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:	Good Counsel Services
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	01 and 02 August 2024
Centre ID:	OSV-0002586
Fieldwork ID:	MON-0035365

About the designated centre

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

Good Counsel Services provides a residential service for up to 21 adults with an intellectual disability who may present with additional complex needs, across three locations in Co. Dublin. The premises consists of ground floor, first floor and three storey accommodation. The four premises are located in different south Dublin suburbs, and are within a short distance from each other. Two units are located in a community setting, one of which has two premises, a house and three apartments. The fourth unit is on the first floor of a large building. Residents are supported 24 hours a day, seven days a week by a staff team consisting of a person in charge, clinical nurse managers, staff nurses, health care assistants and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19

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 1 August 2024	09:00hrs to 18:00hrs	Marie Byrne	Lead
Friday 2 August 2024	08:30hrs to 14:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, residents were supported to enjoy a good quality of care in this centre. This inspection was carried out to assess the provider's regulatory compliance, and to inform a recommendation to renew the registration of the designated centre. The findings of this inspection were positive, with the majority of regulations reviewed found to be compliant. Improvements were required in staffing to ensure residents enjoyed continuity of care and support in their homes. In addition, the provider continued to keep the risks associated with resident compatibility and safeguarding under review as the current control measures were not proving fully effective. These areas are discussed further in the body of the report.

Good Counsel services is a designated centre comprising of two houses, three apartments and an area on the first floor of a large building. It has 21 registered beds and residential care is provided for residents over the age of 18 with an intellectual disability. At the time of the inspection, there were 19 residents living in the centre. The first premises is a three-storey house close to a local village. There are two sitting rooms, a staff office, kitchen come dining room, a utility room, five resident bedrooms, three of which have en suite bathrooms. There is also a main bathroom on the third floor. There is a walled garden to the front of the property and a small well-maintained garden at the back of the property.

The second property is an eight-bedded unit on the first floor of a large building, which also contains office spaces. Each resident has an en suite bathroom, five resident bedrooms have a balcony and four have large windows with views of the surrounding area. There is also a shared balcony area with plants and seating areas, a large sitting room, a small sitting room come visitors room, a large dining room and a large industrial kitchen.

The third area consists of a four bed house and three apartments. Each apartment has an open plan kitchen/dining/sitting room and bedroom with separate bathroom. There are two one-bed apartments and one two-bed apartment. The house has a kitchen come dining room, two sitting rooms, three ground floor bedrooms with ensuite bathrooms, an upstairs office and a resident bedroom with ensuite facilities. There is a paved patio area with raised beds at the front of the house and the back of the apartments.

The inspector of social services had an opportunity to meet 13 residents over the two days of the inspection and to visit each of the premises. They also had the opportunity to meet and speak with the person in charge, eight staff members, an assistant director of nursing and the director of nursing.

Residents had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions and body language to communicate. Throughout the inspection, staff were observed to be very familiar with residents

communication styles and preferences. They spent time listening to residents and residents were observed seeking them out if they required their support. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents.

Over the two days of the inspection, the inspector observed that there was a warm, friendly and welcoming atmosphere in each of the areas visited. The inspector had an opportunity to sit and spend time chatting with some residents and to observe them engaging in activities they enjoyed in their home such as, singing, dancing, listening to music, and taking part in exercise programmes. They were observed laughing and making jokes with each other and staff. They spoke about things they enjoyed doing, the live music once a week in their home, the new sensory room in their home, courses they had completed, holidays and trips they had enjoyed, and the important people in their lives. One resident spoke about a number of college courses they had completed and their plans to learn more about one of their areas of interest. They also spoke about a conference they were going to later in the year. Another resident spoke about the new television in their home. They spoke about being able to watch movies and listen to music on it.

In one of the areas a resident spoke with the inspector about how much they enjoyed a sing-song. They said "I love the staff" and spoke about how much they enjoy watching their favourite television programmes and going shopping to a local shopping centre. Another resident spoke about their plans to meet their friend who they used to lived with. They were looking forward to having a coffee with them and going for a drive together. Another resident spoke about all the places they had lived over the years and said that this was their favourite place to live. Over the course of the inspection, residents went out and about in their local community for walks, drives and shopping with staff. They also went to local libraries to take part in activities there.

Two residents told the inspector about how well supported they were by their keyworkers who were supporting them to develop and achieve their goals. Residents' rights were regularly discussed with them through resident and key worker meetings. One resident spoke about their rights and the importance of "always having respect for others rooms and property, and respecting their personal space". Two residents spoke about their peer who had moved in with them earlier in the year. They spoke about enjoying getting to know them and the things they were doing to form friendships and to help them settle in. They also spoke about some of the challenges they had all faced learning to share their home, and the supports that were being put in place to ensure they all felt happy and safe in their home. They both said they were happy living in the house and told the inspector they would speak with staff if they had any worries or concerns. Staff had completed a number of bespoke trainings in this house following a number of safeguarding concerns in the preceding months. These included bespoke safeguarding, report writing and positive behaviour support trainings.

The inspector observed residents being supported to to make choices around how and where they wished to spend their time, and what and when they would like to

eat and drink. Residents were supported to buy, prepare and cook or bake if they wished to. Menu planning was discussed at residents' meetings and there were a number of vehicles to support residents to go food shopping if they wished to. The inspector observed staff respect residents' privacy in their home. They were observed to knock on residents' bedroom doors before entering. Picture rosters were on display in the houses and there were easy-to-read documents available about areas such as, safeguarding, complaints, resident' rights, how to access advocacy services and the confidential recipient, fire evacuation plans, and infection prevention and control (IPC).

Each of the premises were found to be homely and comfortable. Art work and soft furnishings contributed to how homely they appeared. Residents' bedrooms were decorated in line with their preferences and they had plenty of storage available for their personal items. Two residents told the inspector that they could lock their bedroom door, if they wanted to. A number of residents showed the inspector around their home and showed them some of their favourite photos and possessions. One resident told the inspector "this is my home and I love it".

As previously mentioned 16 residents completed, or were assisted to complete questionnaires on "what it is like to live in your home". In these questionnaires residents indicated they were happy with their home, what they do everyday, their access to activities, staff supports, the people they live with, and their opportunities to have their say. The inspector also had the opportunity to meet one resident's relative and they were very complimentary towards care and support in the centre.

The inspector found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and the annual reviews. The feedback in these reviews was positive and residents were complimentary towards their home, food choices, their access to activities, and staff supports. The inspector also reviewed a sample of 12 compliments in the centre made by residents' representatives which mostly related to the quality of care and support for residents and communication with staff in the centre. They included comments such as, " thanks to staff for all hard work ... family are very grateful", "we are very thankful", "thanks for the ongoing communication", and "tell staff that all the care give to ... is much appreciated".

In summary, residents were busy and had things to look forward to. They were aware of who to go to if they had any concerns or complaints. They lived in warm, clean and comfortable homes. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required, such as those relating to staffing, resident compatibility and safeguarding.

The next two sections of this report will 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 provided.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that residents were in receipt of a good quality of care and support. They were supported and encouraged to take part in the day-to-day running of their home and in activities they enjoy. In line with the findings of this inspection, the provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. They were aware that improvements were required in relation to staffing numbers and continuity of care. They were also aware that the control measure to protect residents from abuse were not proving fully effective and were in the process of implementing a number of additional control measures to reduce the presenting risks relating to safeguarding and resident compatibility. This is discussed further under Regulation 8.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was present in the centre regularly and they were supported by three clinical nurse managers (CNM). They reported to and received support from two assistant directors of nursing and a director of nursing. There was an on-call service available to residents and staff out-of-hours.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with staff the inspector found that provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection. They had self-identified through their audits that a number of allegations of abuse had not been recognised or reported as such and had taken a number of responsive steps and implemented a number of additional control measures. These are detailed further under Regulation 8. The provider's policies, procedures and guidelines were readily available in the centre to guide staff practice.

The centre was not fully staffed in line with the statement of purpose and this was impacting on continuity of care and support for residents. This is discussed further under Regulation 15. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision, training, and opportunities to discuss issues and share learning at team meetings.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider with the application to renew the registration of the designated centre and found that they had submitted

the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information for the person in charge and found that they had the qualifications and experience to fulfill the requirements of the regulations. During the inspection the inspector reviewed the systems they had for oversight and monitoring and found that they were effective in identifying areas of good practice and areas where improvements were required.

The residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Staff members who spoke with the inspector was also complimentary towards the support they provided to them.

Judgment: Compliant

Regulation 15: Staffing

A sample of Schedule 2 information for three staff was reviewed in an office operated by the provider in advance of the inspection. These files were found to contain the required information.

The centre was not fully staffed in line with the statement of purpose at the time of the inspection. There were 10 whole time equivalent (WTE) equivalent vacancies including six vacancies for health care assistants, and four staff nurse vacancies. The inspector reviewed a recruitment tracker which showed the attempts the provider had made to recruit. There were live advertisements for the vacant post which had remained open for an extended period. Interviews were held on numerous occasions since 2021 and four times to date in 2024. The inspector was informed that a number of staff had been recently interviewed and successful, and job offers were in progress.

The inspector reviewed planned and actual rosters for June and July 2024 and found that improvements were required in relation to continuity of care and support. The rosters showed that a large number of shifts were covered by agency staff. For example in one of the houses between 36 and 50 shifts were being covered by agency staff and in one 24 hour period 60% of shifts were covered by agency staff. In a second house an average of 40% of shifts were covered by agency staff. In the third house an average of 33% of shifts were covered by agency staff. It was evident that where possible, the same regular agency staff were used, this was not always possible due to the volume of shifts that needed to be covered.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre for 27 staff and the certificates of training for 10 staff. Each staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, manual handling, and IPC. A small number of staff were due refresher training in areas such as, managing behaviour that is challenging, manual handling, CPR and first aid, and hand hygiene and they were booked onto the next available courses. Staff had also completed additional trainings in line with residents' assessed needs such as dementia awareness training, epilepsy and rescue medication training, managing eating, drinking and swallowing for people with an intellectual disability, and nine staff had completed bespoke face-to-face dysphagia training. The inspector also reviewed correspondence to demonstrate that agency staff had completed mandatory trainings and viewed a sample of certificates of training for three of them.

The inspector reviewed the certificates of training for 17 staff who had completed one or more modules on applying a human rights-based approach in health and social care.

The inspector reviewed supervision records for seven staff. The agenda for each was resident focused and varied. From the sample reviewed, discussions were held in relation to areas such as roles and responsibilities, current workload, team dynamics, and training and development.

Four staff who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support. They spoke about the provider's on-call system and the availability of the person in charge or clinical nurse manager in person and on the phone.

Through a review of the minutes of seven staff meetings, the inspector found that the agenda items were resident focused and varied. Examples of agenda items included, incident review and learning, residents' support needs and goals, staffing, complaints, risk, maintenance, safety alerts, and fire safety.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by the inspector.

A copy was also submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the management structure was in line with that defined in the statement of purpose. From a review of the statement of purpose, the minutes of management and staff meetings for 2024, and through discussions with staff, there were clearly identified lines of authority and accountability amongst the team.

The person in charge was a clinical nurse manager 3 and they were supported supported by a CNM2 and two CNM1's. They were each visiting the houses regularly and completing walk-around audits monthly which reviewed the environments, documentation and captured residents opinions and their experience of care and support in the centre. The inspector reviewed a sample of 21 of these audits which had been completed by the CNM3 and 21 which had been completed by the CNM1/2. A number of management meetings were also occurring such as quarterly health and safety meetings, and quality and safety committee meetings.

Area-specific audits were being completed and the inspector reviewed a sample of ten of these for 2024. These audits related to areas such as finances, residents' personal plans, health and safety, medicines managements, environmental reviews, safeguarding, fire safety, behaviour support, restrictive practices, trend analysis of accidents and incidents, and risk management.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and capturing residents' lived experience in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. The person in charge had action logs which captured the action plans for the six-monthly, annual review and area specific audits in the centre. These showed that the majority of actions had been completed in line with the identified timeframes. The outstanding actions related to staffing.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider's admissions policy was available and reviewed by the inspector. It clearly described the admissions policies and procedures.

One resident had been supported to transition to a single occupancy apartment

since the last inspection which had removed a safeguarding risk in one of the houses. Four staff spoke with the inspector about the positive impact of the move for this resident and for the residents who they used to share their home with.

In addition, there had been an emergency admission to the centre since the last inspection. The inspector reviewed documentation relating to this residents' admission and transition and found that their admission had been completed in line with the provider's policies and procedures. The inspector reviewed a sample of seven residents' contacts of care and they had been regularly reviewed and contained the required information.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was available and reviewed in the centre. It contained the required information and had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had developed a complaints policy which was available and reviewed in the centre. The complaints procedures were also outlined in the statement of purpose and an easy-to-read document on managing complaints. These were available and reviewed in the centre. There was also an easy-to-read complaints form and response letter. In the response letter residents had an opportunity to record if they were satisfied with the outcome of their complaint.

There was a nominated complaints officer and their picture was available and on display in the centre. The complaints process was also discussed at resident's meetings. A complaints and compliments log was maintained for each of the three houses and a complaints audit was completed regularly by the person in charge.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities

and to be part of their local community. They were making decisions about how they wished to spend their time and supported to develop and maintain friendships and to spend time with their families and friends. They lived in a warm, clean and comfortable homes. Work was ongoing to ensure that risks identified in relation to resident compatibility and safeguarding were reduced in the centre.

The inspector reviewed a sample of resident's assessments and personal plans and found that these documents positively described their needs, likes, dislikes and preferences. Residents were supported to manage their finances in line with their wishes and preferences. They were accessing health and social care professionals in line with their assessed needs. Residents who required the support of a clinical nurse specialist were accessing their support. Behaviour support plans were developed, as required.

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. There was a system for responding to emergencies. Work was ongoing at the time of the inspection to ensure that residents were protected by the safeguarding and protection policies, procedures and practices in the centre. This is discussed further under Regulation 8. Staff had completed training and four staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required.

Regulation 11: Visits

Visiting arrangements were detailed in the provider's visiting policy, the statement of purpose and the residents' guide. These were available and reviewed in the designated centre during the inspection. They detailed how visits were facilitated unless it posed a risk or if a resident did not wish to receive visitors.

Through a review of documentation and discussions with residents and staff it was clear that they were being supported to visit and be visited by the important people in their lives. Three residents spoke with the inspector about the important people in their lives. They spoke about visiting, and being visited by their family regularly, and speaking with them on the phone. Examples of comments in the questionnaires residents completed prior to the inspection included comments such as "I like when my brother … visits and takes me home to visit my mother", and "I love when my sister … and my brother … come to visit me".

Judgment: Compliant

Regulation 12: Personal possessions

The provider had developed a policy relating to residents' personal property, personal finances and possessions.

The inspector reviewed financial records and audits for six residents for 2024 and found that they were being supported to manage their finances in line with their money management assessments. Receipts were maintained, and account statements were available and audited. A log was maintained of residents' income and expenditure. In addition, a log of residents' property and personal effects were maintained in their care plans.

The inspector checked the cash balance on site for four residents and found that they matched the balance detailed in their financial records.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around each of the premises with the person in charge during the inspection. The houses and apartments were found to be clean, homely and well maintained.

The provider had ensured that the premises was designed and laid out to specifically meet the needs of each of the residents. Each resident had their own bedroom and storage for their personal items. They had access to kitchens, dining spaces and a number of communal spaces. Each house or apartment had access to outdoor areas or gardens.

Funding was approved and painting was due start in each of the areas the week after the inspection. In addition, funding had been secured to complete works in the ensuite bathrooms in one of the premises and these works were due to commence in September 2024.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available and reviewed in each of the houses. It was found to contain the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management polices, procedures and practices in the centre. The risk register was reviewed and found to be reflective of the presenting risks and incidents occurring in the centre. The inspector reviewed a sample of eight risk assessments in four residents' plans, a sample of nine IPC risk assessments and seven general risk assessments. They found that they were reflective of presenting risks, up-to-date and regularly reviewed.

There were systems in place to record incidents, accidents and near misses and learning as a result of reviewing these was used to update risk assessments and shared with the staff team. There were systems to respond to emergencies and to ensure the vehicles in the centre were roadworthy and suitably equipped.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to a clinical nurse specialist in behaviour and they had stress management plans and positive behaviour support plans in place which was reviewed and updated regularly. The inspector reviewed a sample of three residents' plans and found they were clear and concise and set out communication styles and approaches that best supported the residents. The inspector found that staff who spoke with them were knowledgeable in relation to the proactive and reactive strategies detailed in the residents' stress management and positive behaviour support plans.

There were a number of physical, environmental and chemical restrictive practices in use. These were recorded and audited in a monthly basis by members of the management team. Six residents' rights assessments and risk assessments were reviewed and these were detailed in nature and considered the impact of restrictions for residents and their peers. There was an easy-to-read document available for residents on human rights and the use of restrictive practices. The local management team were logging and reviewing them and restrictive practices were reviewed at by the provider's human rights committee which had external representation. The restrictive practices in place on the day of the inspection were in line with those notified to the Chief Inspector on a quarterly basis.

Through discussions with staff and a review of documentation it was clear that alternatives were considered before restrictive practices were used, and that the least restrictive procedure was used for the shortest duration. Restrictive practice reduction plans were developed and implemented, where possible.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed documentation and spoke to two residents and three staff about an audit which identified that a number of peer-to-peer psychological and physical safeguarding incidents had occurred in the centre which had not been recognised or reported as such. The inspector found that once they became aware of this, the provider took a number of responsive steps. For example, they implemented additional staffing day and night, increased management oversight and monitoring, and provided additional bespoke safeguarding, positive behaviour support and report writing training for staff. There had been a number of meetings with residents to ensure they were aware of who to raise any concerns they may have, a review of positive behaviour support plans was completed and residents were supported to access the relevant health and social care professionals. In addition, the provider's service user and patient engagement officer had met with residents, and another meeting was planned. A staff meeting was held in the area which was attended by senior managers and it focused on the implementation of the provider's safeguarding policies and procedures.

From a review of the staff training matrix, 100% of staff had completed online safeguarding and protection training, and seven staff had completed the bespoke training mentioned earlier. The inspector spoke with the person in charge and four staff members and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available and reviewed in the centre. The inspector reviewed 18 preliminary screenings in the designated centre and found that safeguarding plans had been developed and reviewed as required. Five residents had risk assessments in place due to identified safeguarding risks relating to compatibility in one of the houses. In response to these identified risks the provider had implemented a number of additional controls. However, as identified in their risk assessments the risk of safeguarding concerns remained high. The control measures detailed in risk assessments and safeguarding plans were not found to be proving fully effective at the time of the inspection. Compatibility assessments had been completed and a business case had been completed. In the interim, the provider was keeping the control measures under review and one resident had 1:1 staffing in place.

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
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Good Counsel Services OSV-0002586

Inspection ID: MON-0035365

Date of inspection: 02/08/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
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. The registered Provider shall ensure:
There is a continuous roll over campaign for Staff Nurses and Health Care Assistants through the HSE National Recruitment Services specific for Southside Disability Intellectual Services. The Director of Nursing is aware of all campaigns.
Agency Framework is in place and followed for use of agency staff across the Good Counsel Services.
Interviews are scheduled to take place in September 2024 for Nurses.
Recruitment Tracker is in place and updated.
Residents needs determine the skill mix of staff on a 24 hours basis
Eligibility criteria are set out and there are Job specifications set out as part of the recruitment process senior nurse managers are involved in shortlisting candidates for interview
Potential staff can commence working through an agency as per framework whilst rigorous HSE pre-employment clearances are being carried out which can cause delays in start dates this aims will help with retention of candidates such as graduate nurses

Outline how you are going to come into compliance with Regulation 15(1) : Staffing
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.

The Registered Provider will ensure
That vacant posts are filled with full time staff from the current recruitment campaigns. These staff are in turn rostered to individual areas within the center to ensure seamless care is carried out.
Posts are calculated on a Whole Time Equivalent basis not on staff numbers

Furthermore, the Agency staff will continue to be given regular shifts to ensure continuity of care in the service

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
One to one staffing will remain in place in this house. This is in addition to the staff in this house to prevent safeguarding incidences.
There is close monitoring in place to ensure that any safeguarding concerns are reported and acted upon immediately.
All safeguarding concerns are notified to the Safe Guarding Team immediately should an incident be identified and a safeguarding plan is put in place to prevent a reoccurrence.
Continuous safeguarding audits are in place to ensure safeguarding incidents are identified and relevant documentation put in place.
Safeguarding plans are reviewed for effectiveness and prevention of incidents.
Daily rounds are carried out daily by the PIC and CNM.
All paper-work is checked to ensure no safeguarding has occurred.
Face to Face Safeguarding Vulnerable adults training has taken place in July 2024.
All staff are trained in the HSELand Safeguarding Adults at Risk of Abuse. .
Unannounced visits will continue.
Safeguarding audits will continue to ensure all incidents are identified.
Safeguarding will continue to be discussed at staff meetings.
HSE Patient and Service User Engagement Officer will continue to visit the house.
All residents can access independent advocacy services, should the need arise.
Safeguarding plans will continue to be discussed at staff meetings and updated as necessary.
Support plans for Person Causing Concern will be reviewed and monitored closely.
Positive Behaviour Support plans and Stress Management plans will remain in place and reviewed.
Communication passports will be reviewed to include any newly identified communicative behaviors
Mental health reviews from consultant psychiatrist
GP reviews when necessary
Human rights committee safeguarding an agenda item
Restrictive practice committee is being established as a sub- committee of Human Rights committee will be chaired by Advanced Nurse Practitioner

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	31/12/2024
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.	Not Compliant	Orange	31/12/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/11/2024