Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Donabate Residential
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 September 2023
Centre ID:	OSV-0003597
Fieldwork ID:	MON-0039579

About the designated centre

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

Donabate Residential is a designated centre operated by St Michael's House. The centre provides a full-time community residential service for up to six adults with intellectual disabilities and can also support residents with health care support needs. Donabate Residential comprises of a seven bedroom bungalow, located in North Dublin. The centre is managed by a Clinical Nurse Manager and is staffed by a team of staff nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 September 2023	14:00hrs to 20:30hrs	Kieran McCullagh	Lead
Thursday 21 September 2023	14:00hrs to 20:30hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the regulations and to follow up on the provider's progress with actions identified from the previous inspection completed in October 2022.

The designated centre is a community residential service, comprising a seven bedroom bungalow, located in North County Dublin. The centre was located close to many services and amenities, which were within walking distance. There was also a dedicated vehicle to transport residents to community activities.

This inspection was carried out during the afternoon and evening time to ensure inspectors had an opportunity to meet and speak with residents. During the course of the inspection, inspectors had the opportunity to meet with residents, staff and senior management. To gather an impression of what it was like to live in the centre, inspectors observed daily routines, spent time discussing residents' specific needs and preferences with staff, and completed a documentation review in relation to the care and support provided to residents.

The designated centre has a registered capacity for six residents. The centre was at full capacity on the day of inspection. Inspectors were told that residents who lived in this centre had high support needs and required enhanced resources in regards behavioural and staffing inputs. Upon arrival, inspectors were informed that one resident was attending day services while another resident had gone for a drive on the bus with a staff member.

Inspectors met the four residents, who remained in the centre, and the two staff who were supporting them. Staff contacted the person in charge, who was off site at the time but later arrived to the designated centre. Inspectors greeted all of the residents on the day of inspection and attempted to engage them in conversation. Most of the residents chose to continue with their everyday routines as was their choice. One resident played a board game with an inspector. Another resident smiled and made eye contact but chose not to engage in conversation. One resident commented on the inspectors' clothes and smiled warmly at them.

Inspectors completed a walk around of the centre accompanied by a staff member. Each resident had their own bedroom which was decorated to their individual style and preference. The communal living areas included two sitting rooms, a kitchen dining area, and a large back garden, that provided outdoor seating for residents to use, if they wished. The kitchen had been renovated since the previous inspection of the centre in October 2022. It was well equipped, and inspectors observed a good selection of food and drinks available to residents. There were a number of bathrooms, a utility room with laundry facilities, staff office and staff sleepover room. Equipment used by residents, such as electric beds and a shower bed, was observed to be in good working order.

The physical environment of the centre was decorated in a homely manner and was reasonably well maintained, however some minor upkeep and maintenance of the premises was required. For the most part this was being reported by the person in charge to the provider and is discussed later in the report.

However, this inspection found there were a number of resourcing and compatibility issues which were impacting on the staff team's capacity to deliver a good quality, person-centred service to the residents.

The roster set out that a specific number of staff were required to support residents in the afternoon and evening times. However, on the day of inspection, one staff had called in sick and a replacement staff could not be found to fill their shift, this resulted in a reduced number of staff on shift for the afternoon.

Although inspectors observed staff to be kind to residents and interacted with them in a respectful and gentle manner, when staffing resources were reduced, as was observed on this inspection, staff were required to adopt a more task orientated way of working to ensure residents core needs were met.

For example, inspectors saw that one resident spent most of the afternoon and evening watching television in a comfy chair, another resident spent most of the afternoon and evening sitting in the hallway and received their evening PEG (percutaneous endoscopic gastrostomy) feed there.

Inspectors spoke with the person in charge, staff on duty, and the service manager. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' needs and preferences. However, they had concerns regarding the safeguarding of residents.

Inspectors were informed of the ongoing incompatibility issues within the resident group which was adversely impacting on residents' safety and well-being which were being further compounded by inadequate staffing resource arrangements and provision of transport resources.

While the provider had resourced the centre with it's own transport vehicle, it was not demonstrated that the transport arrangements were adequately meeting the needs of residents to ensure they could engage in activities regularly and when they wished. For example, inspectors met one resident who was waiting in the entrance hallway and told staff that they wanted to go on the bus. Staff informed the resident that they would would need to until another resident returned before they could go out on the bus.

Inspectors also observed some of the incompatibility issues in the centre during the evening time of the inspection. One resident was supported to have their evening meal in the kitchen and shortly thereafter another resident also entered the kitchen. Inspectors observed both residents become distressed and separately engage in self-injurious behaviours as a result of this distress. Staff responded in a timely way to support the residents to move to separate living areas in line with residents' behaviour support plans.

However, this incompatibility of residents was an ongoing concern whereby staff were required to support both residents to limit the time they spent with each other as part of an overarching interim safeguarding plan for residents. Staffing resource constraints however, further impacted on this already established incompatibility concern and this required improvement.

As discussed, most of the residents in the centre required behaviour supports and associated support plans. On review of these plans they detailed the importance of maintaining a quiet and low arousal environment. However, the resident group and their assessed needs were not always compatible with each other and at times impacted on the effective implementation of such plans. For example, in the evening time inspectors observed some residents trying to relax in a quiet space but other residents were engaged in listening to loud music or engaging in loud vocalisations.

Overall, while residents were being supported by a caring and hardworking staff team who knew their needs well, there were a number of factors which were negatively impacting on the provider and staffs ability to provide good quality of care and support.

The incompatible resident group, staffing resource constraints and at times limited access to transport options for residents meant residents' assessed needs were not being wholly met in accordance with their care plans and their opportunities to engage in meaningful activities both within and outside of the centre were impacted as a result.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

While the provider had put in place appropriate arrangements to meet the needs of residents in a number of ways, improvements were required to ensure the centre was adequately resourced through staffing and transport arrangements to meet the assessed needs of the residents and to put in place tangible and time-bound plans which would mitigate and address the ongoing incompatibility issues presenting in the centre and impacting on residents.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, based in the centre and they held responsibility for the day-to-day operation and oversight of care. The person in charge reported to a service manager who in turn reported to a Director of Care.

The person in charge and service manager met frequently, and there were systems in place for the management team to communicate and escalate any issues. They

were found to have a good understanding of the residents' changing needs and had a good understanding of the areas of the service that required improvement but were not entirely within their remit to change or address.

During the inspection, inspectors met with the person in charge and service manager who confirmed their concerns about the ongoing incompatibility issues presenting in the centre and had, in turn, raised these concerns and the ongoing incompatibility situation to the provider. This included a number of meetings with the Director of Care and Service Management Team to discuss possible resolutions to address the incompatibility issues in the centre.

However, despite this, provider-led audits carried in the centre and the centre's annual review did not comprehensively identify the risks presenting in the centre and therefore the action plans associated to these audits and reviews could not be entirely effective in in driving service improvement or the main key issues presenting.

While there were plans for some residents to return to their full-time day service in the coming month, which was identified as a potential strategy to reduce and mitigate some of the incompatibility incidents occurring, it was not clear what plan the provider had to manage the times when the resident was not at their day service, for example evening times and weekends.

In addition, staff shortages impacted on the effectiveness of the implementation of behaviour and safeguarding plans which required staff to implement close supervision of residents and facilitate limited interactions between some residents.

At the time of this inspection, the house was operating with a number of relief staff. As a result, there was an impact on the continuity of care and support for residents due to the centre's reliance on relief staff to supplement the regular staff roster.

Regulation 15: Staffing

The person in charge ensured there was a planned and actual rota maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Staff working in the centre on the day of inspection were observed to be caring, diligent and very knowledgeable of the needs of residents. However, there were staffing constraints which were ongoing in the centre and required improvement.

Due to the number of part-time staff within the existing staff team the provider was attempting to ensure continuity of care and support through the use of regular relief staff, however this was a challenge. Across the month of September relief staff covered a total of 27 shifts in the designated centre and a further 27 shifts had been planned to be covered by relief staff across the month of October.

Residents living in the centre required support by familiar and consistent staff who had a good understanding of individual and collective needs.

In addition, staff absences could not always be covered or replaced and this was observed during the inspection. When staffing levels in the centre were reduced it was shown, as observed on this inspection, to result in limited opportunities for individualised support or community outings for residents.

The provider was required to improve the staffing resources in the centre to ensure effective support arrangements for residents.

Judgment: Not compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the designated centre. The centre was managed by a full-time person in charge who reported to a service manager. There were clear lines of responsibility and reporting for the centre.

The provider had carried out six-monthly provider-led audits and an annual report of the service as required by the regulations. However, management and oversight arrangements were not always effective in identifying and responding to known risks in the designated centre.

There were a number of areas which presented a risk to the delivery of safe and quality care for the residents. The centre was insufficiently resourced to meet the assessed needs of the residents at all times. Inspectors saw that there was a lack of meaningful and quality activation for residents. Staff spoke about the resourcing issues in the centre and the impact that this was having on the delivery of care.

While there were clear management structures in place, inspectors saw that the person in charge did not have sufficient time to fulfill their regulatory and management responsibilities. The person in charge was allocated a set number of supernumerary management days per month. However, due to staff resource issues, some of these management days were not taken as the person in charge was required to work front line.

Inspectors observed, through a review of monthly data reports, staff meetings and staff statements taken as part of that six monthly audit, that issues with peer compatibility, transport and staff resourcing were highlighted to the service manager. However, there was an absence of a clearly defined and time-bound action plan to address the known risks in the centre with regards to transport, staffing and peer compatibility.

Judgment: Not compliant

Quality and safety

This section of the report outlines the quality and safety of service for the residents who lived in the designated centre. Overall, inspectors found that improvements were required to ensure that residents were consistently in receipt of a safe and good quality service.

As discussed, inspectors found that the service was not adequately resourced at all times to meet the needs of the residents. As a result, the service provided to residents did not always meet their assessed social care needs and at times could not adequately mitigate incompatibility issues that were ongoing in the centre and ensure residents were provided with a meaningful day on a regular basis.

Many of the residents who lived in the designated centre had complex assessed needs in the areas of behaviour support and feeding eating drinking and swallowing (FEDS). Inspectors saw that residents had comprehensive support plans in place in relation to their assessed needs however, inspectors observed examples of some practices which were not in line with support plans. For example, one resident was not supported in line with their positive behaviour support plan and one resident was not supported with eating in line with their FEDS plan.

From speaking with management, to determine what action had been taken during times of peer-to-peer incidents between residents, it was explained to inspectors that one resident, returning to day service full-time, had been identified as a possible solution to reducing safeguarding incidents.

However, at the time of the inspection, this had not yet occurred due to the unavailability of the day service location. In addition it was not demonstrated what plans were in place for those times when the resident would not be attending the day service provision.

As observed during the inspection, there was an imperative on the provider to put in place timely and effective arrangements to manage the ongoing incompatibility of residents and ensure residents were in receipt of a meaningful day. For example, inspectors observed some residents become distressed while in each others' company which resulted in both residents exhibit signs of distress and separately engage in self-injurious behaviours and exhibit signs of distress which staff responded to.

Inspectors also observed residents to spend long periods of time without meaningful activities during the course of the inspection however, it was noted that staffing constraints on the day of inspection and the limited access to transport was a contributing factor to this. This required however, improvement by the provider to ensure the centre was suitably resourced to meet the individual and collective needs of residents.

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and was reasonably well maintained. Each resident had their own bedroom which was decorated to their individual style and preference.

Since the last inspection, there had been some home improvements works completed to the centre, which resulted in positive outcomes for residents. For example, the kitchen had recently been renovated and provided residents with better facilities.

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

Generally, the premises was well maintained however, some minor upkeep was required. Some of these matters had already been reported to the provider as requiring attention.

Inspectors observed a number of issues in relation to the lack of storage throughout the inspection. For example:

- Nutritional feeds, equipment to provide same and bed sheets and duvets were stored on the floor in the staff sleepover room.
- Lack of storage facilities in each of the resident's bedrooms resulted in residents being unable to store their clothing in an organised manner.
- Residents' mobility aids were stored in hallways, which posed a risk to the safe evacuation of residents in the event of an emergency.

In addition, while the provider had purchased and fitted a large new storage shed, inside, inspectors observed the shed required shelving in order to maximise its storage potential and ensure staff could easily access items stored in it.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Some residents in this centre had assessed needs in the area of feeding, eating, drinking and swallowing (FEDS). Residents were in receipt of support from a speech and language therapist regarding their FEDS needs. The inspectors saw that there were FEDS assessments completed and that these were used to inform FEDS care plans.

However, some improvements were required. For example, prescribed high protein

nutritional feeds were located in the staff sleepover room on the floor. This required improvement to ensure residents prescribed nutritional supplements were stored in a more optimum location.

While there was a list of exception foods allowed for some residents prescribed specific FEDS type diet, coleslaw was not on this list and had not been assessed as being suitable for a resident. Inspectors observed it being offered however, as an accompaniment for the resident as part of their meal.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drills were completed in this centre in line with the provider's policy. Residents had up-to-date personal evacuation plans which detailed the supports that they required to safely evacuate in the event of a fire.

There were fire detection, containment and extinguishing facilities in place however, some improvements were required to ensure these were as effective as possible.

For example, the fire alarm system was connected with the designated centre next door.

There were a number of recorded incidents of the fire alarm being set off by the other designated centre which created the alarm to sound in this designated centre. Inspectors also observed this to occur during the inspection where the fire alarm sounded but it was the house next door that had set it off.

This arrangement had the potential to impact on the timeliness or responsiveness of the staff and residents due to the habitual nature of these occurrences and required improvement.

A fire extinguisher was located behind a fridge which did not make it easily accessible.

Some residents required additional support to evacuate in the event of a fire as they could refuse to do so. This had been identified on a fire safety inspection in August 2023.

It was set out at the time of that inspection that it may need to be escalated to the Director of Service to establish if action was required. However, an plan to address this evacuation risk had not been developed at the time of this inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were systems in place for the ordering, receipt, prescribing and administration of medicines. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. A review of medication administration records also indicated that medications were administered as prescribed.

The provider had appropriate lockable storage in place for medicinal products including an additional medication press in the staff sleepover room. However, the medication presses were both observed to be disorganised, some medications were not stored in their appointed sections and some medications were not labelled correctly.

A fridge used to store medication for the treatment of diabetes, was observed to remain unlocked during the course of the inspection. This was not in line with safe and secure storage arrangements which would be required for such medications.

Improvement was also required in relation to recorded checking arrangements for certain medications where two staff were required to check the medication.

For example, there were eight times that the checks were not recorded for the month of September and in two instances the signatures were not fully legible or could not be cross referenced with a signature bank. This required improvement.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' files and assessments of need were reviewed on the day of inspection. Two residents' files were found to contain up-to-date and comprehensive assessments of need which were used to inform person-centred care plans. However, one resident's assessment of need had not been updated since July 2021 and required review.

One resident's care plan also detailed that a resident likes to go for a drive on the bus on their own and that staff should endeavour to create and environment where the resident is supported by one familiar staff member. The lack of more than one dedicated vehicle for the centre and the high number of shifts being covered by relief staff were impacting on staff members' ability to implement these care plans.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Inspectors reviewed the arrangements in place to support residents' positive behaviour support needs.

Where required, behaviour support plans were in place for residents that required positive behaviour supports. These plans were, for the most part, up-to-date and had been developed with multi-disciplinary allied professionals.

Although support plans gave detailed guidance on environmental strategies, proactive support strategies and communication strategies to support residents with their emotional needs, inspectors observed on the day that these plans could not always be implemented effectively.

For example, one support plan identified the need to "adopt a low arousal environment and reduce noise", however due to compatibility issues within the designated centre it was not possible for staff to follow through on this identified environmental support strategy.

A number of the residents living in this designated centre required a low arousal and calm environment as part of their behaviour support and assessed needs plans, the regular activation of the fire alarm resulted in unnecessary noise in the centre at times which impacted on the effectiveness of behaviour support plans and the interventions they recommended.

The person in charge maintained a record of restrictive practices in the centre and suitably submitted notifications as required on a quarterly basis to the Chief Inspector.

However, improvement was required to ensure all restrictive practices in the centre were being identified and recorded. For example, some residents were restricted from using the same space and rooms as their peers in order to mitigate behavioural incidents and safeguarding concerns however, it was not demonstrated this day-to-day ongoing restriction was identified as such.

Judgment: Not compliant

Regulation 8: Protection

The provider had put in place safeguarding arrangements in the centre by ensuring an up-to-date safeguarding policy and associated procedures were implemented in the centre that reflected the National Safeguarding policy.

While the provider had put in place arrangements to ensure staff were trained in safeguarding, training records showed gaps whereby six staff had not received

refresher training in safeguarding.

Despite comprehensive safeguarding and behaviour support plans being in place, peer-to-peer and behavioural incidents were occurring in the centre. It was not demonstrated that the staffing compliment and resources were at all times adequate to ensure these plans could be implemented consistently to mitigate these incidents from occurring.

Residents' safeguarding plans identified the need for them to be supported in different areas of the designated centre. However, inspectors observed this was not always possible and an incompatibility incident occurred during the course of the inspection which resulted in residents becoming distressed and engaging in self-injurious behaviour as a result.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Donabate Residential OSV-0003597

Inspection ID: MON-0039579

Date of inspection: 21/09/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The centre has an approved staff compliment of 13WTE. Staff are currently availing of statutory leave and reduced hours, this equated to 1WTE vacancy. The PIC is blocking familiar relief/agency staff to ensure continuity of care when backfilling these hours whilst awaiting on going recruitment of the 1WTE. • Transport arrangements to support residents to and from their day service provision is being reviewed at present. This will endeavor to support residential staff with this duty. • Residents within the centre are supported using taxis and or public transport as per their assessed needs and contract of care during times when the centre bus is not available. • The PIC is arranging a meeting with managers of centres on the site of the designated centre in an attempt of putting a plan in place to utilize their centre bus when they are not using same.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Full resumption of day service provision for one resident will be reinstated from the 23rd October 2023. • Transport arrangements within the centre are being reviewed by the Service Manager and Director of Adult Services in consultation with the PIC of the centre. • Residents within the centre are supported using taxis and or public transport as per their assessed needs and contract of care during times when the centre bus is not available. • The PIC is arranging a meeting with managers of centres on the site of the designated centre in an attempt of putting a plan in place to utilize their centre bus when they are not using same. • Six monthly unannounced audit was completed by the Service Manager and Quality and Risk Manager on 23rd of October and SMART action plan accompanying same.	

• On going completion of Monthly Data Reports completed by the PIC and discussed with Service Manager on an on going basis. • Continuing active presence of service manage within the centre.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Storage within the centre will be reviewed in line with residents choices in regard to their personal belongings taking into consideration safe storage of medications and the fire evacuation requirements of the centre. • A list of required works have been escalated to the Technical Service Department for review, scheduling and completion.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: • Storage within the centre will be reviewed in line with residents choices in regard to their personal belongings taking into consideration safe storage of medications. • Residents FEDS guidelines to be reviewed and to include choices as risk assessed as per residents' choice and individual preference.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The organisational fire officer is working towards separating the fire alarm system within the centre to have it operating independently of the adjoining designated centre. • The PIC has arranged for the fire extinguisher to be moved and relocated from behind the fridge. • Residents Personal Evacuation Plans will be updated taking into consideration any changing support care needs.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • Robust weekly audits of medications introduced to include; o Neat organizing and storing of medications o Expiry dates reviewed o Opened TOP/liquid medications labeled with date and disposed accordingly as per best practice o Fridge temperature recorded o Locking of medication and fridges as per policy o Control drugs record maintained and co signed by staff • Staff signature bank to be updated to effectively cross reference signed medications • PIC or nominated staff nurse to complete monthly medication checklist	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • Keyworkers to complete a review of all residents AON and support plans and to be	

reviewed by the PIC. • Transport arrangements within the centre are being reviewed by the Service Manager and Director of Adult Services in consultation with the PIC of the centre.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • Compatibility within the centre to be reviewed in Consultation with Social Work department, Designated Officer, Psychologist, PIC, Service Manager of DOS. • Review of restrictive practices in the centre to be completed	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: • Compatibility within the centre to be reviewed in Consultation with Social Work department, Designated Officer, Psychologist, PIC, Service Manager of DOS. • All to complete mandatory training in Safeguarding, Open Disclosure • Review of restrictive practices in the centre to be completed • Transport arrangements within the centre are being reviewed by the Service Manager and Director of Adult Services in consultation with the PIC of the centre. • Residents within the centre are supported using taxis and or public transport as per their assessed needs and contract of care during times when the centre bus is not available. • The PIC is arranging a meeting with managers of centres on the site of the designated centre in an attempt of putting a plan in place to utilize their centre bus when they are not using same.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Yellow	30/03/2024
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Yellow	30/03/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2024

Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	31/12/2023
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/01/2024
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	30/01/2024

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/03/2024
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	30/03/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/03/2024
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of a medication-related intervention in respect of a resident, such record is kept in a safe and accessible place in the designated centre.	Substantially Compliant	Yellow	30/11/2023
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	Substantially Compliant	Yellow	30/11/2023

	and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
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).	Substantially Compliant	Yellow	30/06/2024
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/11/2023
Regulation 07(3)	The registered provider shall ensure that where	Substantially Compliant	Yellow	30/11/2023

	required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Yellow	30/12/2023
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/12/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/06/2024
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate	Substantially Compliant	Yellow	30/12/2023

	training in relation to safeguarding residents and the prevention, detection and response to abuse.			