



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

Issued by the Chief Inspector

Name of designated centre:	Carriglea
Name of provider:	GALRO Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	14 July 2021
Centre ID:	OSV-0003553
Fieldwork ID:	MON-0025553

About the designated centre

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

Carriglea is a residential designated centre which can provide full time accommodation for up to four adults, who present with autism and/or an intellectual disability. Both male and female residents can be accommodated. This designated centre can also provide supports for residents that present with behaviours that challenge and general medical needs, for example persons with epilepsy. This service supports residents by providing staff on an on-going basis and aims to facilitate residents to experience full and valued lives in their community through the promotion of stability, good health and well-being. The centre is a large detached two storey, five bedroom house situated in County Laois. A person in charge is assigned to the centre and they are supported in the operational management of the centre by a centre manager. The person in charge reports to a senior head of care manager. A number of allied health professional services, from within G.A.L.R.O Limited, are also available to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Wednesday 14 July 2021	10:30hrs to 16:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This inspection took place in the midst of the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place from a two metre distance in adherence with national guidance. This centre is a large two-storey detached house in a small village. It has five large bedrooms, three of which are en suite and a large bathroom. Downstairs comprises a large hall and reception area, two large sitting rooms, a sunroom, kitchen/ dining room and a laundry room. To the rear of the house is a beautiful back garden for residents to enjoy. Residents interests and motivations were central to the service and the house was decorated to reflect these interests. The centre uses a low arousal approach. This approach coupled with a spacious home created a very calm environment.

The inspector had the opportunity to briefly meet with three residents on the day of inspection. On arrival to the centre, two of the residents were seated together playing video games. They greeted the inspector briefly. They appeared content and well cared for. These residents went out on a picnic to enjoy the sunshine later in the morning and returned late in the afternoon. Another resident went on a drive in the morning and the inspector met with them in the afternoon. The resident was observed to enjoy watering the plants with a staff member. This resident communicated using a variety of communication methods. They were noted to bring a staff member over to the kitchen to indicate they wanted a drink. The resident appeared to be content and comfortable in the company of staff. The fourth resident was at a day service which they attended three days a week and the inspector did not have the opportunity to meet with them.

Residents in this centre had very specific preferences and support needs relating to their daily routines and activities. This required staff to be well informed and to ensure there was consistent and clear communication at all times. Using visual supports (for example, pictures of activities, social stories, visual schedules) was a core component of all communication which occurred with residents. Interactions observed on the day of the inspection were noted to be warm, respectful and appropriate to the residents' communication support needs.

Prior to the COVID-19 pandemic, residents had enjoyed a range of activities such as going to the cinema, buying cakes in a local bakery, helping in a local hardware shop and working in an enterprise centre. When this ceased, staff worked hard to try and maintain those routines as best they could. For example, rather than attending the cinema, they did movie night and got the treats which the residents would have enjoyed in the cinema. These were slowly re-opening and residents were beginning to enjoy trips to the cinema again.

This centre is one which operates in partnership with families. Families have a minimum of weekly planned contact with key workers and prior to the pandemic, all residents would have gone home once a week. Home visits had re-started and staff reported that this was going very well. A number of compliments were on file from

families indicating their happiness with the care of their child or sibling. Two of the residents had completed questionnaires which indicated their satisfaction with the service.

In summary, the inspector found that this was a well managed centre which was delivering very good standard of care and support to the residents living there. Residents were enjoying a good quality of life, notwithstanding the challenges posed by COVID-19 and they were very well supported by the staff team. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had robust and effective systems in place to oversee, monitor and manage the service. There was a clear management structure in place. The person in charge had responsibility for two centres and split their time evenly between the two of them. They had identified a lead staff member on each shift to support them in their role. The person in charge carried out a number of audits at a local level including audits on care plans, audits on residents' rights, on the spot checks relating to cleanliness and infection prevention and control. They had delegated a number of key roles to staff such as medication officer, infection control officer, fire safety officer and health and safety officer. These staff members carried out regular audits of their respective areas. The inspector had the opportunity to speak with two staff members holding different roles and they demonstrated their knowledge and practices relating to their respective areas.

The provider had carried out annual and six monthly reviews of the centre as required by the regulations. Actions were identified, time bound and achieved within these time frames. The centre had very close links and worked in partnership with the families of each resident. Family and residents' views were used on a continual basis to inform care. This was reflected in the annual review.

The number of staff and the skill mix of the team was appropriate to meet the assessed needs of the residents. Each resident had one- to- one support during the day and at night time there was one waking night staff and one sleepover staff. Rosters were well maintained and showed no use of agency staff, enabling continuity of care for the residents. This was particularly important to this group of residents.

The person in charge carried out staff supervision once a month and performance management reviews took place twice a year. Supervision had some set items to cover to ensure that all relevant information and/or practices were discussed. Team meetings took place on a monthly basis and there were set agenda items on the minutes of these (such as risk management, restrictive practices, resident finance). Staff reported that they felt well supported in their roles. All staff were up to date

with their training in mandatory areas, and had completed a number of other training sessions relating to the specific needs of residents in the centre. There was a structured induction which took place for any new staff members with shadow shifts and protected time to review residents' files.

There was a clear system in place for residents and their families to submit complaints and compliments to the provider. The inspector reviewed the complaints log and this was reviewed on a monthly basis by the person in charge. The inspector reviewed a number of compliments which had been received by family members over the previous year.

Records were well maintained and in date and contained all of the information required in Schedule 2, 3 and 4 of the regulations. The provider had all the required Schedule 5 policies in place and these were regularly reviewed. They were clear, succinct and were signed off by staff upon completion of reading them. All notifiable events were reported to the Chief Inspector within the required time frames.

In summary, the high levels of compliance found on this inspection were reflective of good systems of governance and management and demonstrated the providers capacity and capability to provide a safe and quality service to the residents in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application for the renewal of registration for this designated centre that met the requirements of the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a suitably qualified and experienced person in charge to manage the centre. The person in charge had responsibility for one other centre and divided their time between the two centres. The person in charge had robust systems of oversight and monitoring in place and could clearly demonstrate these to the inspector. It was evident they knew the residents and their needs very well.

Judgment: Compliant

Regulation 15: Staffing

The provider had a sufficient number of staff and an appropriate skill mix on duty each day to ensure residents received good quality care. Each resident in the centre had one- to -one staffing during the day. Planned and actual rosters were well maintained and showed a regular staff team with no use of agency staff which provided continuity of care for residents. A sample of staff files indicated that all required documentation required in Schedule 2 of the regulations were present.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix. All staff had completed up-to-date training on mandatory areas such as fire safety, the management of actual or potential aggression (MAPA) , safeguarding, personal protective equipment use, managing feeding, eating, drinking and swallowing difficulties, risk management, intimate care and epilepsy management. New staff had a comprehensive induction programme which included shadow shifts with protected time allocated to reading residents' personal plans. Staff supervision took place monthly and a bi-annual performance review was scheduled for each staff member. Staff reported that they felt well supported in their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had a directory of residents in the centre. This contained all of the information specified in paragraph (3) of Schedule 3.

Judgment: Compliant

Regulation 21: Records

All of the records required in Schedule 2, 3 and 4 of the regulations were present and in date on the day of inspection.

Judgment: Compliant

Regulation 22: Insurance

The provider furnished a copy of their insurance against injury to residents and other risks.

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust management systems in place. There was a management structure in place which had clear lines of authority and responsibility. Each shift had a lead staff on duty and this was overseen by the person in charge who in turn reported to the Head of care. The person in charge delegated responsibility to each staff member for areas such as fire safety, health and safety, finance, medication and infection prevention and control officer. Audits were carried out daily and weekly by these staff members and oversight was provided by the person in charge. The person in charge carried out audits on meal planners, training logs, medication, finances and key working folders. In addition, the person in charge carried out on the spot audits regarding cleanliness and infection prevention and control. Team meetings took place monthly and had set items on the agenda. The provider had carried out an annual review and a six monthly review as required by the regulations. Actions were clearly identified and time bound. Staff were adequately supervised.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a Statement of Purpose which contained all of the information required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable incidents were notified to the Chief Inspector within required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and this was also available in an easy-to-read version for residents. The log was reviewed by the person in charge once a month. There were no complaints open on the day of the inspection. There were a large number of compliments recorded from family members about the care which their relatives received.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the centre's policies and procedures. All policies required in Schedule 5 of the regulations were shown to the inspector. These were comprehensive, in date and regularly reviewed. Staff sign-off sheets were provided at the front of each policy.

Judgment: Compliant

Quality and safety

Overall, the centre was found to provide residents with safe, person-centred quality care. As previously stated, residents in this centre had very specific requirements in order to provide support in their daily routines and best meet their needs. It was evident that staff and the person in charge worked hard to ensure that this was delivered to residents at all times.

All of the residents required some level of communication support. The use of visual supports and social stories were used to support residents' understanding of routines / events such as fire safety, residents meetings, daily planners, COVID-19 vaccinations. Behavioural contracts were used with one resident with clear visuals provided for the resident to support them with achieving their goals. Observation of communication occurring between residents and staff on the day of inspection showed interactions to be respectful and responsive.

All residents had an annual assessment of need completed. There were detailed support plans in place to meet residents' assessed needs. Plans were person-centred and where required, had associated risk assessments carried out.

Residents were supported to achieve and maintain best possible health. Residents attended a local GP. Residents had access to health and social care professionals as

required in line with their needs. There were clear records of access to health and social care professionals on residents' files such as psychiatry, occupational therapy and chiropody. Staff kept a detailed note of each appointment and the outcome / action plan ensuring consistent documentation and sharing of information within the staff team. The staff team respected one resident's right to refuse having their bloods taken but were working with the resident to educate them and reduce their fear around this procedure. It was evident that staff had worked very hard in consultation with the occupational therapist to support each resident to receive their COVID-19 vaccines successfully.

Prior to the pandemic, residents had been involved in the local community through working at a hardware shop, attending a day service and an enterprise centre respectively. They enjoyed going to the cinema and a local bakery once a week. When these ceased due to COVID-19 restrictions, staff had strived to re-create some of these routines in the centre and come up with other activities which were motivating for residents. All of the residents in this centre had visited their families once a week. This had also ceased. Staff used video calls in order to support residents to maintain that contact with families. At the time of the inspection, some of the activities including the day service had recommenced and staff were supporting residents and families to re-commence home visits which was of huge importance to the residents and their families alike.

The premises was spacious, well maintained, homely and very well suited to the needs of the residents living there. Each resident had ample space downstairs to be alone or to spend time with others. The garden was well maintained and spacious. Each residents room was decorated in line with their interests.

A robust approach to risk identification and management was evident in this centre. The centre had a safety statement, risk management policy and very clear centre specific risk management procedures in practice. The risk management policy gave specific instruction to staff on how to review incidents and outlined lines of responsibility to manage each level of risk (for example, front-line staff manage green risk while red (high level) risk is managed by the Head of Care). Individual risk assessments and centre specific assessments were identified and managed. The accident and incident logs and the risk register were reviewed and were found to be updated and reviewed by the person in charge regularly. Staff were clear regarding the main risks for both individuals and the centre and could outline the control measures in place. The vehicle used for the centre had a maintenance log, weekly checks carried out and documented and it was appropriately insured.

The provider had a number of protocols and procedures in place in relation to infection prevention control, specifically related to COVID-19. Prior to attending the centre, the person in charge rang the inspector and went through a questionnaire relating to COVID-19. On arrival, a temperature check was performed. Temperature logs were reviewed for residents and staff. These were completed twice daily and staff completed a declaration prior to each shift.

The provider had worked hard to promote fire safety awareness among residents and staff. This included a fire safety awareness month last year. There were social

stories in place for residents about fire in addition to clear visuals for staff to use as part of residents' personal emergency evacuation plans (PEEPs). There were clear detection and containment systems in place which were regularly tested. Fire drills were carried out day and night at least once a month. There were daily inspection of fire escapes and equipment was serviced on a quarterly basis or as required. One staff member held the role of being the fire safety officer in the centre. On the day of the inspection, the fire safety officer showed the inspector the fire panel, detection and containment systems in place and spoke about their role. In order to ensure all staff received a consistent message in relation to fire safety in the centre, the fire safety officer recorded a video with all the necessary information regarding the centre which was available for any staff working in the centre.

The inspector met with the staff member who had responsibility for medication and they demonstrated the systems in place in the centre for medication management. Residents had access to a local pharmacist. The pharmacist did annual reviews of residents' medication. There were appropriate practices relating to ordering, receipt, prescribing, disposal and administration of medication. A registered nurse carried out a medication audit on a bi-annual basis. While there were appropriate systems in place for storing most of the medication in use, the inspector observed a residents fluid thickener out on the counter top of the kitchen. This presented a high risk of choking to residents. The person in charge committed to having a locked press in the kitchen for the safe storage of the thickening agent the day after the inspection.

Residents had detailed behaviour support plans in place which were regularly reviewed by a behaviour specialist. All restrictive practices were regularly reviewed and organisational oversight of these practices was provided by management, the rights and restrictive practice committee and behaviour support. PRN protocols were in place with very clear guidance for staff on when to use them.

Residents were supported to make choices and participate in the daily running of the centre. Residents were facilitated to make choices using visual supports and through staff observing their reactions to different activities. Residents were supported to understand what was happening during the day and which staff was supporting them. Visual calendars were in place to support residents to understand upcoming events. A monthly residents meeting took place which covered topics such as social activities, meal planning, activities etc. Visuals used to support these meetings and staff completed a resident participation checklist after each meeting. Residents rights were included in audits which ensured that rights remained at the centre of care provided.

Residents were found to be safe and well cared for. The provider had the appropriate systems in place to respond to allegation or detection of abuse and all staff had completed safeguarding training. Any safeguarding incidents had been appropriately managed and responded to.

In summary, the inspector found residents to be safe and well cared for in a suitable environment by a staff team who understood their specific needs and preferences. While high levels of compliance were found, safe storage of medication required

improvement.

Regulation 10: Communication

All residents had communication passports and profiles in place. The centre clearly understood the need for visuals as a core component of care to best support residents' understanding and minimise distress. Visual supports were evident in a wide variety of areas . For example, for safe evacuation in the event of a fire, staff had a set of visuals to hand to support residents to understand what was happening. All residents activities were up on a board and they accessed this as they required. There was a behaviour reward chart and a contract in place which supported clear and consistent communication at all times with one of the residents. The inspector observed staff being very responsive and attuned to a resident's body language and eye gaze to meet their needs. All interactions which were observed were noted to be professional and caring.

Judgment: Compliant

Regulation 13: General welfare and development

All residents in the service had one- to -one support by day which enabled them to pursue activities of their choice in line with their personal plans and assessed needs. Prior to the pandemic, two residents had worked in a local hardware shop while another worked in an enterprise centre. It was hoped that this would re-commence in the coming months. One resident attended a day service three days a week. Staff had worked to re-create some of the routines which were important to residents for example instead of attending the cinema, they set up movie night and went out to purchase the treats which would have been an important event for the residents. Staff reported to the inspector that the pandemic had made them 'slow down' and re-think some of the everyday activities they did in order to fully engage with residents.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained and very spacious. This allowed residents ample space to enjoy activities of their choosing alone or in company which was well suited to their needs. Bedrooms were suitably decorated in line with each residents' interests. There were an adequate number of bathroom facilities. The kitchen was a

good size and was made accessible to residents through the use of visuals on each of the cupboards. There were suitable arrangements in place for the safe disposal of personal protective equipment.

Judgment: Compliant

Regulation 20: Information for residents

The provider had completed a residents guide for all of the residents. This was in a format which was accessible for this group of residents and contained all of the information required in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found a robust approach to risk management was evident. The centre had a safety statement, risk management policy and very clear centre specific risk management procedures in practice. The risk management policy gave specific instruction to staff on how to review incidents and outlined lines of responsibility to manage each level of risk (e.g. front line staff manage green risk while red (high level) risk is managed by the Head of Care). The accident and incident logs and the risk register were reviewed and were found to be updated and reviewed by the person in charge regularly. The inspector spoke with staff about identified risks in the centre and how these risks were being managed. Staff were clear regarding the main risks for both individuals and the centre and could outline the control measures in place.

The vehicle used for the centre had a maintenance log, weekly checks carried out and documented and it was appropriately insured.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had a number of procedures and protocols to prevent and control infection. Prior to attending the centre, the person in charge rang the inspector and went through a questionnaire relating to COVID-19. On arrival, a temperature check was performed. Temperature logs were reviewed for residents and staff. These were completed twice daily and staff completed a declaration prior to each shift.

Significant work had been done to support residents to get their vaccines such as liaising with occupational therapy to de-sensitise a resident's arm in addition to use of social stories. Up to date COVID-19 guidance was available for staff along with easy-to-read information for residents. Cleaning schedules were viewed and touch points were cleaned every two hours. All staff were wearing appropriate personal protective equipment (PPE). The person in charge completed audits and supervision specifically aimed at infection prevention and control with staff. Part of this required staff to demonstrate donning and doffing of PPE. On the spot cleaning audits also took place. There was a clear contingency plan in place to support residents to self-isolate if required.

Judgment: Compliant

Regulation 28: Fire precautions

The centre was found to have safe and appropriate systems in place regarding fire safety. Monitoring and detection systems were in place and serviced regularly. Fire fighting equipment, extinguishers, fire containment measures and emergency lighting systems were all found to be in place. Fire evacuation procedures were fully understood by staff and day and night time drills were carried out monthly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to a local pharmacist. The pharmacist completed annual reviews of residents' medication. There were appropriate practices relating to ordering, receipt, prescribing, disposal and administration of medication. A registered nurse carried out a medication audit on a bi-annual basis. While there were appropriate systems in place for storing most of the medication, the inspector observed a residents fluid thickener out on the counter top of the kitchen. This presented a risk of choking to the residents. The person in charge rectified this immediately and committed to having a locked press in in the kitchen for the safe storage of the thickening agent the day after the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents all had an assessment of need completed. There were clear and detailed

plans in place for each aspect of care they needed support with. Plans were person-centred and reflected individuals preferences and interests. There were weekly and monthly goals set with key workers. Photographic evidence of residents doing activities as part of their plans was seen on the day of inspection.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve and maintain best possible health. Residents attended a local GP. Residents had access to health and social care professionals as required in line with their needs. There were clear records of access to health and social care professionals on residents' files such as psychiatry, chiropody and occupational therapy. Staff kept a detailed note of each appointment and the outcome/ action plan ensuring consistent documentation and sharing of information within the staff team. The staff team respected one resident's right to refuse having their bloods done but were working with the resident to educate them and reduce their fear around this procedure. It was evident that staff had worked very hard in consultation with the occupational therapist to support each resident to receive their COVID-19 vaccines successfully.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had a comprehensive behaviour support plan in place. Staff were trained and understood the need to provide a low arousal environment and to understand each residents' specific requirements in relation to their daily routines. The behaviour support plans gave a good pen picture of each resident and documented proactive and reactive strategies which included skills teaching and responsive strategies. These plans were reviewed every three months. At centre level, incidents were reviewed on a monthly basis and this was supported by a behaviour specialist who visited the centre once a week. Yearly reviews of all incidents took place and this ensured that plans are updated regularly in line with residents' assessed needs. Restrictive practices were reviewed by management, the rights and restrictive practice committee and behaviour support. As needed medication (PRN) protocols were in place with very clear guidance for staff on when to use them.

Judgment: Compliant

Regulation 8: Protection

Residents were found to be safe and well protected in this centre. Inspectors reviewed the centres policies and procedures on safeguarding and found that they were in place, up to date and clearly understood by staff. There was a designated officer within the centre. Safeguarding concerns in the centre were appropriately managed and reported to relevant agencies. Safeguarding plans were put in place where required. A sample of intimate care plans were reviewed. These plans were person centred and gave staff a step by step approach to take to providing care to each person. Residents presented as being very well cared for and appeared to be content in their home.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to make choices and participate in the daily running of the centre. Residents were facilitated to make choices using visual supports and through staff observing their reactions to different activities. Residents were supported to understand what was happening during the day and which staff was supporting them. Visual calendars were in place to support residents to understand upcoming events. A monthly residents meeting took place which covered topics such as social activities, meal planning, activities etc. Visuals used to support these meetings and staff completed a resident participation checklist after each meeting. Residents rights were included in audits which ensured that rights remained at the centre of care provided.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carriglea OSV-0003553

Inspection ID: MON-0025553

Date of inspection: 14/07/2021

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: A supply of the resident's fluid thickener is now stored in a locked safe in the kitchen area and a protocol is in place for staff around safe storage of fluid thickener.	

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 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	15/07/2021