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:	Comeragh Residential Services Kilmacow
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	09 January 2023
Centre ID:	OSV-0005089
Fieldwork ID:	MON-0029088

About the designated centre

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

Comeragh Residential Services Kilmacow is a designated centre operated by Brothers of Charity Services Ireland CLG. It provides a high support residential service for up to eight adults, of both genders with intellectual disabilities. The designated centre is located in a village in Co. Kilkenny located close to local amenities such as post office and shop. The designated centre is a large bungalow which consists of eight individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge and a laundry room. Staff support is provided by nurses, social care leaders, social care workers and care assistants. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Monday 9 January 2023	08:30hrs to 17:45hrs	Sarah Mockler	Lead
Tuesday 10 January 2023	09:00hrs to 13:00hrs	Sarah Mockler	Lead
Monday 9 January 2023	08:30hrs to 17:45hrs	Conor Brady	Support
Tuesday 10 January 2023	09:00hrs to 13:00hrs	Conor Brady	Support

What residents told us and what inspectors observed

Overall inspectors observed a centre that was not particularly homely and found that a number of issues pertaining to resident compatibility and staffing were continually impacting on the lived experience of all residents living in this centre. The Chief Inspector of Social Service had issued formal caution to the registered provider regarding ongoing poor compliance levels in this centre in 2022. This inspection found that appropriate levels of improvements had not occurred. As such, the quality of life of residents in this centre was found to be compromised and was not observed to be of a good enough standard.

Residents' basic care needs were being met and inspectors noted nursing care, healthcare needs and medication management practices were found to be of a good standard. However, residents living in this centre were not assessed as compatible to be living together. For example, residents with dementia, autism and other mental health presentations were clearly and frequently triggering each others behaviours resulting in incidents, outbursts and a general approach/culture of keeping residents 'away from each other. This raised a number of challenges for the residents living in the centre and the staff team in terms of the day to day support being provided.

The inspection was completed by two inspectors over a two day period. Inspectors had the opportunity to meet with all seven of the residents who lived in this centre. Inspectors observed the care provided and met with all of the staff and management on duty while also reviewing all feedback questionnaires completed. Discussions with staff, observations, and documentation review were utilised across the inspection days to gather a sense of what it was like to live in the centre.

Inspectors observed the majority of residents in this centre had very limited opportunities for appropriate levels of social activation and stimulation and spent large periods of time lying on their beds or sitting in chairs. The standard of staff and resident interactions observed over this two day inspection was inadequate, with the primary extent limited to the provision of basic care needs and transportation of residents.

Inspectors met and observed some staff who knew residents very well and communicated clearly and with dignity and respect to the residents when supporting them. However, other staff members observed and spoken with, did not know residents care and support needs. For example, some staff spoken with could not identify residents who were assessed as a falls/mobility risk or residents who had safeguarding plans in place. Furthermore some staff members spoken with could not identify residents' specific care needs such as residents with dementia, diabetes and specific modified dietary requirements. Given these staff members were providing direct care and support to these residents, this was a particular concern.

On arrival at the centre, a resident was sitting in the foyer of the building. There

was a staff member sitting with them. The doors to the hall of the main building were closed. Staff explained that due to the resident's specific needs and potential impact on others in the home, the resident had to wait in this area until they were brought to their day service. A second resident was up and ready for the day. They were lying on their bed and had music playing loudly. All other five residents were in bed. Observations in the morning indicated that staff were supporting residents to complete their morning routine. However, as not all staff were familiar with residents' needs, permanent staff were seen taking over the care of some residents at different times in the morning. Continuity of care was not been demonstrated for the residents within this home.

The designated centre is a detached bungalow which comprised of eight individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge and a laundry room. Some recent improvements had been made to the premises over recent months, such as painting and replacement of floors. In addition to this two new exit doors from bedrooms had been installed to aid with the evacuation process of residents. However, aspects of the premises were not presented in a homely manner and required review. In addition to this, although there were communal spaces available to residents, they were not being utilised effectively. Residents on both days of inspection spent long periods of time in their bedrooms. Although this was a respected choice for some individuals, the compatibility of residents was also directly related to this. Staff reported that they would have to ensure that certain residents were not in the same space at the same time.

Residents' rights were impacted due to the ongoing compatibility issues. They had limited choice and control to where they could spend their time in the home. Meal times were staggered. Although these issues had been well identified by staff and management and measures had been put in place to keep residents safe there was an ongoing impact to a number of residents within the home. For example, on review of the complaints log, there were four complaints from July 2022, from two different residents, indicating they were unhappy with the noise level within the home. A similar pattern of complaints was also noted in early 2022.

Residents were supported by a staff team which comprised of nursing staff, social care workers and care staff. Residents were assessed to require a high level of support and the staffing numbers in place reflected this. However, there was a reliance on agency staff within the centre which directly impacted continuity of care.

In summary, based on what the residents communicated and what was observed, it was evident that while the residents appeared comfortable in their home and basic care needs were being met, improvements were required in relation a number of areas across the regulations. Improvements were required in relation to residents' rights, meeting residents' specific assessed needs, staff resourcing in terms of having an appropriate skill mix, and general welfare and development.

The next two sections of the report present the findings of this inspection in relation to the 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

This was an announced inspection that was completed to inform the decision in relation to the renewal of the centre's registration. This centre had been inspected on two occasions in 2022 and a number of areas of improvement had been highlighted to the registered provider. Overall the findings of this inspection indicated that significant improvements were still required in a number of areas. Although the provider had identified these areas of concern, the measures that had been put in place to date, had not been effective in making the necessary improvements required. Improvements were required to ensure that the provider had staff with the right skills and knowledge to support the residents appropriately. In addition to this, the ongoing compatibility issues between residents required a suitable and effective plan to address this identified need. Overall, the findings indicated that the residents lived experience was being negatively impacted.

There was a clear management structure in place. The centre was managed by a full-time and suitably qualified person in charge. The person in charge was responsible for one other designated centre and was supported in their role by a Clinical Nurse Manager (CNM1). Although the person in charge was supernumerary to the staff team, due to the use of a high number of agency staff and staff vacancies they were often required to work directly with residents. The inspectors found that there remained a need for improvement in the effective oversight and governance of this centre. As stated previously, some residents assessed needs indicated that they needed a quiet, low arousal environment. This was not always possible due to the specific needs of residents within the home. This had been identified by the provider as far back as 2018 and limited effective actions had been put in place to address this.

Regulation 15: Staffing

The number and skill mix of staff in this centre was inadequate based on the evidence reviewed on his inspection. This centre should have a person in charge supported by six staff on duty. Inspectors reviewed the centres rosters for October, November and December 2022 and found that this was not the case. Furthermore in reviewing the centres rosters, inspectors found that there was a heavy over reliance on agency staff in this centre which was leading to inconsistent care. Inspectors also found (on this inspection) that there was a clear disparity in terms of staff knowledge and skill-set between core staff and agency staff. For example, clear deficits were observed by inspectors in observing care giving and staff knowing the residents care and support needs in their care. Furthermore agency staff could not drive the centres vehicles nor administer medications which significantly impacted

how on activities could take place in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors observed significant gaps in staff training and key staff information for agency staff. Given the centres consistent and heavy reliance on agency staff this was a concern. For example, in reviewing 12 recently inducted staff there was only Garda Vetting evidence for four of these staff members. There was limited documentation on file in terms of training needs for agency staff.

Furthermore there was a deficit in staff training in the following areas, fire safety, managing challenging behaviour and first aid. In addition to this due to residents' specific assessed needs specific training was required in a number of areas such as diabetes and epilepsy. Not all staff had received training in these areas

Judgment: Not compliant

Regulation 23: Governance and management

The lack of progress in this centre to address a number of the previously identified issues did not demonstrate good governance and management. The ongoing issues of resident compatibility and the lack of provision of a consistent and core staffing team was impacting on residents care and support. This needs to be addressed at registered provider level.

At centre level, a full time person in charge was in place however the number of not compliant findings on this inspection indicates that while there are some systems in place to monitor care and support this was not translating into improved outcomes for the residents. For example:

- Care delivery was not occurring in line with all residents assessed needs.

- Staffing, staff deployment, management and staff skill mix was not appropriate.

- Staff training, induction, supervision and development was of a poor standard.

- The standard of resident general welfare and development (beyond the provision of basic needs) was poor. A number of residents were observed as having very little to do and very little meaningful engagement in their lives.

- The standard and promotion of residents rights in this centre was poor.

Judgment: Not compliant

Quality and safety

Overall, it was found that a number of actions continued to be required to promote good quality care and move to better outcomes for the residents living in the centre. Improvements were required in areas including staffing, staff training, governance and management, premises, infection prevention and control, fire safety, management and residents' rights. Residents' needs and rights in terms of accessing meaningful activities in line with their specific assessed needs, required particular attention.

Ongoing compatibility between residents had failed to be effectively addressed despite been identified as an area for improvement. Due to this key areas of compliance were not being achieved and and the lived experience and quality of life outcomes for residents was being impacted. For example, there was limited access to meaningful activities, both in house and in the community, for a number of residents within the home. This was due in part to residents not being able to spend time in the same room as each other. Residents' right to living in a home that met their assessed needs was not always possible. At times the noise level in the home impacted on residents as they were assessed to need a quiet/low arousal environment.

Regulation 13: General welfare and development

Residents activation and stimulation levels were observed to be very poor in this centre and required immediate review. Inspectors were informed and observed residents being kept away from each other due to incompatibility. Therefore communal areas were not used apart from individual use i.e. - kitchen, sitting room. Some residents left the service to attend day services whilst others remained in the centre. A number of residents were observed having very limited levels of activation, interaction and social engagement in their lives. For example, some residents did not leave the centre and hardly left their bedrooms over the course of the inspection. In reviewing these residents progress notes, inspectors found this was their typical day. Residents were observed spending large periods of time sitting in chairs and lying on beds with limited daily activities and meaningful engagement happening.

Judgment: Not compliant

Regulation 17: Premises

The residents lived in a large detached bungalow. Each resident had their own bedroom and en-suite bathroom. Residents had some personal items on display in their bedrooms. Some areas of the home had been recently painted. However, new floors and new fire exit's had recently been installed in the home and as such some additional maintenance work was required. The provider had plans to complete this in the next few weeks.

Additional improvements were required to ensure the premises was homely and utilised in a way to ensure that residents could benefit from all areas of the home. Some residents spent large proportions of the day in their bedrooms and the use of communal spaces was minimal. This was in part due to the differing assessed needs of residents which will be further addressed under regulation 5 and 9.

Judgment: Substantially compliant

Regulation 27: Protection against infection

On a walk around of the premises, on surface level it appeared clean. Staff were observed to be cleaning different areas of the home throughout the inspection process. There were facilities in place to ensure adequate hand hygiene could be completed such as ample supply of hand gels. Although some good practices were in place to minimise infection prevention and control risks some additional improvements were required. It was noted that wearing of personal protective equipment (PPE) was not always in line with best practice. The storage of medical equipment also required review to ensure it minimised the risk. For example it was noted that some medical products were being stored on open shelving cabinet in a sitting room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements for detecting, containing and extinguishing fires in the centre. There were adequate means of escape and emergency lighting in place. The provider had recently installed two exit doors from residents' bedroom.

There were systems to ensure fire equipment was regularly serviced, tested and maintained. The evacuation plans were on display and residents' personal emergency evacuation plans were detailed in relation to the supports they may

require to safely evacuate the centre, both during the day and at night.

Fire drills were occurring regularly and two recent fire drills had occurred to practice relevant scenario's in relation to the new exits. The provider had identified that fire evacuation times were still high and were in the process of identifying if any other measures could be put in place to address this.

Although there were improved practices around fire safety it was noted that many rooms had communal areas had a number of items plugged into extension leads. Systems around this process needed to be reviewed to ensure they were in line with best practice around fire safety measures.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors reviewed medication systems in place. There was a safe storage system in place for medication and all residents had individual medication prescriptions in place which had been signed by their general practitioner (GP). Staff were completing regular stock checks on medicines in the centre and the management were completing regular medication audits. The inspectors reviewed a sample of the residents medication administration records. The inspectors found that, from the samples reviewed, medicines were being administered as prescribed and accurately recorded as administered by nursing staff in recent months.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

This centre was not operating in a manner that was suitable to meet the assessed needs of all residents. Inspectors were directly informed, reviewed supporting documentation/correspondence and directly observed compatibility issues between residents in this centre. For example, residents assessed as requiring quiet/low arousal environments were not being provided with this as they were living with residents who screamed/shouted at regular intervals. On arrival to this centre, inspectors met one resident who was kept between emergency doors to await a bus to leave the centre as their presentation was reportedly so loud and disruptive to the other residents. Another resident was observed playing music loudly at 8:30am while other elderly residents were asleep in bed.

The compatibility issues between residents meant that no residents were able to eat at the same time in the kitchen or use the sitting room together according to staff and management. This led to a very fragmented approach to service provision in

this centre which in essence did not translate to a warm or homely atmosphere or environment. These compatibility issues have been previously highlighted on a number of inspections.

Judgment: Not compliant

Regulation 6: Health care

A sample of residents' healthcare plans were reviewed. It was found that residents specific health needs were being met and there were plans in place to guide staff practice. Residents had access to nursing care as required and there were a cohort of nursing staff on the staff team. Residents were accessing health professionals as required and were facilitated to attend appointments. For example, one resident explained to the inspectors that they had an appointment with a general practitioner (GP) and physiotherapist on one of the days of inspection.

Judgment: Compliant

Regulation 8: Protection

On going compatibility issues between residents has been previously highlighted in the report. Although a number of measures had been put in place to ensure residents' safety, these measures at times were impacting on the lived experience of individuals within the home. For example, residents had to be kept away from each other to ensure their safety. The long term sustainability of such measures required review to ensure they were in the best interests of all residents living in the home.

Although there were staff training records available of permanent and relief staff in terms of safeguarding, there was limited documentation available for agency staff for this. While some staff who spoke with inspectors were found to be knowledgeable in relation to their roles and responsibilities and safeguarding plans, other staff had very limited knowledge in this area. This was a concern considering the significant role safeguarding plans played in terms of keeping all residents safe at all times.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights continued to be an area that required a number of improvements.

This also had been identified in previous inspection and to date no effective measures had been put in place to address this to a meaningful degree. Compatibility of residents directly impacted on a number of key areas of residents' rights. Residents' choice and control was impacted in a number of areas, such as use of communal areas in the home. For example, residents meal times continued to be staggered and not all residents could access other communal spaces within the home when other residents were present. Ongoing complaints were noted around noise levels in the home, including times when residents were woken up by other residents.

As addressed in Regulation 13, a number of residents were not afforded the opportunity to engage in meaningful activities in their home or community. A number of residents were observed to spend long periods of time in their bedrooms during the inspection process with limited interaction and or activities offered.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Comeragh Residential Services Kilmacow OSV-0005089

Inspection ID: MON-0029088

Date of inspection: 10/01/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • One fulltime Care Assistant position has been appointed since the time of the inspection- start date confirmed for 12/2/23. • A second fulltime Care Assistant position has also been appointed- awaiting confirmation of a start date. • Additionally the human resource department is processing the appointment of a permanent full time locum relief staff and a permanent part time post • A further fulltime locum relief post is due to be advertised and recruited for. • These additional posts will reduce the centres reliance on agency staff and ensure a consistent core staff team is in place • A roster review has occurred since the time of the inspection. The new roster for the house is due to commence 26/2/23 and in conjunction with additional posts is anticipated to further reduce reliance on agency staff use.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Documentation in relation to agency staff will be sourced from the agencies by the PIC. • The service manager and PIC are liaising with the training department to schedule outstanding mandatory training for staff.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The consistency of the core staff team will be improved following allocation 3.5 staff	

post which will reduce the dependency on agency staff.

• A comprehensive staff support and induction system will be evidenced by the Person in charge.

• The Service Manager will complete fortnightly visits to the centre to provide further onsite support to the staff team and monitor the implementation of the centres compliance plan.

• A team meeting schedule for the year is being developed to plan monthly meetings where the service manager will be in attendance

• Induction systems for agency staff will be reviewed and made more robust to ensure that agency staff have the necessary information to support individuals

• A Social Care Leader has been seconded to the designated centre in a full time capacity for a period of three months. This post is in place to:

o Develop and implement person centred activity schedules with residents in conjunction with the staff team, PIC and MDT
o Facilitate the staff team to increase the autonomy and involvement of residents in the running of their home
o Support and lead the staff team to transition to a more social model of support
o Increase meaningful activities and community engagement and access for residents in line with their wishes
o Ensure that a rights based approach to service provision is fostered in the centre and incorporated into all planning and supports delivered.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
• A review of the lay out and use communal areas will be undertaken with the facilities manager to maximize the potential use of areas for the benefit of the people supported.

• A Social Care Leader has been seconded to the designated centre in a full time capacity for a period of three months. This post is in place to:

o Develop and implement person centred activity schedules with residents in conjunction with the staff team, PIC and MDT
o Facilitate the staff team to increase the autonomy and involvement of residents in the running of their home
o Support and lead the staff team to transition to a more social model of support
o Increase meaningful activities and community engagement and access for residents in line with their wishes
o Ensure that a rights based approach to service provision is fostered in the centre and incorporated into all planning and supports delivered.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Painting in areas of recent renovations will be undertaken and repairs to flooring will be

completed also

• A review of the lay out and use communal areas will be undertaken with facilities manager to maximize the potential use of areas for the benefit of the people supported.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• The staff team will comply with current with public health guidance in relation to use of PPE. IPC is a standing agenda item at team meetings where the use of PPE will be reinforced with the staff team.

• An alternative storage space for personal nebulizer and other medical appliances will be identified for use

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Learning from recent drills and the installation of new exit doors has been discussed and practiced with the staff team. Fire safety is a standing agenda item at team meetings and an ongoing review of fire drills is in place to improve the fire evacuations time scale.

• An electrician has been booked to install appropriate sockets within the centre to remove the use of extension leads.

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:
• Alternative accommodation is being explored for one resident who is impacted by the compatibility issue. This process has commenced and is being carried out in line with the residents assessed needs and wishes. Should the resident indicate a wish to transfer to the alternative accommodation a transition plan will be developed to support this.

• A medical review for one resident is currently being carried out to investigate an undiagnosed medical condition which may be exacerbating elements of the residents presentation including loud vocalisations. Further exploration from a medical perspective will inform the future service needs for this individual which may include consideration as the whether the individual's support needs can continue to be provided in this centre.

• A Social Care Leader has been seconded to the designated centre in a full time capacity for a period of three months. This post is intended to:

o Develop and implement person centred activity schedules with residents in conjunction with the staff team, PIC and MDT
o Facilitate the staff team to increase the autonomy and involvement of residents in the running of their home
o Support and lead the staff team to transition to a more social model of support
o Increase meaningful activities and community engagement and access for residents in line with their wishes
o Ensure that a rights based approach to service provision is fostered in the centre and

incorporated into all planning and supports delivered.

• Ongoing reviews of the support needs of residents are being undertaken in conjunction with the MDT

• Furniture and fixtures will be purchased to help improve the environment to make it more homely.

• A review of the lay out and use communal areas will be undertaken with facilities manager to maximize the potential use of areas for the benefit of the people supported.

• The Provider is seeking permission from Kilkenny County Council (Landlord) and the HSE (funder) to close off one funded vacancy/bed within this centre. Should this be approved, the installation of a sensory room to enhance the space available for residents will be developed in conjunction with occupational therapy guidance. Taking into consideration residents changing needs and age profile, the provider is of the view that this space will be beneficial for residents to enhance the communal spaces available within their home and to provide a low stimulus space and opportunity to engage in sensory related activities.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• A transition plan is currently underway to explore the option of alternative accommodation for one resident. This process has commenced and is being carried out in line with the residents assessed needs and wishes

• Training records in relation to agency staff will be sourced from the agencies by the PIC.

• Safeguarding is a standing agenda item at team meetings. The Designated Officer will join the next team meeting with this centre to facilitate further discussions and information provision to the staff team on their roles and responsibilities in relation to safeguarding.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• A Social Care Leader has been seconded to the designated centre in a full time capacity for a period of three months. This post is intended to:

o Develop and implement person centred activity schedules with residents in conjunction with the staff team, PIC and MDT
o Facilitate the staff team to increase the autonomy and involvement of residents in the running of their home
o Support and lead the staff team to transition to a more social model of support
o Increase meaningful activities and community engagement and access for residents in line with their wishes
o Ensure that a rights based approach to service provision is fostered in the centre and incorporated into all planning and supports delivered.

• A review of the lay out and use communal areas will be undertaken with facilities manager to maximize the potential use of areas for the benefit of the people supported.

The layout of the dining space will be part of this review as will the implementation of recommendations from the Occupational Therapy environmental assessment carried out in the centre.

• The Provider is seeking permission from Kilkenny County Council (Landlord) and the HSE (funder) to close off one funded vacancy/bed within this centre. Should this be approved, the installation of a sensory room to enhance the space available for residents will be developed in conjunction with occupational therapy guidance. Taking into consideration residents changing needs and age profile, the provider is of the view that this space will be beneficial for residents to enhance the communal spaces available within their home and to provide a low stimulus space and opportunity to engage in sensory related activities.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/05/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	10/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Not Compliant	Orange	30/06/2023

	appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/04/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/02/2023
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 and effectively monitored.	Not Compliant	Orange	31/03/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	10/02/2023

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	10/03/2023
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	24/02/2023
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	Not Compliant	Orange	31/03/2023

	paragraph (1).			
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	10/03/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/04/2023