



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

## Issued by the Chief Inspector

Name of designated centre:	Drumboe Respite House
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	18 and 19 October 2022
Centre ID:	OSV-0002531
Fieldwork ID:	MON-0037170

## About the designated centre

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

Drumboe Respite is operated by the Health Service Executive and is situated on the outskirts of a town in County Donegal. The centre provides after school, day and overnight respite services for children and adults on alternate weeks. Emergency admissions are also facilitated if the need arises. The property comprises five bedrooms (two of which are en-suite), a toilet upstairs and a shared bathroom downstairs. There is a kitchen, dining room and spacious sitting room also downstairs. Outside there is a large garden to the back of the property with swings, trampolines and garden furniture. A sensory room is also provided to the back of the property which residents can avail of. A bus is provided to facilitate residents going on community activities. The team liaise with residents, multi-disciplinary members, primary carers, school and day services in order to provide continuity of care to residents. The staff team consists of a full time person in charge, nurses and health care assistants. Student nurse placements are also facilitated in this centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Tuesday 18 October 2022	14:15hrs to 18:20hrs	Jackie Warren	Lead
Wednesday 19 October 2022	09:30hrs to 14:15hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

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

At the time of the inspection the provider had implemented a number of actions to strengthen the governance and management. In addition, a number of actions relating to positive behaviour support (regulation 7) and protection (regulation 8) had been completed or were in progress. These will be discussed in the other sections of this report.

This inspection was unannounced and was carried out to monitor regulatory compliance in the centre. As part of this inspection, the inspector observed the care and support interactions between residents and staff. The inspector met with residents who lived in this centre, spoke with staff on duty, and also viewed a range of documentation and processes.

The centre consisted of one house and could provide respite services for up to five adults or children at separate times. At the time of inspection the service was providing a full-time emergency residential service to three people.

The centre suited the needs of residents and provided them with a safe and comfortable living environment. It was located in residential area, close to a busy town, which gave residents good access to a wide range of facilities and amenities. The centre was clean, bright, suitably furnished and decorated, and there was adequate communal and private space for residents. All residents had their own bedrooms and had use of two sitting rooms, a sensory room and an activity room. There was a well-equipped kitchen and dining room and an external laundry area. The centre had a secure back garden which was supplied with a range of outdoor furniture and equipment such as swings which both adults and children could enjoy.

The inspector met with all three residents at times during the inspection, saw how they spent their time, and observed the interactions between residents and staff.

Two of the residents chose not to communicate, while one resident spoke briefly with the inspector. This resident had been out for the day visiting their mother and was preparing to go out again in the evening to the cinema with friends from activity group that they attended. They explained that they had recently started to go to a day service for a day each week and enjoyed it so far. This resident mainly wanted to discuss the planned transition from the centre to new accommodation which would provide an individualised service. They said that they did not like living in this house with other people and was very much looking forward to living in the new house. Although, they were involved in the transition process, and understood what the time scale was, they were impatient for the move and were looking forward to it.

All three residents were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Throughout the inspection, staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. Staff were very aware of the communication needs of residents. There were a range of communication aids in place and these were in use to support residents to express their views.

On the first day of inspection, residents had a freshly cooked meal in the evening which was prepared using fresh produce, to suit each person's needs and preferences. Staff members who spoke with the inspector were focused on ensuring that healthy and varied meals were cooked daily. These staff members were very knowledgeable about each resident's dietary needs and preferences and how these were being met. Staff also explained how the meal choices of residents were established and there were communication techniques in place to assist them to choose which meals they would like to have.

Measures were in place to reduce the risk of COVID-19 infection for residents. Hand sanitisers were available throughout the house, and masks and thermometers were available for use as required. Information about infection control was also displayed to inform residents, staff and visitors to the centre.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day services and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

While this inspection identified good practices throughout the regulations that were examined, there were some minor areas for improvement, which will be discussed in the next sections of this report.

## Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to the residents who lived there

The provider had submitted a compliance plan in response to the findings from some targeted inspections in January 2022. This plan outlined a number of ways in which the provider planned to strengthen the governance and oversight arrangements in the centre. These included the introduction of regular meetings within the centre and across the service in the county. The person in charge discussed how the compliance plan was being implemented and showed the inspector documentation and improved systems that had been introduced as part of this plan.

There was a clear organisational structure in place to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was based in the centre, and worked closely with staff and with the wider management team. Throughout the inspection the person in charge was very knowledgeable regarding the individual needs of the residents who lived there. It was clear that the person in charge was very involved in the running of the service and that the residents who were present knew her. There were clear arrangements in place to support staff and to access the support of senior managers when the person in charge was not on duty.

Since the previous inspection of the centre in January 2022, significant improvement to the overall organisational management processes had taken place. These improvements included a range of governance and oversight meetings. For example human rights committee meetings were being held quarterly, and weekly regulation, monitoring and governance meetings took place for Donegal County. The person in charge also spoke of attending fortnightly meetings with other persons in charge in Donegal, and said that these meetings were a useful format for receiving information from peers and higher management levels, shared learning from other persons in charge, and sometimes presentations from external guest speakers.

There were strong systems in place for reviewing and monitoring the service to ensure that a high standard of safety and care was being provided and maintained. Unannounced audits of the service were being carried out on behalf of the provider. These were being carried twice each year. These audits identified any areas where improvement was required, and action plans were developed to address these issues. A detailed and relevant audit plan for 2022 had been developed which included a range of comprehensive audits to review the overall quality of care and safety in the centre. The person in charge and staff were completing these audits in line with this plan. These included monthly audits of fire safety, personal planning, infection control, complaints, incidents and medication. The sample of audits that the inspector viewed reflected a high level of compliance and actions arising had been completed as required. The provider also carried out a comprehensive annual review of the service which met the requirements of the regulations.

The person in charge had developed a quality improvement plan which was

informed by outcomes of audits in the centre, six-monthly provider audits, the annual review, inspections by the health information and quality authority, and various self-assessment processes. The quality improvement plan was used as a basis for ongoing improvements in the centre. It identified all areas for improvement, time frames for completion of improvement works, and a record of when the required work had been finalised. At the time of inspection the quality improvement plan was being reviewed and updated weekly, although it was planned to reduce this to monthly reviews in the near future. The October 2022 plan showed that all current works had been completed or were in progress within the required time frames.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe, clean and comfortable environment, and adequate staffing levels to support residents in both their leisure and healthcare needs, and a transport vehicle dedicated to the centre. A range of healthcare professionals, including nursing, speech and language therapy, physiotherapy, and behaviour support staff were available to support residents as required. The provider and management team had been working with some residents to support transitions to the local community, and transition planning for these moves was at an advanced stage. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising gels, supplies of disposable gloves, face masks and aprons, cleaning materials and thermometers.

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection, with a nursing and care staff available to support residents at all times. Planned staffing rosters had been developed by the person in charge. These were being updated to reflect actual arrangements as required and were accurate on the day of inspection.

Training had been provided to staff to enable them to carry out their roles effectively. A training needs analysis had been carried out to inform the training plan for the centre for 2022, and staff training was arranged accordingly. Much of the planned training was focused on enhancing the safety and welfare of residents in this centre. All staff had received mandatory training in fire safety, behaviour support and safeguarding, in addition to other relevant training such as open disclosure, the national consent policy, cyber security awareness, food safety, sexuality awareness and data protection. All staff had also completed a variety of infection control training including hand hygiene, personal protective equipment (PPE), aseptic techniques, and cleaning and disinfecting in the healthcare environment. Supported decision making had recently been identified by the provider as mandatory training for all staff and this was about to be introduced shortly.

There were good measures in place for the management of complaints. These included an easy-to-read complaints process that was accessible to residents and a clear system for recording and investigating complaints. On reviewing the management of complaints that had been made, the inspector found that these had been taken very seriously by the management team, had been suitably investigated



and documented, and that the satisfaction of the person who made the complaint had been recorded. A new complaints policy had been developed which was informative. However, this policy required some further review as it did not provide sufficient guidance on the provider's appeals process.

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the person in charge and these were accurate at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

In response to the targeted safeguarding inspection programme, the provider had committed, through its compliance plan, to complete 11 actions aimed at improving governance arrangements at the centre. During this inspection, it was found that all 11 actions had been completed. For example, the provider had established a range of governance meetings which were attended by persons in charge and senior managers, and minutes from governance, quality and safeguarding meetings were being circulated to persons in charge to inform staff practice and to support the person in charge to introduce agreed actions in the centre. Furthermore, management audits had recently been reviewed to ensure that all aspects of the care and support provided to residents were being effectively monitored. During this inspection, it was found that a comprehensive range of audits were being carried out to review the quality of the service and to inform improvements to the service as

required.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had ensured that systems were in place for reporting of all notifiable events to the Chief Inspector of Social Services as required by the regulations. The person in charge was aware of these requirements and relevant events had been reported accordingly.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. Any complaints received in the centre had been suitably managed, investigated and recorded. There was an informative complaints policy, which had recently been updated. However, the policy and procedure did not provide sufficient guidance on the provider's appeals process, or how the complainant would be informed of the appeals process.

Judgment: Substantially compliant

## Quality and safety

The provider had good measures in place in this centre to ensure that the wellbeing and health of residents was promoted and that residents were kept safe from risk, harm and infection. There was evidence that a good quality and safe service was being provided to residents. Since the last inspection of this service, the provider had introduced significant improvements to ensure that residents were being safeguarded from any form of harm, and overall these improvements were effective. However, risk assessment of a potential fire safety risk was required and improvement was also required to some aspects of protecting residents from harm, as interventions which were in progress had not yet been completed.

The centre was a detached house, in a residential area of a busy town. The location of the centre enabled residents to visit the shops, coffee shops and restaurants and other leisure amenities in the area. The centre had dedicated transport, which could be used for outings or any activities that residents chose. Some of the activities that

residents enjoyed included outings to local places of interest, going out for coffee, housekeeping tasks such as recycling, gardening, cinema, swimming and music. The residents liked going out for walks and drives in the local area. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference. There was also a garden where residents could spend time outdoors.

During a walk around the centre, the inspector found that it was comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. The inspector saw some residents' bedrooms and these were personalised with family photos, art and personal items that the residents liked and enjoyed. The centre was kept in a clean and hygienic condition. Surfaces throughout the house were of good quality, were clean and were well maintained. The centre was also very spacious with a variety of rooms where residents could spend time or carry out activities on their own. These included sitting rooms, a sensory room and an activity room.

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete seven actions aimed at improving governance arrangements relating to positive behavioural support at the centre. At the time of the inspection, the inspector found that all seven actions had been suitably completed.

The improvements which had been completed included staff training and familiarisation with behaviour support plans and site specific staff induction. Additional multidisciplinary team supports had been recruited, were appointed, and were working with residents, while one post which had been approved and recruited was not yet in position, but was due to take up the role shortly.

Clear and detailed induction arrangements had been introduced for the induction of new staff. The person in charge was aware of these, although there had been no recent recruitment in the centre. There was also a specific induction process for temporary workers. This had recently taken place in the centre and included detailed and appropriate induction on the care and support needs of residents to ensure that care would be delivered appropriately and consistently.

The provider had arrangements in place to safeguard residents from any form of harm. In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 13 actions aimed at improving governance arrangements relating to protection at the centre. At the time of inspection, the provider had completed 12 of these actions.

The completed actions included development of a safeguarding tracker, relevant training for both the person in charge and staff, completion of a training needs analysis and development of a training schedule for staff and improvement to safeguarding auditing. The development of a policy on the provision of safe wi-fi usage had not yet been achieved, although the management team stated that this was in progress.

During the inspection, the inspector found that clear behaviour support and

safeguarding plans had been developed as required in conjunction with a multidisciplinary support team. However, there were some incompatibility issues which impacted on residents' ongoing protection from possible safeguarding incidents. Measures were in place which had significantly reduced this risk on a daily basis. Permanent measures to address this risk had been identified. These measures involved establishing some new alternative accommodation and were at an advanced stage of planning. However, these risk would not be fully resolved until the completion of these interventions.

There were good risk management arrangements in the centre, which ensured that risks were identified, monitored and regularly reviewed. A wide range of risks and their control measures were included in the centre's risk register. However, the risk of fire and safe evacuation from the laundry room had not been assessed and included in the risk register.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by attending medical and healthcare appointments as required. Residents had good access to a range of healthcare professionals such as dieticians, speech and language therapists and occupational therapists. Residents were supported to access vaccination programmes if they chose to.

The person in charge and staff were very focused on ensuring that the resident's nutritional needs were well managed. There was ongoing nutritional monitoring, weight checks and assessments being carried out and healthy food choices were offered to residents at all mealtimes in line with their assessed needs. It was noted that residents had control over meal choices and mealtimes.

The provider had also ensured that there were measures in place for the prevention and control of infection. These included adherence to national public health guidance, staff training, and ensuring that a very high standard of structural and operational hygiene was being maintained in the centre. The kitchen was bright and comfortable, and was well equipped with readily cleanable and suitable equipment for cooking and food storage. personal protective equipment (PPE) was in plentiful supply in the centre and all staff wore face masks throughout the inspection. The centre had good systems for the storage and disposal of waste. Colour coded cleaning equipment and materials were provided, in addition to an adequate supply of cleaning materials, and a designated area was provided for the storage of this equipment. The centre also had laundry facilities for washing and drying clothes and the laundry of potentially infectious clothing and linens was being managed in line with good practice.

Residents were supported to visit family and friends as they wished. Arrangements were also in place for residents to have visitors in the centre in line with latest public health guidance.

## Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean, comfortable and suitably decorated.

Judgment: Compliant

## Regulation 18: Food and nutrition

The resident's nutritional needs were being supported. The resident chose their own food. Suitable foods were provided to cater for residents' preferences and assessed needs.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were good risk management arrangements in the centre, which ensured that risks were identified, monitored and regularly reviewed. A wide range of risks and their control measures were included in the centre's risk register. However, the risk of fire and safe evacuation had not been assessed and included in the risk register.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The provider had strong measures in place to ensure that the risk of infection in the centre was well managed. To ensure the safety of residents, staff and visitors, additional infection control procedures had been introduced in response to the COVID-19 pandemic.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for residents based on their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

In response to the targeted safeguarding inspection programme and previous inspection of the centre in March 2022, the provider had committed through its compliance plan to complete seven actions aimed at improving governance arrangements relating to positive behavioural support at the centre. At the time of the inspection, the inspector found that all seven actions had been suitably completed.

The improvements which had been completed included staff training, familiarisation with behaviour support plans and site specific staff induction. Additional multidisciplinary team supports had been recruited, were appointed, and were working with residents, while one post which had been approved and recruited was not yet in position, but was due to take up the role shortly.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm. In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 13 actions aimed at improving governance arrangements relating to protection at the centre. At the time of inspection, the provider had commenced and completed 12 of the actions.

The completed actions included development of a safeguarding tracker, relevant training for both the person in charge and staff, completion of a training needs analysis and development of a training schedule for staff and improvement to safeguarding auditing. The development of a policy on the provision of safe wi-fi usage had not yet been achieved, although the management team stated that this was in progress.

There remained incompatibility issues which impacted on residents' ongoing protection from possible safeguarding incidents. Measures were in place which had significantly reduced this risk on a daily basis. Permanent measures to address this risk had been identified and were at an advanced stage of completion. However, this risk would not be fully resolved until the completion of these interventions.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant



# Compliance Plan for Drumboe Respite House OSV-0002531

Inspection ID: MON-0037170

Date of inspection: 18/10/2022 and 19/10/2022

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• The Person in charge will ensure that all relevant documentation is updated to reflect the change in processes in line with the Policy on the Management of Feedback (Comments Compliments and Complaints). With specific reference to there no longer being an appeals process Consumer Services have been now requested to review same. Date for completion 30/11/22</li> <li>• The person in charge has updated the easy to read complaints and concerns poster to include the point of contact persons (formally complaints officer) photograph and contact information. Completion date: 16/11/22</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• The person in charge has reviewed the risk assessment for fire and safe evacuation to include assessment of Internal doors in the Laundry/Activity building to rear of the premises .Completion date 16/11/22.</li> <li>• The person in charge has requested that the fire officer will complete a risk assessment of the doors in the Laundry/Activity building to review if fire doors are required. Date for completion 15/12/22</li> </ul>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"><li>• The provider will ensure the policy on provision of safe wifi usage is completed and circulated to all staff. A request for an extension for this specific action has been sought by the Head of Service Disability Services on the overall Donegal Disability Services Compliance plan. – Date for completion 31/12/2022</li><li>• The person in charge continues to attend regular MDT meetings regarding transition planning for the three residents living in Drumboe to move to a full time residential placement. Completion date: 31/10/22</li><li>• The person in charge will continue to attend monthly safeguarding meetings where any safeguarding concerns in the centre are discussed and reviewed. Completion date 31/10/22</li></ul>	

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/12/2022
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	30/11/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2022