeguarding and staffing arrangements were adversely impinging on the overall quality and safety of the service. These matters are discussed further in the report. The service manager also spoke about plans for the current resident vacancy which is discussed further in the report.

The person in charge felt well supported by the service manager and could escalate concerns to them, however described challenges in completing all of their administration and management duties within their allocated time for these duties, for example, formal supervision was overdue for some staff.

The social care worker had worked in the centre for several years. They spoke about the residents' individual care and support needs and the associated interventions. They knew about the safeguarding procedures, and told inspectors about the efforts to ensure residents' safety in the centre. They told inspectors how resident's rights were promoted in the centre, for example, discussing rights and complaints at resident meetings, developing rights support plans, and facilitating their choices and preferences. They also spoke about plans for some residents to go on holiday during the summer. Outside of the aforementioned concerns, they described the service as being "brilliant" and delivered by a committed staff team. They felt well supported by the management team and confident in raising potential concerns.

From what inspectors were told, read and observed during the inspection, it was clear that the staff team endeavoured to provide residents with a good quality and safe service. However, aspects of the service required improvement by the provider to ensure residents were safe and that adequate arrangements were in place to meet their needs.

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

Capacity and capability

There were management systems in place to support the delivery of a service that

was safe, consistent and appropriate to residents' needs. However, as noted earlier in the report, improvements were required to ensure the safeguarding of residents and that the staffing arrangements were appropriate.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and based in the centre. They primarily worked directly with residents, and had some allocated time for their management and administration duties, however they told inspectors that the demands of the role required more allocated time. The person in charge reported to a service manager who in turn reported to a Director of Care. The person in charge and service manager met frequently, and there were effective systems for the management team to communicate and escalate any issues. They were found to have a very good understanding of the residents' needs, and demonstrated a commitment to ensure that these needs were being met, however expressed concerns regarding aspects of the service.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. The person in charge monitored actions identified from audits and reports to ensure that they were progressed.

The staff skill-mix at the time of the inspection consisted of social care workers. The person in charge and service manager were satisfied that the skill-mix was appropriate to the assessed needs of residents. Residents' also had access to the provider's multidisciplinary team services as they required, for example, nursing care.

The person in charge maintained planned and actual staff rotas. Inspectors viewed a sample of the recent rotas, and found that they showed the names of staff working in the centre during the day and night. However, minor improvements were required to ensure that all staff full names and the hours they worked were clearly recorded.

Some residents were assessed as requiring two staff with their personal care, however the night-time arrangements consisted of one staff member and this posed a risk to the quality and safety of care provided to them. There was one permanent half-time vacancy. The vacancy was managed well to reduce any impact on residents, and familiar agency and relief staff were used to support the consistency of care for residents.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. A review of the staff training log showed that some training was overdue for staff.

The person in charge provided support and formal supervision to staff working in the centre. Some formal supervision was overdue, however staff spoken with advised inspectors that they were satisfied with the support they received. Staff could contact the service manager in the absence of the person in charge, and there was an on-call service for outside of normal working hours. Staff also attended regular team meetings which provided an opportunity for them to any raise

concerns regarding the quality and safety of care provided to residents. Inspectors viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, residents' needs, fire safety, health and safety matters, and restrictions.

Regulation 15: Staffing

There were two staff on duty during the day and one staff on duty at night time. However, some residents were assessed as requiring two staff to support them with their personal care needs. The night-time staffing arrangements were not in line with these residents' needs and had been noted in the recent health and safety checklist. Staff spoke about the challenges these arrangements were presenting and the associated risks to staff and residents which required more consideration from the provider.

Furthermore, the management arrangements also required consideration from the provider to ensure that they were sufficient for the person in charge to discharge their duties and responsibilities.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge provided regular informal support and supervision to staff. Formal supervision, scheduled quarterly as per the provider's policy, was overdue for some staff, however staff spoken with told the inspectors that they were very satisfied with the support and supervision they received. The service manager provided support and supervision to the person in charge. In the absence of the person in charge, staff could contact the service manager for support and direction. There was also an on-call service for staff to contact outside of normal working hours.

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. Staff completed training in areas such as, fire safety, safeguarding of residents, positive behaviour support, infection prevention and control, manual handling, medication management, emergency first aid, diabetes, and supporting residents' eating and drinking needs.

Inspectors reviewed the staff training log with the person in charge, however were informed that it may not be fully accurate. The log showed that some staff required training, including refresher training, in some areas such as behaviour support and emergency first aid. The outstanding training was been scheduled by the person in

charge for staff to attend.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with associated lines of authority and accountability. The person in charge was supported in their role by a service manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate including formal meetings and sharing of governance reports.

The provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out, and had consulted with residents. Audits had also been carried out in the areas of health and safety, medication, safeguarding, and infection prevention and control. Actions for improvement were monitored by the person in charge to ensure progression. The management team were aware of the safeguarding concerns in the centre, and endeavouring to resolve them.

There was one resident vacancy in the centre, and the provider was ensuring that any potential new admissions were being carefully considered and assessed to ensure that their needs could be met in the centre, and that residents living in the centre would not be adversely affected. This demonstrated good decision making by the provider to support a safe and quality service for residents.

There were effective arrangements for staff to raise concerns.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was last revised in April 2023, and was available in the centre to residents and their representatives. Minor revisions were required regarding the staffing and management details.

Judgment: Compliant

Quality and safety

Inspectors found that aspects of residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. However, the arrangements to safeguard residents were not fully effective which was having an adverse impact on the quality and safety of service provided to residents in the centre. Inspectors also found that improvements were required to the fire safety systems, and maintenance of the premises.

There were arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Staff spoken with were familiar with the content of the plans and the procedure for reporting any concerns. However, there were ongoing safeguarding incidents, of a psychological nature, attributable to the incompatibility of residents in the centre. The incidents were reported and screened, and safeguarding plans were developed as required, and actions had been taken to resolve the incidents, such as involvement of multidisciplinary services, education for residents, and meetings with residents. It was clear that the management team were endeavouring to ensure the safety of residents. However, despite their efforts, the incidents were recurring and having a negative impact on residents' lived experience in the centre.

Residents' healthcare needs had been assessed which informed the development of personal plans. Residents had varied healthcare needs and they had good access to a wide range of multidisciplinary team services to support their needs. Inspectors viewed a sample of the residents healthcare documentation, and found that some improvements were required, for example, in the updating of hospital passports, and consistent recording of interventions.

Where required, positive behaviour support plans were developed for residents, and there was support from behaviour specialists. Staff were required to complete training to support them in helping residents to manage their behaviours of concern. There were some restrictive practices in the centre. The rationale for the restrictions was clear, and they had been implemented with the approval of the provider's oversight group. Consent from the resident or their representatives was not demonstrated during the inspection, however the person in charge provided assurances on this matter to the inspectors the following day.

Residents were supported to be involved in the shopping for groceries, and preparation and cooking of meals if they wished. They planned their main meals on a weekly basis, and there was a good selection of food in the centre to choose from. Some residents also liked to eat out. Residents told the inspectors that they were happy with the food in the centre, and had enough choice. Some residents had modified diets, and care plans were available to guide staff in these areas.

The premises were found to be bright, comfortable, and nicely decorated. Residents' bedrooms were decorated to their tastes. The communal spaces included two sitting rooms, kitchen dining room, and a large garden. There were also several bathrooms and a utility room. The facilities were generally well maintained. However, some

maintenance and attention was required, such as blocked gutters, and repainting in areas. Equipment used by residents was observed to be in good working order.

There were good fire safety systems, however some enhancements were required. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the fire safety equipment. However, some of the emergency lighting required replacement. Fire evacuation plans and individual evacuation plans had been prepared, and the effectiveness of the plans was tested as part of regular fire drills. The location of the fire assembly point at the rear of the garden and the use key operated exit doors required further consideration to ensure that these arrangements were appropriate. Staff completed fire safety training, and residents were reminded of fire safety during their weekly meetings.

Regulation 17: Premises

The centre comprised a large two-story building close to many local amenities and services. The premises were found to be appropriate to the number of residents currently living in the centre, however some upkeep and maintenance was required.

The premises were clean, bright, homely, nicely furnished, and comfortable. The communal space including two sitting room, kitchen and dining room, and a large and inviting garden. There was adequate bathroom facilities, and the kitchen was well equipped. Since the previous inspection, the kitchen and main bathroom facilities had been upgraded. Residents spoken with told the inspectors that they were very happy with the premises, including their bedrooms which were nicely decorated to their tastes.

There were arrangements to ensure that equipment used by residents was maintained in good working order, for example, the electric beds and hoists used by residents had been recently serviced.

Parts of the centre required upkeep, such as rust on bathroom fixtures, damage to a shower chair, and repainting in areas. The utility room required cleaning, and the gutters were blocked requiring prompt attention. Some of these matters had already been reported to the provider as requiring attention.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook meals in the centre as they wished.

Inspector observed a good variety of food and drinks for residents to choose from. Residents planned a weekly menu during their house meetings. Residents spoken with told inspectors that they liked the food in the centre, had their favourite meals often, and were happy with the selection of food and drinks. They also liked to eat out. They were happy for staff to do the grocery shopping and most of the cooking.

Some residents required modified diets. Feeding, eating, drinking, and swallow (FEDS) plans had been prepared in an easy-to-read format and were readily available for staff to follow. Staff were also required to complete relevant training to support residents with their meals.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the registered provider had implemented good fire safety systems, however some improvements were required. There was fire detection and fighting equipment, and emergency lights in the centre, and it was regularly serviced. However, emergency lighting servicing records from November 2022 noted that some of the lights required replacement and these works had not yet taken place. Staff also completed daily, weekly, and monthly fire safety checks. The fire panel was addressable and easily accessed in the hallway. Inspectors observed that a sample of the fire doors, including bedroom doors and the kitchen door, closed properly when the fire alarm activated.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating. Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans. The front door and utility room exit door were key operated, and this arrangement required more consideration to ensure that it did not impinge on the prompt evacuation of the centre.

Staff had completed fire safety training. Fire safety was also regularly discussed at residents' meetings to support them in understanding the evacuation arrangements, and some residents told inspectors that they would evacuate in the event of a fire.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that residents were provided with appropriate healthcare.

Residents' healthcare needs were assessed which informed the development of care plans. Inspector viewed a sample of the residents' healthcare assessments and plans, and found them to be up to date with the exception of a 'hospital passport' that required updating and more detail. The recording of some of the interventions outlined in plans also required improvement to demonstrate that they were consistently carried out, for example, checking blood sugar levels.

Residents had good access to a range of multidisciplinary services including psychology, psychiatry, chiropody, occupational therapy, general practitioners, dentists, physiotherapy, social work, speech and language therapy, and other specialist services.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern, for example, they were required to complete positive behaviour support training, and plans were developed to support residents with their behaviours. The provider had also prepared a policy on positive behaviour support which included easy-to-read information for residents.

There was a small number of restrictive practices in the centre. The rationale for the use of the restrictions was clear, and they were deemed to be the least restrictive option. The use of the restrictions had been risk assessed, approved by the provider's oversight group, and residents' representatives had provided consent for their use.

Judgment: Compliant

Regulation 8: Protection

Safeguarding concerns in the centre had been reported, responded to, and managed in line with the provider's policy. However, there was ongoing psychological abuse concerns in the centre attributable to the incompatibility of residents. The provider had responded to the safeguarding concerns in a number of ways, such as through the development of safeguarding and behaviour plans, involvement of multidisciplinary team services, and engaging with the residents (and where appropriate, their representatives). Members of the management team and provider's multidisciplinary team were also regularly meeting to discuss the incidents, and compatibility issues. Safeguarding was also discussed at residents' meetings to

promote their understanding of this matter.

However, the effectiveness of the safeguarding arrangements was not sufficient. Since the previous inspection of the centre in May 2022, there had been 14 safeguarding incidents notified to the Office of the Chief Inspector. Staff told inspectors about how the safeguarding incidents were impacting on residents, for example, the atmosphere in the centre was hostile at times, some residents were anxious and appeared fearful, and routines such as meal times required staggering to try minimise occurrence of incidents.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for The Pines OSV-0002398

Inspection ID: MON-0034791

Date of inspection: 31/05/2023

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Roster review has been completed and second sleep-over staff is now on the roster to ensure all residents needs are adequately met in the Pines. Additional manager time has been allowed within the working roster for the PIC</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC has scheduled supervision meetings with outstanding staff members. PIC has waitlisted outstanding staff members for refresher training in PBS and first aid PIC has implemented a local tracking system whereby, all staff will submit evidence of completion of training courses, which will include date that they are successfully completed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p>	

PIC has notified SMH Technical services to repair rust on bathroom fixtures and to repaint the necessary areas

Gutters in the utility room will be cleared and room has been given a thorough cleaning

PIC has linked with SMH Occupational Therapist, and a new Shower chair has been ordered.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 PIC has liaised with SMH Fire Officer regarding the front door and utility room door. The Fire Officer has advised to leave both doors as they are as front door does not require a key to open, the addition of a thumb turn would create a double locking mechanism. The utility door is not part of the means to escape and therefore as such does not have the thumb turn.
 A normal closer will be installed on the garage door.

PIC has contacted technical services regarding the Emergency lighting that needs to be repaired. External contractor will be engaged to carry out this work.

SMH Fire officer has assess safe evacuation procedures for a resident and it is deemed that the resident can be facilitated sufficient distance from the house under TGD B.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 PIC has reviewed and updated the resident hospital passport.

PIC has ensured that the recording and checking of blood sugar levels are consistently carried out by all staff

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- All safeguarding concerns are reported to the Designated Officer, Service Manager, HIQA and the HSE Safeguarding Team where appropriate
- Staff are always present and support all Residents in their daily routines and intervene when and where an issue arises
- All staff have completed Safeguarding Training
- Good contact and communication is maintained with Families in relation to all issues affecting their family members
- Safeguarding plans are in place to support Residents
- Individual clinical support will be provided to Residents to help them and assess the impact of issues on their lives
- Regular roster reviews will be held to ensure that adequate staff ratio is in place to safely manage and supervise the ongoing safeguarding concerns.
- PIC will ascertain the will and preference of the resident in question in relation to future residential placement.
- The Provider will continue to explore all internal and external options available to the resident to reduce the safeguarding issues within the centre
- Director of Estates will review a potential premises and scoped out time frame for complete renovation of work that will be required in order to ensure that the premises meets the need of the resident
- Director of service will submit a business case to HSE for Funding regarding the cost of renovation work

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	01/07/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	01/07/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	22/06/2023
Regulation 17(1)(b)	The registered provider shall	Substantially Compliant	Yellow	30/12/2023

	ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	15/06/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/07/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	15/06/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/07/2024