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

Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	26 January 2023 and 27 January 2023
Centre ID:	OSV-0003958
Fieldwork ID:	MON-0038788

About the designated centre

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

The designated centre is made up of three community based houses, each in close proximity to the nearest town and to public transport facilities. The service provides care and support to adults with an intellectual disability. Each resident has their own bedroom decorated to their individual style and preference and there are various communal areas throughout the house including well maintained garden areas. Transport is also available to meet the needs of residents and avail of social activities. Two of the houses accommodated residents with various levels of independence while the other, as described by the statement of purpose, provided support to residents as having high support needs. Staffing was provided in accordance with the assessed needs of residents, including waking night staff and nursing support in the house where residents had higher support needs. Additional staff were made available if or when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

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 26 January 2023	10:30hrs to 18:00hrs	Julie Pryce	Lead
Friday 27 January 2023	10:30hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with regulations and standards. The designated centre is made up of three community homes which together accommodate 13 residents, and the inspector visited all three houses over the two days of the inspection.

All three of the houses were appropriate to meet the needs of residents, with spacious indoor and outdoor areas, and personal rooms for each person.

On arrival at the first of the houses, the inspector observed some outstanding maintenance issues, which are discussed later in this report. However, all current infection control and prevention (IPC) guidance was being implemented. Some residents were being supported to prepare for the day, others had already left for their daily activities.

As the inspector conducted the 'walk around' of the house it was clear that this was a homely and personalised house in which all efforts had been made to ensure that residents were comfortable, and that any equipment required to meet their needs was readily available. Each person had their own private room in which they were supported to keep their personal possessions. One of the residents had a sensory area in their room including sensory lighting, music of their choice and a 'play' mat that they enjoyed utilising. The outside area had been decorated with garden ornaments, and made a pleasant and inviting outside living space.

Both of the other houses were well maintained, and they were also homely and personalised, and nicely furnished and laid out. Residents in all three houses kept their rooms as they chose, and there were personal items, photographs and artwork evident in their rooms.

During the inspection the inspector observed residents being supported in a caring way, for example one resident was helped to utilise their walking frame, and was vocalising and giggling in a manner that clearly indicated their enjoyment. Some residents invited the inspector to look around the house with them, and to visit their private bedrooms. During conversation with some of the residents, they told the inspector about the support they had received from staff, for example when they had an injury recently, or when they needed support with daily tasks such as laundry. Residents who showed the inspector their bedrooms showed some of their possessions and photographs

People were coming and going to various activities throughout the inspection, for example, a resident who was a wheelchair user returned from their daily activity, and after making a greeting in their own way, waved staff away and went off independently to their choice of living area.

Residents in one of the houses had a particularly good relationship with each other,

and enjoyed some at-home activities together, such as watching their favourite show together on a Friday evening.

Some residents were very independent. One person told the inspector all about how they manage their time alone in their house, and that they enjoy this. They explained how they would manage if someone came to the door whilst they were alone, and had clearly had discussions around personal safety with staff.

Residents knew who they would go to for support, or with any queries, and said that they felt comfortable to raise any issues they had with staff. Some residents spoke about their activities, and that they had chosen to make changes since the recent public health restrictions being lifted, and did not return to previous activities. They instead were going on outings with support staff, and engaging in hobbies that they preferred.

Overall, whilst some improvements were required as discussed later in this report, in the documentation of personal plans and risk management plans for example, residents were supported to have a good quality of life, and to have their voices heard.

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

There was a well-defined management structure with clear lines of accountability. Various monitoring strategies were in place, including an annual review and six-monthly unannounced visits on behalf of the provider, and there was a suite of audits undertaken by the person in charge.

The person in charge was appropriately skilled and qualified, and demonstrated clear oversight of the centre, and a detailed knowledge of the support needs of residents.

There was a consistent and competent staff team, and effective communication strategies between staff members, and between staff and management were in place. Staff training was not all up-to-date, however, it included both mandatory training and additional training in relation to the specific support needs of residents. Formal staff supervisions had not taken place, although there were effective daily supervision systems in place.

There was a clear and transparent complaints procedure, and although there were no current complaints, the process was readily available to residents and their representatives.

The centre was adequately resourced, and all required equipment was made available to residents and was well maintained.

Regulation 14: Persons in charge

The person in charge position was held by the area manager, and recruitment for the position at a more local level was on-going. However, the area manager had the appropriate qualifications and experience required by the regulations, and was supported in the daily manager of the centre by a clinical nurse manager.

Judgment: Compliant

Regulation 15: Staffing

The numbers and skills mix of staff were appropriate to meet the needs of residents. There was a nurse on duty every day in one of the houses, in addition to the clinical nurse manager. When a resident had returned from a hospital stay following an injury, extra staff had been put in place initially to ensure the required support was available.

Staff engaged by the inspector were knowledgeable about the care and support needs of all residents, and were observed to be offering care and support in a kind and respectful manner.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training and some additional training in relation to the specific needs of residents, for example training in P.E.G. feeding and in dementia, was offered to staff, however there was no clear oversight of training records, for example in the form of a matrix. The inspector reviewed a sample of the individual records of staff, and found that some staff were fully up to date with all training, but that others were overdue training, for example in fire safety.

Whilst staff were supervised informally by the clinical nurse manager, no formal supervisions had taken place for more than a year. This issue had been identified in the annual review of care and support of the designated centre, but at the time of the inspection had not been addressed.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

Regulation 21: Records

Records in respect of each resident were maintained in the designated centre, however there was no copy of inspection reports issued by the Health Information and Quality Authority (HIQA) as required in schedule 4 of the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The staff team was led by an appropriately skilled and experienced clinical nurse manager, who reported directly to the person in charge who was the area manager. Person in charge was also frequent presence in the centre, and was observed to be well known to residents.

The required six monthly review on behalf of the provider had been conducted, however the reports and action plans of these visits were not maintained in the centre. In addition the inspection report from the previous HIQA inspection was also not available in the designated centre, meaning in particular that any required actions from these were not available.

However, the six-monthly visits had resulted in a plan of required actions, and a record of completion of these actions ws maintained. Many of the actions had been completed within their identified timeframes, however others were outstanding, and were consistent with the findings of this inspection, for example in relation to staff supervisions and the updating of residents' goals.

There was also a monthly suite of audits undertaken by the person in charge. A monthly audit review tool was maintained, which summarised all the required actions identified in the audits, for ease of oversight by the clinical nurse manager and person in charge. In addition the clinical nurse manager undertook regular 'spot checks' with an emphasis on a particular area, for example an Infection Prevention

and Control (IPC) spot check had been undertaken in the month prior to the inspection.

Regular staff meetings were held, and records of the discussions were maintained. The discussions were meaningful and related to the needs of residents, and included discussions, for example, about Infection prevention and control (IPC), risk management and fire safety. At the last staff meeting a large part of the discussion was around improving the opportunities for residents to engage in activities.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was a signed contract of care in place for each resident, which outlined the terms under which the resident resides at the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints policy, which was displayed in each of the houses as required, together with readily available complaints forms. A record was kept of all complaints, and of all compliments, and there were a series of compliments from family members for example, and from allied healthcare professionals.

The record of complaints included the steps taken to resolve any issues raised, and commentary as to whether the complainant was satisfied with the outcome. A recent complaint made by a resident in relation to the behaviour of another resident was clearly recorded, and this record included a report of the steps taken to resolve the issue, and a record of the satisfaction of the complainant with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required under schedule 5 of the regulations were in place, and had been regularly reviewed. At each staff team meeting a 'policy of the month' was identified for discussion, and actions to improve practice in accordance with the policy were agreed. A sample of the policies was reviewed by the inspector, and found to be in a format that provided clear guidance to staff, and to be evidence based.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which included all the required information and adequately described the service.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. Each resident had a personal plan in place based on an assessment of needs, however improvements were required in some of the plans to ensure detailed information was available, and that personal goals were set with residents in a meaningful way.

Healthcare was effectively monitored and managed and there were safe practices in relation to medication management.

Residents were observed to be offered care and support in accordance with their assessed needs throughout the inspection, and staff communicated effectively with all residents.

Residents were safeguarded, and staff were knowledgeable in relation to the protection of vulnerable adults. Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire.

Infection prevention and control (IPC) practices were appropriate, and in accordance with current public health guidelines. There were risk management strategies in

place, although not all identified risks had effective management plans in place.

Regulation 10: Communication

Staff were observed throughout the inspection to be communicating effectively with residents, including those who did not communicate verbally. There was a section on communication in each resident's care plan, which included a communication 'dictionary' which outlined the specific ways in which people communicate. Staff could explain to the inspector what residents were communicating by their vocalisations or movements, and were observed to respond effectively.

There some items of easy read information available to residents, including information on safeguarding, however where residents did not have the ability to avail of this information, there was a lack of alternatives in some cases, for example in pictorial representation or social stories to aid understanding.

Judgment: Substantially compliant

Regulation 11: Visits

Visits were facilitated and welcomed in accordance with residents' preferences, and were managed in accordance with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to manage their personal monies in a safe manner, and to have personal possessions as they chose.

However, the records of personal possessions not consistently maintained. There were some lists, and some photographs of possessions, however these were not dated or regularly reviewed, and not maintained in accordance with the organisation's policy.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Resident on both days of the inspection were engaged in various activities, both in their homes and in their local community. There were staff specifically assigned to managing daily activities in each house. Some residents were involved in gardening during the summer months, and others enjoyed arts and crafts with the support of staff. Some people enjoyed tv or watching music videos, and had access to these activities in their own rooms. `

Residents were observed to be involved in sensory activities with the support of staff, and some areas of the houses were equipped with sensory lighting and music for use during these activities. It had been recognised that further exploration into suitable and preferred activities for residents was required, and discussions were underway amongst the staff team to address this.

Residents had various activities outside the home, for example some people enjoyed bowling, and were supported by staff, sometimes by hand over hand physical support, to enjoy these activities.

Residents in the first house had a good relationship with each other, and enjoyed some at-home activities together, such as watching their favourite show together on a Friday evening.

Judgment: Compliant

Regulation 17: Premises

There were three houses in the designated centre, and in each of the houses there were sufficient private and communal living areas to meet the needs of residents, including dining rooms, living rooms and garden areas. There were fixtures and fittings including extra equipment to meet the needs of residents in accordance with their needs, for example, ceiling hoists where residents had mobility support needs.

One of the houses required attention to external maintenance as the immediate impression was that the house looked unkempt. The external walls were stained and needed painting, and the front door was scuffed and shabby looking. Inside the house, various areas of the walls and door frames were also scuffed and damaged. This internal damage was mainly due to wheelchair users bumping into these areas, however, no solution to this on-going damage had been identified.

There was an unpleasant damp smell emanating from a press under the sink in the kitchen in this house which required attention.

The other two houses were well maintained, and all the houses were kept clean and tidy. Residents had access to facilities to do their own laundry if they chose, and each had their own personal room in which they kept their personal belongings.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was evidence that residents were offered a balanced and nutritious diet, and were supported to make choices in meals and snacks. Where residents required supported nutritional intake, for example via percutaneous enteral feeding (P.E.G.) a clear record was maintained so as to monitor intake. Some residents required modified diets, and the recommendations of the speech and language therapist were documented and followed, and staff had a good knowledge of the individual needs of residents.

Food was safely stored, with any opened food items having dated labels attached, and there were both healthy snacks and treats available to residents. Residents were seen to be enjoying meals and snacks, and staff were offering support in accordance with their assessed needs and preferences.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place which contained all the information required by the regulations. It was available to residents in the centre, however it was not current, and had not been updated since changes had been made to some of the information included.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents.

Risks were appropriately risk rated, and there were risk assessments and risk management plans in place, included the risk of falls, injuries and fire for example.

However, not all identified risks were included in this process, for example where a resident spent periods of time alone in their house, although they could describe the precautions they would take, there was no risk assessment and management plan, and the practice was not included on the risk register. The same issue had been

identified on the previous inspection, but had not been addressed. During the course of the inspection draft lone working protocol was presented, and the person in charge undertook to introduce some of the measures immediately.

In addition, the risk assessment relating to staff working alone in the houses and the associated process was vague and did not give clear guidance to staff as to the steps they were to take to mitigate the risk. Whilst they each contacted a staff member in another house during their shift, there were no set times for this, and no protocol for if no contact was made.

Judgment: Not compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. All three houses in the centre were visibly clean, and cleaning records were maintained, of general household cleaning and the cleaning of equipment.

Three was a contingency plan in place to provide direction should there be an outbreak of an infectious disease. There had been such outbreak in the centre, and a post outbreak review had been undertaken. This review included a record of the sequence of events, the actions taken, and an assessment of the effectiveness of the actions. It also included suggestions of things which might be improved should the centre have to manage another outbreak of an infectious disease.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There was well maintained fire safety equipment throughout the houses. There was a current fire safety certificate and regular fire drills had been undertaken which indicated that residents could be evacuated in a timely manner in the event of an emergency.

There was a detailed personal evacuation plan in place for each resident, which had been regularly reviewed, and some residents could describe what they would do in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were good practices in place in relation to the management of medications. All residents had current prescriptions, and staff were knowledgeable about each residents' medication. Most medications were supplied by the local pharmacist in 'blister packs', and receipt of medication orders was carefully checked. Where medications were supplied outside of the blister pack system, these were carefully checked on receipt, and there was a good system of stock control in place. Levels of stocks checked by the inspector were correct and matched the records.

There were good practices in the administration of medication, and staff were observed to be administering medications in accordance with best practice, and demonstrated the skills to administer medications in alternative ways, for example via a P.E.G. system.

Where resident were prescribed 'as required' medications, there were protocols in place which gave clear guidance as to the circumstances under which they should be administered.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident, based on an assessment of need, and reviewed annually as required by the regulations. The assessments included information about each residents' preferences and abilities.

However, the quality of the personal plans was inconsistent across the three houses that make up the designated centre. There were sections in the care plans of various aspects of daily life, and some of these sections contained clear guidance to staff, for example there were detailed and precise intimate care plans for each person. Others, however, were too vague and generic, and did not specify the exact actions staff should take under certain circumstances. For example there was mention in some sections that staff were trained in the specific area, but no information about responding to the individual resident.

Person centred plans and goal setting also required significant improvement. Some of the goals were vague and lacked real meaning, particularly where they related to the social and activation needs of residents. For some residents the PCPs and goals were reviewed within six months, for others the PCP had not been updated for two years. The sections in the care plans relating to activation consisted of an assessment rather than a plan, so that preferences and the level of assistance was outlined, but there was no strategy to ensure a meaningful day for each resident.

The activities of residents were not recorded in a clear and consistent manner in

order to facilitate monitoring and review. Whilst an activity might be recorded in the daily notes for a resident, there was no clear and accessible record.

Judgment: Not compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There were healthcare plans in place to guide staff, although as previously mentioned, some of these required additional detail.

An annual overview of healthcare was maintained for each person. Health screening had been offered to residents where appropriate, and a record was maintained of the screening offered, and the discussions held with residents around this aspect of healthcare.

Any accidents or observations might indicate injury to a resident were followed up immediately and appropriately.

Each resident had a 'hospital passport' in place which included important information in a 2-page document to inform receiving staff should the resident require hospital admission.

Referrals had been made to various members of the MDT as required, including the speech and language therapist and behaviour support team. The recommendations of these professionals were documented and implemented, and staff were knowledgeable about the required interventions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, they were referred to the behaviour support team. Detailed behaviour support plans were in place which outlined both proactive and preventative strategies, together with reactive strategies which outlined the appropriate response required for different presentations. The clinical nurse manager monitored the response of residents, and had recently re-referred a resident who had been discharged from the behaviour support team when a further change in behaviour had been noted.

A log of all restrictive interventions was maintained, and there was evidence of MDT involvement in the decisions to implement any restrictions. However, there was no contemporaneous record of each time a restrictive intervention was applied.

Judgment: Substantially compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents.

Any accidents or incidents were recorded in detail, and the records included the identification of any required actions, both immediate and follow up, to minimise the risk of recurrence. This included immediate referral to the relevant members of the MDT where the behaviour of residents' might have a negative impact on others. A compatibility assessment of residents had been undertaken, and a further review to include an assessment of any incidents between residents was scheduled. Where there had been an incident between two residents, appropriate follow up actions had been taken, and there was a safeguarding plan in place.

There were robust systems in place regarding residents' personal finances. Records were kept of all transactions, and two staff members signed each. Receipts were kept, and balances checked by the inspector against the records were correct.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection residents were seen to be supported in a caring and respectful way, and those who did not communicate verbally were observed to be indicating in their own way that they were content and occupied. Residents who did communicate verbally told the inspector that they were happy in their home, and that they felt safe and secure.

When the inspector arrived at the first of the three houses that comprise this designated centre, it was immediately obvious that some maintenance of the house was outstanding, and that the first impression of the house, both to the inspector and to the local community, did not respect the rights of residents to have a well maintained home. This was identified under regulation 18 in this report, and the implications in terms of the rights of residents was discussed with the person in charge at the feedback meeting.

Residents were supported in their right to be involved in their local community, for example some people were involved in a local community charity event. One of the residents was a regular volunteer with a community charity, and a vehicle and a staff member were made available so that they could make a meaningful contribution.

Many people had friends in the area, and they were supported to make and to receive visits so that these relationships could be maintained and enjoyed.

Consultation with residents was ensured through various different means, including regular residents’ meetings at which various aspects of daily life were discussed. Staff also related informal discussion on an individual basis with residents, for example during car journeys.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meath Westmeath Centre 2 OSV-0003958

Inspection ID: MON-0038788

Date of inspection: 26/01/2023 and 27/01/2023

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: As of 13/03/2023, 3 Local Managers have been appointed to each location within the designated centre. Each manager has undertaken a full review of all staff training records and identified training needs required and forwarded to training department. The services have now introduced a new training matrix document to clearly identify all training required for location, date training is completed and when training expires. Local Managers are scheduling Staff Supervision & Support meetings for 2023.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A copy of all previous Inspection Reports issued by HIQA is now available in the designated centre.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
As of 13/03/2023, 3 Local Managers have been appointed to each location within the designated centre. Local managers have scheduled a full review of previous 6 monthly audits and are working through action plans to close off outstanding deficits.
Will be signed off by PPIM at monthly management meeting

A copy of all previous Inspection Reports issued by HIQA is now available in the designated centre.

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
Each Local Manager to review communication needs of all 13 residents in the designated centre to ensure there is accessible communication supports included in each person centred plan to meet the assessed needs of each resident, social stories to be developed as required by residents in following topics- Complaints, Safeguarding, Governance and Management of the centre, Health issues and any other topics a resident requires support in.

An updated accessible resident's guide has been developed and distributed to all residents on 22/03/2023.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
PIC has developed a new Personal Possession Inventory Document with instruction to all keyworkers to support each resident in the designated centre to update and maintain a six monthly review of same for each resident. This was distributed to each keyworker on 20/03/2023.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: PIC contacted landlord of house following inspection requesting internal and external painting of house. On 27/02/2023, landlord confirmed that internal and external paining will be completed, waiting on confirmed start date from painting contractor- indicated end April/start May 2023. Maintenance team scheduled to replace damaged wall paneling on receipt of supplies on 27/03/2023 Maintenance team have reviewed under sink area and sealed gaps.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: An updated accessible resident's guide has been developed and distributed to all residents on 22/03/2023.	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Management plan for residents who spend time alone in their own homes without staff support implemented on 30/01/2023 Out of Hours Emergency Support Guidelines- including Guidelines for Lone Workers with a twice daily scheduled 'House Buddy' Call system and log updated and implemented on 01/02/2023	
Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
As of 13/03/2023, 3 Local Managers have been appointed to each location within the designated centre. Local Managers have scheduled review of all resident's care plans and will support keyworkers to update with additional information and clear pathway of support to be provided to resident as required.

Draft Person Centered Planning and Supporting Goal Setting Guidance document has been developed by PPIM and will be circulated to Local Managers and all keyworkers by 07/04/2023.

Local Managers have commenced review of PCPs focusing on meaningful goal setting and attainment, including the maintenance of accurate records and reports with keyworkers across the designated centre.

PCP updates and Resident's Goal Review will be submitted by each keyworker to Local Manager as part of keyworker monthly report.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Restrictive Practice log for daily use of bedrails introduced and maintained in designated centre from 30/01/2023

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/05/2023
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	14/04/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	19/05/2023

	as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	19/05/2023
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	16/06/2023
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	22/03/2023
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	01/02/2023
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	Substantially Compliant	Yellow	28/04/2023

	and effectively monitored.			
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.	Not Compliant	Yellow	02/02/2023
Regulation 05(4)(a)	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 reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Yellow	28/04/2023
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.	Not Compliant	Yellow	28/04/2023
Regulation 05(6)(c)	The person in charge shall ensure that the	Not Compliant	Yellow	28/04/2023

	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 assess the effectiveness of the plan.			
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.	Substantially Compliant	Yellow	01/02/2023