



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

## Issued by the Chief Inspector

Name of designated centre:	St. John of God Kerry Services - Residential Community Services Tralee
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	19 July 2021
Centre ID:	OSV-0002920
Fieldwork ID:	MON-0033328

## About the designated centre

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

St. John of God Kerry Services - Residential Community Services Tralee consists of two semi-detached houses, two detached houses and an apartment to the rear of one of the detached houses, all located in housing estates in a town. This designated centre provides a residential service for a maximum of 12 residents with intellectual disabilities. Some residents reside in the centres seven nights a week while other residents stay in the centre four nights a week. Both male and females over the age of 18 can avail of the centre. Each resident has their own bedroom and other rooms in the centre include bathrooms, living rooms, kitchens, dining areas, and utility rooms. Residents are supported by the person in charge, social care workers, health care assistants and nursing staff.

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

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 19 July 2021	09:00hrs to 17:40hrs	Conor Dennehy	Lead
Monday 19 July 2021	09:00hrs to 17:00hrs	Caitriona Twomey	Support

## What residents told us and what inspectors observed

On the day of the inspection, homely environments and some respectful interactions between staff and residents were observed. While some positive views were indicated by residents living in this centre, some concerns were also raised by all of the residents living in one of the houses.

This designated centre was comprised of four houses and an apartment with three of the houses visited by inspectors. One of these houses was vacant when an inspector visited as the residents living there had left for their day services. As a result, inspectors did not meet with any resident living in that house. In the other two houses visited by inspectors, some residents were away for large parts of the day before returning to the houses towards the end of the inspection. Another resident was initially present when inspectors arrived, before leaving shortly afterwards and then returning in the afternoon. In total during this inspection, five residents were spoken with, all three residents of one house and two from another.

While residents were away from their houses, inspectors used this time to review documentation relating to the centre overall and to individual residents. One such document reviewed was the most recent annual review conducted for the centre. This contained feedback from families of nine of the residents living in the designated centre. It was noted that the feedback from families was very positive. The annual review also contained the results of a survey completed with 11 residents. Such feedback was generally positive and it was read that all residents who provided feedback for this annual review indicated that they liked living in the centre and felt safe. However, staff spoken with during the inspection in one of the houses indicated that there was conflict or tension between the three residents living there. All three of these residents were spoken with during this inspection and they raised some concerns about their lives in the centre.

The first of these residents appeared content when meeting inspectors and told them that they were going for a massage later. Before leaving for this, the resident indicated that they had been attacked by another resident of the same house and also mentioned the police. The staff member with the resident at this time then told the inspection that they had previously brought the resident to the Garda Síochána (police) to make a complaint. This resident left the house during the morning of the inspection and returned later in the afternoon. A staff member with the resident indicated that their scheduled massage did not take place due to a meeting with the person in charge. This was highlighted to the person in charge who said they did meet with the resident that morning but that this was not the reason the massage had not taken place. This resident was later supported to have a bath after their return.

The second resident living in this house indicated to an inspector that they liked living in the centre, felt safe and enjoyed their day service where they participated in activities such as social farming. Despite this the resident also said that they did

not like it when another resident living in that house said they were going to go into their bedroom. The inspector asked the resident had it ever happened that their peer had gone into their bedroom and the resident said no. When asked if the resident had ever raised this issue to staff, they indicated no and then asked the inspector if they should. The inspector told the resident that if they had concerns about anything they were entitled to make a complaint. The resident also indicated that they did not like it when the same peer they mentioned earlier turned off lights in the house and it had been noted from records reviewed that a resident of this house had previously complained about this.

When asked by an inspector if there was anything else the resident wanted to tell the inspector or show them, the resident brought the inspector to a downstairs toilet in their house. They then told the inspector how sometimes they want to use this toilet but cannot as another resident stops them from using this. They also highlighted how the other resident can open the toilet door while the toilet is occupied. Later on, another inspector was shown around the outside area of the house by this resident. They wanted to show the pots of flowers that they watered daily. There was a steel bucket in the patio area containing sand and cigarette butts. When discussing these, the resident said that they did not like them there

The third resident of this house also spoke positively about their day service where they said they made clothes and also indicated that they liked living in the centre. When asked by an inspector if they felt safe living in this house, the resident answered yes but appeared uncertain about their answer. When asked if there was anything that made them feel unsafe, this resident said that they did not like it when another resident ran at them. The resident showed an inspector their bedroom which was observed to be well furnished and personalised with photos. The resident said that they liked their bedroom and pointed out a picture of a family member who had passed away. The resident said that a remembrance mass for this family member was to take place later in the year.

In the other house visited while residents were present, two further residents were spoken with by an inspector. A third resident usually lived in the house but had chosen to move to their family home for the duration of the COVID-19 pandemic and had not yet returned. The two residents had just returned from a few days spent with family members. They were very independent and were in the process of settling back into the house, putting on clothes to be washed, having a cup of tea and catching up with each other. The residents clearly got on well with each other. They spoke with the inspector about the impact of COVID-19 and their recent vaccinations, their families, sport, current affairs, the staff who would be working later in the afternoon, beaches they had recently visited, and their plans for the following day.

The inspector was told by one of these resident that they did not cook but did set the table. The other resident agreed with this and told the inspector they cooked sometimes but were happier for staff to do it. There were photographs in communal areas and residents also spoke about those. They told the inspector that they were happy living in the house and with each other. They referred to the person in charge as "the boss" and said that if there was anything bothering them that they would tell

them and they would listen. One resident spoke of their dislike of standing across the road in their pyjamas as part of a fire drill. Aside from that, both residents were positive about the time they spent in the house.

Residents were consulted with and given information through resident meetings that took place monthly in the houses of the centre. On review of the records for one house, areas of regular discussion included complaints, fire safety precautions, personal plans, safeguarding, housekeeping matters, a local advocacy group and outings/activities. It was noted in the May 2021 meeting for this house that all residents were to "try to get on the best they can". The person in charge told an inspector that another meeting was planned for the night of the inspection.

It also noted that a person-centred process was followed in this centre which allowed residents and their families to be involved in residents' personal plans. When holding person-centred planning meetings, goals were identified for residents to achieve. A sample of these goals were reviewed and it was indicated that some were progressing. For example, one resident wanted to return to social farming and they had been able to do so in recent months. It was seen though that some of the goals in place required revision to take account of COVID-19 restrictions. One resident had goals identified for them in August 2020 covering areas such as going for an overnight stay away and going on a shopping trip. While these goals were reviewed in November 2020, February 2021 and May 2021, it was recorded that these had not progressed due to COVID-19. As a result none of the identified goals had been achieved and revised goals that took account of COVID-19 had not been identified during the three reviews that had taken place.

There was evidence that another resident wished to live in one of the houses of the centre on a full-time basis. A plan was in place for times when they did not wish to leave the centre at weekends. Although their wish was noted in the information gathering document to support the development of their personal plan, this was not included as a goal. It was documented elsewhere, that funding had been received to support this more than one year previously. When asked about this, the person in charge advised that currently the resident did not wish to live full-time in the centre and that a process was underway to support them in making a decision about their living arrangements. It was made clear that this resident could choose to stay in the designated centre whenever they wanted

All three houses visited as part of this inspection were observed to be clean, tidy and homelike. Parts of the centre had recently been repainted with new seats and couches seen in two of the houses. The kitchen units in one house were in a poor state of repair and flooring was also lifting in the adjacent utility area. The ceiling paint in the bathroom was also flaking. The person in charge informed an inspector that these issues had all been reported to the maintenance department and that a new kitchen was to be fitted in the weeks following this inspection.

In another house visited by the inspectors, it was observed that the only bathroom which had a bath or shower for residents was located on the first floor. When reviewing documents relating to one resident of that house, these indicated that the resident had degenerative osteoarthritis and chronic dislocation of both their knees.

In addition, this resident had been recently assessed as being at a high risk for falls. This resident had their bedroom on the ground floor but if they wanted to have a wash they had to go upstairs to use the bath which they also had to climb into. Extra grab rails and handrails had been added to the bathroom and stairs respectively following previous recommendations by an occupational therapist. This resident was observed to move very slowly when climbing the stairs while holding onto handrails on either side. A staff member spoken with indicated that the resident had great willpower and could climb the stairs but did not take into account that the resident might have pain when climbing the stairs.

This resident was supported by a staff member to take a bath towards the end of the inspection. It was noted that the staff member took steps to ensure the privacy of the resident by knocking and waiting for a response from the resident before entering the bathroom. Earlier in the inspection day, it had also been observed that a former person participating in management for this centre had visited the house where the resident lived and was overheard knocking on the resident's bedroom door and did not enter until the resident had given their permission for this.

In summary, the houses visited by the inspector were generally observed to be presented in a homely manner and some of the residents spoke positively about living in the centre. However, all three residents living in one house of this centre, raised issues which suggested negative impacts on their safety and their quality of life.

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

## Capacity and capability

The overall findings of this inspection indicated that the provider had not ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

This designated centre was last inspected by HIQA in May 2019 where it was identified that the fire safety systems present were inadequate. In response, the provider undertook to address this by 31 December 2019 and as a result the centre had its registration renewed until October 2022 with a restrictive condition requiring the provider to complete fire safety works. Confirmation was received in December 2019 that these works were completed so the restrictive condition was removed. In March 2021, the provider indicated their intention to withdraw from providing disability services at the end of September 2021 with the required formal notification of this for this designated centre submitted to HIQA. While this matter was currently under review, the purpose of the current inspection was to monitor the levels of



compliance with the regulations.

In keeping with the requirements of the regulations, the provider had systems in place to monitor the quality and safety of care and support provided. These included carrying out provider unannounced visits at six monthly intervals with such visits reflected in written reports. On account of COVID-19 the provider had modified its approach to these and it was seen that the results of the two reports complied in the past 12 months were primarily based on telephone conversations between an assessor appointed by the provider and the person in charge. Upon reviewing these reports a good level of compliance was indicated overall and it was particularly noted that Regulation 8 Protection had been judged as being substantially compliant. The most recent report had been compiled in June 2021 but inspectors were not assured that such monitoring processes were operating effectively given the findings of this HIQA inspection where high levels of non-compliance were found.

Prior to this inspection, it had been noted that there was an increase in the number of notifications of a safeguarding nature submitted to HIQA in 2020, mainly relating to one house of this centre. Some similar notifications had also been received in 2021 although overall the volume of them was noted to have reduced. Submitting such notifications is required under the regulations and is important so that HIQA are aware of events occurring which can potentially negatively impact on the residents living in a designated centre. Submission of such notifications is the direct responsibility of the person in charge under the regulations. The person in charge for this centre had the necessary experience and qualifications for the position and at the time of this inspection was responsible for a total of two designated centres covering five different houses and an apartment in the same town for up to 18 residents overall.

While in this house, an inspector reviewed incident reports relating to the three residents living there. These incident reports indicated that not all incidents of a safeguarding nature had been notified to HIQA. In particular the inspector noted occasions where residents were described as fearing another resident they lived with. During an introduction meeting for this inspection with the person in charge, it was indicated to inspectors that the residents living in this house liked living there and liked living with each other. Some of the residents spoken with by an inspector did indicate that they liked living in the house. However, all three residents living in this house also raised concerns to the inspector such as saying they did not like when another resident ran at them or that another resident had attacked them.

It was significant that during the inspection discussions with a resident from the same house and a staff member indicated that the resident had been previously brought to speak to the Gardaí to make a complaint. An inspector became aware of this within the first hour of this HIQA inspection and highlighted it to the person in charge. Management of the centre were unaware of this until it was brought to their attention by the inspector. It was later indicated that this happened two to three months prior to this HIQA inspection and that the complaint made by the resident related to the other residents they were living with. Efforts were made to get more information about this during the inspection and management indicated that further

enquiries into this matter would be carried out.

As this matter had been quickly identified by an inspector shortly into the inspection, this raised concerns around the level of oversight for this designated centre and taking into account findings under other regulations during this HIQA inspection, the provider's monitoring systems were not ensuring that the service provided was safe, appropriate to the needs of all residents, consistent and effectively monitored. In addition, given the findings in particular areas, such as notifications and assessments of residents' needs, it was not demonstrated that the current remit of the person in charge was ensuring effective governance, operational management and administration of this designated centre.

#### Regulation 14: Persons in charge

The remit of the person in charge was not ensuring effective governance, operational management and administration of this designated centre.

Judgment: Not compliant

#### Regulation 15: Staffing

Based on safeguarding plans for some residents living in this designated centre, additional staffing support was required for one house of this centre.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

Taking into account findings under other regulations during this HIQA inspection, the provider's monitoring systems were not ensuring that the service provided was safe, appropriate to the needs of all residents' needs, consistent and effectively monitored.

Judgment: Not compliant

#### Regulation 31: Notification of incidents

Not all incidents of a safeguarding nature occurring in this designated centre were

being notified to HIQA

Judgment: Not compliant

## Quality and safety

Particular concerns were identified regarding the resident mix in one house of this designated centre. This was contributing to concerns around safeguarding and was affecting residents' exercise of their rights in their home.

When reviewing one resident's personal plan it was indicated that the resident found shared living difficult and this could impact residents as the resident could try to control many aspects of their lives. At the time of the inspection, while the resident had their own bedroom which they were encouraged to use, the resident lived with two others. It was also highlighted to an inspector how another resident could inadvertently act as a trigger for this resident's behaviour. When reviewing incident reports for the house where this resident lived, there were recorded incidents in 2021 where this resident's behaviour had posed a challenge to their peers. For example, incidents were recorded where this resident had refused to let another resident come down the stairs, had turned off lights despite requests from other residents to leave them on or had unplugged the television when other residents were watching it.

In this resident's behaviour support plan developed in May 2019, it was indicated that the resident liked to control their environment which could lead to conflict with their peers. This behaviour support plan identified that a long term goal for this resident should be to live on their own in a downstairs apartment which would reduce such incidents. When reviewing this resident's personal plan it was noted that this had not been included as a goal during their most recent person-centred planning meeting. The incidents reports related to this resident and the contents of their personal plan and behaviour support plan raised concerns around the suitability of the resident mix in the house where they lived and this was also contributing to safeguarding concerns in the house.

The personal plans of all three residents living in this house made reference to safeguarding issues and during 2020 there was an increase in the number of notifications regarding safeguarding incidents submitted to HIQA from this house. At that time residents had been receiving their day services from their home due to COVID-19 restrictions and it was indicated that such incidents had been influenced by residents spending longer periods of time together in the house. In response, safeguarding plans were put in place for residents and day services outside the house had recommended for two residents. The third resident continued to receive their day service from home but did have their own room available to them at the nearby day services centre. The notifications submitted to HIQA decreased in 2021.

Despite this when reviewing incident records for 2021, there were a number of

incidents that had taken place in the house when all three residents were present which clearly indicated that there were ongoing safeguarding concerns in this house. For example, in reports some residents were described as either fearing or being intimidated, by another resident. On one of these occasions a resident was described as holding onto a clothes horse to act as a safety net from another resident. Another incident detailed how a resident had become upset while having dinner in the kitchen by another resident being verbally aggressive. This caused the first resident to take their dinner into the sitting room. While efforts were being made to ensure the safety of the residents, the ongoing nature of such incidents indicated that residents were not being adequately protected within their current environment.

There were also indication that the resident mix in this house was contributing to residents not having full choice and control over their daily live. According to some of the 2021 incident reports, there were times when some residents were asked to stay in their bedroom or left a communal room due to another resident's presentation. One particular incident involved two residents being asked to get up early to have their breakfast and then encouraged to go back to their bedrooms before another resident came into the kitchen area. A staff member spoken with indicated that this had happened once or twice. In addition, one resident told an inspector that sometimes another resident would stop them from using a downstairs toilet or open the door to this toilet when it was in use. Such instances restricted this resident's choice and also negatively impacted on their right to privacy and dignity.

Taking into account concerns regarding the resident mix in this house and the negative impact this was having on the safeguarding of residents and the protection of their rights, inspectors were not assured that suitable arrangements were in place to meet the needs of all three residents in their current environment. It was noted that a meeting had taken place in October 2020 involving the residents of this house and those involved in the management of the centre where it was indicated that the residents living arrangements could not continue if incidents of a safeguarding nature continued. Despite the safeguarding concerns that had persisted into 2021 an assessment of these residents to determine if their needs could be safely met in this house but had not been completed at the time of inspection although an inspector was informed that this was in progress.

### Regulation 17: Premises

While the houses visited by the inspector were observed to be homelike and well maintain, it was noted that at the time of inspection some maintenance was required in one house. The suitability of one of the houses for one resident with particular needs required review to determine its ongoing suitability for the resident.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

When reviewing risk assessments in the centre it was noted that the description of risks and the risk ratings in some assessments required review. For example, in some assessments the ratings as outlined were not consistent with the risk described. It was identified that many of the measures in place to reduce the risk of identified hazards were aimed at reducing the likelihood of such events occurring. However, often both the likelihood and impact scores were reduced. This resulted in inaccurate risk assessments. It was also identified that not all hazards had been assessed, for example there was no assessment in place for a resident documented as expressing intentions to self-harm.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

Personal protective equipment was available in the centre and was being used. Hand gels were in place also and a staff member was observed to carry out some cleaning in one of the houses. A self assessment on preparedness and planning for infection prevention and control had been recently completed.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire safety systems had been improved in the centre since the previous inspection.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Arrangements were not in place to meet all of the needs of residents living in one particular house. Assessments of needs for these residents that took into account such concerns had not been completed. Some of residents goals required revision to take account of COVID-19 related factors.

Judgment: Not compliant

## Regulation 8: Protection

Taking into account the notifications of safeguarding incidents submitted to HIQA, the records of incidents occurring in one house, some of the sentiments expressed by residents and references to safeguarding concerns in some residents' personal plans, the provider had not ensured that all residents were protected from all forms of abuse.

Judgment: Not compliant

## Regulation 9: Residents' rights

There were times when residents in one house were directed to different rooms which reduced the choice and control they had in their homes. One resident informed an inspector that another resident would unlock a toilet door while it was in use or stop them from using the toilet.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for St. John of God Kerry Services - Residential Community Services Tralee OSV-0002920

Inspection ID: MON-0033328

Date of inspection: 19/07/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Regulation 14 (4) A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.</p> <p>The person in charge works full time, with a remit over this designated centre and one other centre. They are fully aware of their legal remit to the Regulations and have the necessary qualifications, skills and experience to manage the designated centre.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>• PIC to complete Safeguarding workshop with the Designated officer Complete by 19/08/2021</li> <li>• PIC to attend monthly supervision sessions with PPIM where they can escalate concerns within the designated Centre. Complete by 20/08/2021</li> <li>• PIC to complete re induction on the role and responsibilities of the PIC. Complete by 30/09/2021</li> <li>• Reflective practice session to be completed by PIC with the PPIM to discuss concerns highlighted during the recent HIQA Inspection within the Designated Centre to ensure good quality and safe service is being provided going forward. Completed by 20/08/2021</li> </ul>	

<ul style="list-style-type: none"> <li>• PIC to complete training on submitting Notifications within the specified timelines to the regulator. Completed by 30/09/2021</li> </ul>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 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.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>• PIC in consultation with PPIM to conduct a review of existing staffing skill mix within 3 Woodbrooke to identify gaps. Completed by 20/07/2021</li> <li>• PIC to source additional staffing required to support residents Completed by 20/07/2021</li> </ul> <p>PIC put additional staffing in place as per roster. Completed 20/07/2021</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23 (1)(c) The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>• Training to be completed by all staff within the designated centre (including PIC &amp; PPIM's) on the completion of Behaviour Incidents Forms and recognizing when same maybe deemed a safeguarding incident- facilitated by Behaviour Specialist. Completed by 30/09/2021</li> <li>• Training to be completed by all staff within the designated centre (including PIC &amp; PPIM) on Safeguarding and this will be facilitated by the Designated Officer Completed by 31/08/2021</li> <li>• The Designated Officer in consultation with the General manager to conduct a review on existing Safeguarding and monitoring systems and recommend a revised escalation pathway to ensure where reasonably possible, all safeguarding incidents are monitored and actioned as appropriate. Completed by 30/09/2021</li> </ul>	

- On a monthly basis the Designated Officer will review all safeguarding incidents in consultation with the Safeguarding Committee. Safeguarding trends will be reviewed with the Designated officer and the General Manager on a monthly basis.  
Complete by 30/09/2021
- Protocol developed for staff detailing procedure for reporting all incidents within the Designated Centre to PIC/PPIM/Designated Officer  
Completed 09/08/2021
- PIC to escalate concerns within the Designated Centre to the PPIM during monthly Supervision Meetings  
Complete by 20/08/2021
- PPIM to escalate concerns arising from Designated Centre to Senior Management team during monthly Senior Management Team meetings  
Complete by 06/09/2021
- PPIM to formally request the Quality Team to resume on-site six monthly unannounced visits to designated centres as per regulation and in line with national public health guidance.  
Complete by 09/08/2021
- Quality and Safety Committee to review all trends in relation to incidents for this Designated Centre and recommend actions as appropriate.  
Completed by 30/09/2021

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Regulation 31 (1)(f) The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.

Action Plan

- PIC and Designated Officer completed a full review of all incidents within the resident's home dating from 2017 to present.  
Completed 27/08/2021
- PIC cross referenced incidents with NF06's previously notified to the regulator  
Completed 27/08/2021
- PIC cross referenced NF06's with Designated Officers Safeguarding log to ensure all were submitted to the CHO4 Safeguarding Team  
Completed 27/08/2021
- Safeguarding Incidents identified from the DO's review of all incidents that were not

already notified to be screened by Designated Officer and reported to CHO4 Safeguarding Team.  
Completed 27/08/2021

- PIC to retrospectively submit NF06's for Safeguarding's identified through review carried out.  
Completed 27/08/2021

- Protocol developed to ensure the PIC and the PPIM of Designated Centre to sign off on all incidents within the Designated Centre and ensure that any allegation, suspected or confirmed of abuse of any resident is notified to the regulator within 3 working days  
Completed 09/08/2021

- PIC to complete training on submitting Notifications within the specified timelines to the regulator.  
Completed by 30/09/2021

- Six monthly review to be completed by the Designated Officer on a random sample of incidents within the designated center to ensure all incidents are being reported in line with Safeguarding Procedures.  
Completed by 01/02/2022

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
Regulation 17 (1) (a) The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Regulation 17 (1) (b) The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.

#### Action Plan

- Will and Preference to be complete with residents in 3 Woodbrooke to determine choice and life vision  
Completed by 26/07/2021

- Occupational Therapist to complete assessment with two residents to assess suitability of existing home and make recommendations on future residential requirements.  
Completed 28/07/2021

- Physiotherapist to complete an assessment with one resident to assess suitability of existing home and make recommendations on future residential requirements.  
Completed 30/07/2021

- Consultation with residents and their families to discuss safeguarding concerns within their home, findings from OT and Physiotherapy reports and exploration of potential

future living arrangements in line with will, preference and life vision. Completed by 27/08/2021

- Proposal for funding to be submitted to the HSE to address resident's current living arrangements in line with their will and preference and recommendations from Occupational Therapist and Physiotherapist reports.  
Completed by 11/08/2021

- A referral to be submitted to the advocacy service to engage an independent advocate for all residents of 3 Woodbrooke to ensure that the resident's voice is heard in relation to any proposed transition to new residence.  
Completed by 06/08/2021

- As an immediate interim measure, one resident to transition and sample alternative Designated Centre initially on a respite basis to allow the individual time to decide if they wish to become a fulltime resident in this location. This is been achieved following consultation with residents and their families. Complete by 27/08/2021

- PIC to complete a transition plan for resident moving to alternative designated centre.  
Completed by 13/08/2021

- Subject to one resident relocating to alternative designated centre, the provider will convert the upstairs bedroom to an alternative living space for remaining two residents in 3 Woodbrooke.  
Completed by 30/09/2021

- PIC in consultation with keyworkers and residents to review resident's individual goals and interests using a person centered approach.  
Completed by 27/08/2021

The registered provider will review and identify an alternative living arrangement for one resident requiring an adapted environment. This will include the following actions:

- An Architect will review the existing properties belonging to the registered provider to facilitate the resident and provide an interim report in relation to same and submit for pre-planning application.  
Completed by 06/08/2021

- The Architect will consult with the Provider and Multi- disciplinary team to prepare a full planning application for the proposed apartment.  
Completed by 30/11/2021

- The Registered Provider will provide an alternative living arrangement based on the planning outcome or other identified suitable accommodation following consultation with the resident.  
Completed by 30/06/2022

- During the Inspection it was highlighted that in one house the Kitchen units were in a

poor state of repair. New Kitchen scheduled to be fitted.  
Completed by 20/08/2021

- PIC has submitted a maintenance request re painting and new flooring in one house as identified during the Inspection. These requests will be put on a maintenance schedule and all these works will then be complete.  
Completed by 30/11/2021

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
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.

Action Plan

- PIC has completed a review of risk assessments across the Designated Centre with a member of the Providers Quality Team  
Completed 06/08/2021
- Clinical Risk Manager in consultation with the PIC, will complete a thorough review of risk assessments and risk register looking at impact, frequency, description and scoring of risk.  
Completed by 23/09/2021
- Clinical Risk Manager to conduct risk assessment training with all staff in the designated centre.  
Completed by 30/09/2021
- PPIM will establish a monthly Risk Forum facilitated by a Multi-disciplinary Team  
Complete by 30/09/2021

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
Regulation 5 (1)(b) The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Regulation 5 (2) The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).

Regulation 5 (6)(d) The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.

Action Plan

- Will and Preference to be completed with residents in 3 Woodbrooke to determine choice and life vision  
Completed by 26/07/2021
- Occupational Therapist to complete assessment with two residents to assess suitability of existing home and make recommendations on future residential requirements.  
Completed 28/07/2021
- Physiotherapist to complete an assessment with one resident to assess suitability of existing home and make recommendations on future residential requirements.  
Completed 30/07/2021
- Consultation with residents and their families to discuss safeguarding concerns within their home, findings from OT and Physiotherapy reports and exploration of potential future living arrangements in line with will, preference and life vision.  
Completed by 27/08/2021
- PPIM to conduct a sample review of goals identified through the Person Centered Planning Process for residents living in this designated centre so as to ensure goals identified are time bound and in line with the residents will, preference and life vision.  
Complete by 30/09/2021

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
Regulation 8 (2) The registered provider shall protect residents from all forms of abuse.  
Action Plan

- Training to be completed by all staff within the designated centre (including PIC & PPIM's) on the completion of Behaviour Incidents Forms and recognizing when same maybe deemed a safeguarding incident- facilitated by Behaviour Specialist. Completed by 30/09/2021
- Training to be completed by all staff within the designated centre (including PIC & PPIM) on Safeguarding and this will be facilitated by the Designated Officer Completed by 27/08/2021
- The Designated Officer in consultation with the General manager to conduct a review on existing Safeguarding and monitoring systems and recommend a revised escalation pathway to ensure where reasonably possible, all safeguarding incidents are monitored and actioned as appropriate.  
Completed by 30/09/2021

- On a monthly basis the Designated Officer will review all safeguarding incidents in consultation with the Safeguarding Committee. Safeguarding trends will be reviewed with the Designated officer and the General Manager on a monthly basis.

Complete by 02/09/2021

- Protocol developed for staff detailing procedure for reporting all incidents within the Designated Centre to PIC/PPIM/Designated Officer

Completed 09/08/2021

- PIC to escalate concerns within the Designated Centre to the PPIM during monthly Supervision Meetings

Complete by 20/08/2021

- PPIM to escalate concerns arising from Designated Centre to Senior Management team during monthly Senior Management Team meetings

Complete by 06/09/2021

- Protocol developed to ensure the PIC and the PPIM of the Designated Centre to sign off on all incidents within the Designated Centre and ensure that any allegation, suspected or confirmed, of abuse of any resident is notified to the regulator within 3 working days

Completed 09/08/2021

- Six monthly review to be completed by the Designated Officer on a random sample of incidents within the designated center to ensure all incidents are being reported in line with Safeguarding Procedures.

Completed by 01/02/2022

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Regulation 9 (2)(b) the registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.

Regulation 9 (3) The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

**Action Plan**

- PIC to complete an Occupational Therapy referral and ensure the lock on the bathroom door in one house as identified during the inspection is reviewed and any recommendations made are put in place.

Complete by 20/08/2021



- PIC and staff to complete training in Applying a Human Rights-based Approach in Health and Social Care: Putting national standards into practice, Modules 1 to 4 Complete by 21/10/2021
- PIC will submit a referral to Rights Committee in respect of residents choice and level of access in their home.  
Completed 06/08/2021
- A full rights audit to be completed for the designated centre and following completion of same restrictions identified are removed (where feasible) and any barriers escalated.  
Completed by 30/09/2021
- A referral to be submitted to the advocacy service to engage an independent advocate for all residents of 3 Woodbrooke to ensure that the resident's voice is heard in relation to any proposed transition to new residence.  
Completed by 06/08/2021
- An external facilitator to provide a workshop for residents and their Keyworkers which will provide guidance and support in the area of rights e.g. understanding rights, how to access the rights committee if they feel their rights are being impinged etc.  
Completed by 30/10/2021
- Monthly Resident meetings facilitated by staff and PIC where residents receive an opportunity to discuss their freedom to exercise choice and control in his or her daily life.  
Completed by 31/08/2021

## 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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	30/09/2021
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.	Substantially Compliant	Yellow	20/07/2021
Regulation	The registered	Substantially	Yellow	30/06/2021

17(1)(a)	provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Compliant		
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/09/2021
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	Substantially Compliant	Yellow	30/09/2021

	emergencies.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	01/02/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	30/09/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/09/2021
Regulation 05(6)(d)	The person in charge shall	Substantially Compliant	Yellow	30/09/2021

	ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	01/02/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/10/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional	Not Compliant	Orange	30/10/2021

	consultations and personal information.			
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