



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

Issued by the Chief Inspector

Name of designated centre:	Nova Residential Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	24 March 2021
Centre ID:	OSV-0005091
Fieldwork ID:	MON-0031893

About the designated centre

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

Nova Residential Services consists of two residential units, one dormer bungalow located in a rural location and a two-storey house located in an urban area. The centre provides residential care for a maximum of eight adult residents, with intellectual disabilities. All units of the centre are open overnight 365 days of the year and also on a 24 hour basis at weekends and during day service holiday periods. Each resident has their own bedroom and other facilities in the centre include kitchen/dining areas, sitting rooms and bathroom facilities. Staff support is provided by social care workers with care assistants providing relief cover.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 March 2021	09:45hrs to 17:15hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with four residents at the start of the inspection who were living in one of the houses in this designated centre. The other house was not providing residential support to residents at the time of the inspection.

On arrival to the house, the inspector was introduced by the person in charge to two of the residents who were each located in different areas of the large house. One resident spoke with the inspector in their bedroom which contained furniture that suited the specific needs of the resident, including a desk which the resident could access easily while in their wheelchair. The resident had been completing literacy activities and watching a concert video of one of their favourite singers before the inspector had arrived. This resident was very proud of their room which contained many personal possessions and photographs. The resident spoke fondly about their family pet of which they had a few photographs displayed on the bedroom walls and on their mobile phone which they showed the inspector. They spoke of how they enjoyed regular video calls with family members including cousins. The resident missed not being able to go to their day service and explained how they liked doing activities there and missed meeting their friends due to the pandemic. The resident was observed to move independently in their wheelchair around the communal areas of the ground floor of the house and happily demonstrated how they entered and exited the kitchen and their bedroom. However, the resident required assistance from staff to exit and enter the house via the ramps that were present at both exit points.

Another resident was watching a programme on television when the inspector was introduced to them. They were very happy to tell the inspector how they had enjoyed time at home over Christmas. The resident demonstrated to the inspector how they used the exercise machine which was located in the large sitting room and showed the inspector some completed literacy work they had done earlier that morning. The resident invited the inspector to see their bedroom upstairs in the house. The resident unlocked their bedroom door with their key and proudly showed the inspector the large bedroom. It was decorated with many family photographs and family events to which the resident had attended over the years. There were also many personal items and accessories each carefully stored in dedicated spaces. The resident proudly showed the inspector their en-suite bathroom as they explained how they liked to keep it clean at all times. The resident spoke of the household chores that they enjoyed doing such as dusting and cleaning the floors in their bedroom and helping out with the kitchen chores with their peers. They also listed out other household chores that they completed regularly around the designated centre.

The inspector met another resident when they returned to the house after attending a scheduled appointment. The staff encouraged the resident to talk to the inspector about their love of horses. The resident spoke of how they like to regularly go to

visit a named horse in a field adjoining the designated centre to give them treats. They spoke of how too many apples would give the horse colic pain and that they liked to give the horse some carrots. The person in charge explained to the inspector how the resident would have previously enjoyed attending horse riding activities while at their day service prior to the pandemic restrictions. This resident also invited the inspector to see their bedroom which had been decorated as they wished which included new furniture. The resident spoke of how they liked to complete puzzles in a preferred area near the kitchen and how they liked to go out walking. They sometimes went for a walk around the outside of the house and the large garden with one of the other residents. However, the location of the house was too remote for the resident to be able to safely walk to any amenities or shops; transport was required to be able to engage in any activities outside of the house. The resident spoke of how they would like to live in an area where they could walk to local shops and other amenities and looked forward to getting back to their day service as soon as possible once the pandemic restrictions were removed.

One resident chose not to meet with the inspector. The inspector did greet the resident as they were getting ready to leave the house to attend a scheduled appointment with staff support. The resident acknowledged the inspector but did not engage in any conversation as they were already on the bus and had told staff they did not wish to speak with the inspector at that time.

The inspector observed three of the residents to have friendly conversations among themselves and with the staff supporting them. Residents were supported by consistent staff which included day service staff that had been redeployed due to the pandemic restrictions. It was also evident residents were supported to raise any issues with staff through a number of different forums including regular house meetings, speaking with staff or making a complaint. Issues were resolved locally which included two residents requesting that the timing of their morning medications be prescribed for 09:00hrs instead of 08:00 hrs as they no longer had to leave the house early in the morning to attend their day service during the public health restrictions. This was facilitated by the staff and general practitioner and the change has worked successfully for the residents for a number of months. While the house was spacious with large rooms, the inspector observed some personal equipment for one resident was being stored under the stairs which was in full view of anyone entering the front door. The provider had improved the access into the kitchen for a resident who used a wheelchair to mobilise independently; however, the resident was unable to access the cooking appliances or kitchen counter. The staff team explained how the resident was supported by staff to participate in some food preparation at the kitchen table. In addition, this resident was unable to use a walking aid at all times of their choosing while in the house as they required two staff supporting them as per their physiotherapy guidelines. While the provider had redeployed day service staff to the house during the day time, the inspector was informed that the staffing levels in the house as per the statement of purpose were one sleep-over staff at night who supported the residents in the evening and early morning before the day service staff arrived on duty. Prior to the pandemic restrictions all of the residents attended a day service during the week and three of the residents went home to their families at weekends. Since the public health restrictions a day service staff was redeployed to the house Monday to Friday to

support the residents in their home to engage in activities. The provider had also facilitated an additional staff during daytime hours up to three times during the week. However, there was limited opportunities for individual activities for residents while they were unable to attend their day services. The inspector was also informed that the provider and staff team had been involved in ongoing searches for an alternative house in the locality and nearby town that would better suit the needs of the residents. At the time of the inspection no suitable premises had been located.

This inspection was completed during the COVID-19 pandemic and the inspector met with residents and staff while adhering to the public health guidelines, wearing personal protective equipment, PPE. Due to the design and layout of the house and to ensure the safety of the residents and staff the documentation review was conducted remotely from the designated centre.

Capacity and capability

This risk based inspection was completed to ensure compliance with the regulations and review the actions taken by the provider to address issues identified during the last inspection of this designated centre in October 2019. Prior to this inspection, the inspector was aware that the provider had extended the date for completion of fire safety upgrade works to 30 June 2021. However, the inspector's findings highlighted that a review of staffing levels was required to ensure residents were consistently supported as per their assessed needs, their independence promoted and safety maintained.

The person in charge worked full time and they had remit over one other designated centre. The geographical area between the designated centres was approximately 25 kms. This person was in the role since October 2019 and was very familiar with the residents and the supports required by them. They were supported in their role by a consistent staff team with whom they kept in regular contact by phone and visiting the house regularly while adhering to public health guidelines. All staff supervisions had been completed in 2020 and the schedule for 2021 had been planned. In addition, the person in charge had ensured that all staff had completed the mandatory staff training and refresher courses as required with on-line courses being completed where face to face training could not be facilitated. The person in charge had also a schedule of planned training for the weeks post the inspection for staff in advance of training expiring. There was also a schedule of audits with the person responsible identified which included financial, safety and medication audits.

The inspector was informed of a request that had been made by the residents regarding the provision of a consistent day service staff to support them in their home during the pandemic restrictions and this had been supported by the provider with a consistent full time day service staff providing support to the four residents

from Monday to Friday each week. This request had been made after a period of time when the residents had been supported by multiple different staff when the pandemic restrictions had commenced. The provider had also supported the residents to have an additional staff support for 21 hours each week, usually three times over a seven hour period which was flexible. However, the inspector found that the ability for residents to engage in individual activities was limited and some group activities were dependent on the support needs of some of the residents. On the day of the inspection one staff had supported a resident to attend a healthcare appointment prior to the inspector arriving at the designated centre, the three remaining residents were supported by one staff; two of these residents required support and assistance with activities of daily living. On review of documentation the inspector noted that a physiotherapist had made a recommendation in February 2020 that one resident required additional support to mobilise safely. The physiotherapist guidelines outlined that the resident required the assistance of two staff while using a walking aid to mobilise following a review after the resident had fallen in January 2020 when they used the aid to access their toilet. The resident had also fallen in April 2020 when they mobilised without their walking aid. The opportunities for the resident to use their walking aid as they wished were limited in the house due to the the presence of only one staff member apart from the current additional support of 21 hours per week. Also, the inspector reviewed documentation of which two other residents engaged in a walking activity together around the outside of the property which at times occurred when the staff supported the needs of the other residents in the house. In addition, the duration of some fire drills with one staff present also required review, this will be further discussed under regulation 28: Fire precautions.

While the inspector was advised that there were no open complaints at the time of the inspection there was no documentation available in the designated centre for the inspector to review any complaints made/issues raised or actions taken to resolve the issues. The inspector was informed that the information was kept securely in an administrative part of the service by a nominated person. The complaints register was not kept in the designated centre. During the inspection, the person in charge did outline that they could request the nominated person to provide the inspector with access to the information, however the inspector did not make such a request at the time of the inspection as the complaints log had been included on the list of documents requested for review when the risk based inspection was announced. The inspector noted that the annual review had referred to one complaint being made by a family representative and they were satisfied with the outcome. The inspector was informed a family representative had concerns relating to the number of different staff providing day service support while day services were closed. The inspector was unable to determine if the handling of the complaint was in line with the provider's policy and procedure. The inspector was informed how residents were supported to inform staff either verbally or in writing if they were not happy about an issue. There was a weekly process which informed the person in charge of any local issues. The document shown to the inspector did not contain details of the issues raised. The inspector was unable to review what those issues were and the time lines taken to resolve issues raised by the residents at the time of the inspection.

The provider had ensured an annual review had been completed in 2020 which was in an easy-to-read format and incorporated the views of the residents and their family representatives. The feedback from residents indicated they would like more consistency in the staff support during the daytime and the family representatives were happy with the care and support. While the report outlined objectives for 2021 which included resuming community activities once the pandemic restrictions were removed or eased, there was no mention of achievements or activities that the residents had engaged in during 2020. The six monthly provider led audits had been completed with actions identified progressed or completed. The inspector reviewed documentation which evidenced the ongoing actions taken by the management team to find and secure an alternative property which would better suit the needs of the residents and ongoing communications with the landlord of the current house regarding completion of required safety upgrade works. A number of properties had been viewed throughout 2020 but at the time of the inspection no suitable property had been located. As a result in January 2021 the provider submitted an application to vary a condition of the registration to the Health Information and Quality Authority HIQA, to extend the date of completion for upgrade safety works to both houses in this designated centre from 31 December 2020 to 30 June 2021.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured consistent familiar staff were available to support residents. However, the number of staff supporting residents did not ensure the assessed needs of the residents were being met at all times.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training using alternative methods such as on-line training where possible. A schedule of training for 2021 was also in place with staff booked to attend courses in the weeks after

this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured the service provided was safe and availability of resources appropriate to the needs of the residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were aware of how to make a complaint and the procedure was displayed in the designated centre. However, the inspector was unable to review records of complaints made and actions taken to resolve issues to the satisfaction of the complainant at the time of the inspection.

Judgment: Substantially compliant

Quality and safety

Residents informed the inspector they were happy with the supports they received, however they would like to live in a house where they were closer to amenities and community settings and one resident would like to be able to have better access to kitchen facilities where they could engage more in cooking activities. The location and design of the house that the inspector visited impacted on the rights of the residents and fire safety upgrade works had not been completed by 31 December 2020 as per the conditions of registration of this designated centre.

The inspector noted some general maintenance issues that were discussed with the person in charge during the visit to the house which included damaged surfaces to two couches in the large sitting room and to the kitchen chairs. The covering was cracked and worn away in parts. In addition, paint was observed to be peeling off the ceiling in one area of an en-suite bathroom. The inspector also discussed the storage of personal equipment required by one resident in the hall way of the house. The person in charge outlined how residents had requested that staff would not complete their office duties in the sitting room and this resulted in a corner of the large kitchen being a dedicated office space for staff to complete administrative duties. However, a large storage cabinet was present which contained both active files and historical information relating to the designated centre. The appropriateness of this piece of furniture in the kitchen area was discussed during the inspection with the person in charge and the person participating in management. The inspector reviewed ongoing correspondence which outlined how the person in charge and person participating in management had actively sought to find another property to better suit the needs of the residents living in the house since January 2020. Despite the public health restrictions they had reviewed a number of possible properties in the local town; however, a suitable property had not been found.

The inspector acknowledges the provider is actively seeking to source an alternative house which better suits the needs of the current residents. However; the remote location of the current house has an impact on the ability of the residents to access community amenities and services, this was evident in the number of times residents went for a walk around the property as an activity so they could be out in the fresh air. Also, while the provider improved the access for one resident to independently access the kitchen area they are still supported by staff to be involved in cooking activities at the kitchen table as the design of the kitchen prevents them from partaking in all kitchen activities as per their wishes. The resident told the inspector they missed being able to get involved in some cooking activities as they would have done in their day service prior to the pandemic restrictions. In addition, during the visit to the house, the inspector observed personal toileting equipment for one resident being stored in the hallway which was visible to anyone entering the front door. This did not respect the privacy and dignity of the resident. Furthermore, one resident spoke of how they participated in household chores

regularly which included them entering another resident's bedroom.

Residents' personal plans had been subject to regular review, however, some residents' personal goals were repetitive and progress of goals was not documented or updated during the year. Some goals were documented as being achieved and repeated for 2021, such as visiting family and maintaining family contact. The inspector reviewed some plans which had goals that included getting vaccinated for COVID-19. In addition, where staff were engaging in activities such as beauty therapy days in the house, these were not being documented as progressing with personal goals while awaiting community services to re-open to support a goal of having a reflexology treatment.

The residents were supported by staff to engage in many different activities daily in the house which included chair yoga, art and literacy activities. The residents and staff also outlined how regular contact with peers and day service staff had been maintained during the pandemic restrictions which included regular phone and video calls and other methods of conversation using the internet. The group activities outside of the designated centre required consideration to be given to the ability of all residents to access the location. The staff outlined how the residents regularly went for walks and picnics to a local area which was suitable for wheelchairs during the pandemic restrictions. A suggestion that two residents might benefit from completing more activities together and another resident would benefit from more individual activities had been made during personal care planning meetings, however, the inspector did not see documented evidence of this taking place in activities recorded for these residents. The opportunities for all residents to access community and social activities were limited and dependant on the support needs of two of the residents. The inspector was informed that a comprehensive assessment of need for one resident was planned at the time of the inspection.

The inspector was aware that the provider had not installed fire doors in advance of the inspection taking place. At the time of this inspection, the provider had committed to completing this work by 30 June 2021. The provider did have fire safety management systems in place which included regular servicing of equipment, personal emergency evacuations plans, PEEPs for residents were regularly reviewed and fire safety checklists which were completed as required by staff. Staff did complete fire drills at regular intervals however, the duration of two drills were discussed with the person in charge. On the 12 July 2020 the fire drill took four minutes 45 seconds to complete. The issues outlined by staff in this drill included the full assistance required by one resident to safely evacuate from the building. On the 21 July 2020 a deep sleep fire drill took four minutes 35 seconds to complete. The remote location of the house requires the lone staff to safely evacuate the four residents, one of whom requires full assistance and cannot exit the building without staff support. The inspector was not assured that the resources available at the time of the inspection and the lack of fire doors in the house would effectively and safely provide for the evacuation of all of the current residents in the designated centre.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The residents were supported to maintain contact with relatives and friends while adhering to public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured residents were supported to retain control over their personal property.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had not ensured each resident was provided with appropriate care and support having regard to the nature and extent of the resident's disability, assessed needs and their wishes

Judgment: Not compliant

Regulation 17: Premises

The design of the house did not fully promote the independence and full capabilities of all residents. In addition, a review of general maintenance was required to ensure the house was kept in a good state of repair both internally and externally.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the HPSC.

Judgment: Compliant

Regulation 28: Fire precautions

While the provider had fire safety management systems in place which included a fire alarm and emergency lighting; fire safety upgrade works had not been completed as outlined in the conditions of registration for the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that regular review of residents' personal plans had taken place. However, not all resident's personal and social care needs were being met and personal goals were not always reflective of residents' personal interests.

Judgment: Substantially compliant

Regulation 6: Health care

The health and well-being of the residents was promoted in the designated centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

Regulation 8: Protection

The provider ensured arrangements were in place to safeguard residents from harm or abuse. This included staff training and care plans for personal and intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

The privacy and dignity of all residents was not always respected.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Nova Residential Services OSV-0005091

Inspection ID: MON-0031893

Date of inspection: 24/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider</p> <ol style="list-style-type: none"> 1. Comprehensive assessments and review of personal plans will be completed to identify the support needs of all individuals both by day and night. 2. A risk assessment will be completed which will inform the staffing levels required to ensure that the assessed needs can be met. 3. Due to residents not attending day service currently additional hours have been allocated to the house and how these are timetabled will be aligned to meet the needs of the individuals. 4. In the event of there being a shortfall in staff support hours required additional hours will be redeployed from day services on a temporary basis. 5. A further review will be carried out once residents have returned to day services and revised activity schedules developed identifying staffing levels required to accommodate these schedules. 6. If this cannot be accommodated within the existing budget or through reallocation of resources it will be escalated to the HSE through a DSAMT. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider</p> <ol style="list-style-type: none"> 1. Comprehensive assessments and review of personal plans will be completed to identify the support needs of all individuals both by day and night. 	

2. A risk assessment will be completed which will inform the staffing levels required to ensure that the assessed needs can be met.
3. Due to residents not attending day service currently additional hours have been allocated to the house and how these are timetabled will be aligned to meet the needs of the individuals.
4. In the event of there being a shortfall in staff support hours required additional hours will be redeployed from day services on a temporary basis.
5. A further review will be carried out once residents have returned to day services and revised activity schedules developed identifying staffing levels required to accommodate these schedules.
6. If this cannot be accommodated within the existing budget or through reallocation of resources it will be escalated to the HSE through a DSAMT.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

1. A review was undertaken of the process for recording complaints immediately following the inspection. A new template has been introduced to ensure all information is captured, addressed and reviewed in line with the regulations

Regulation 13: General welfare and development	Not Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:

The Registered Provider

1. Will ensure that an OT assessment is arranged to be undertaken within the next four weeks to assist with identifying actions to facilitate greater independence of one resident around the house
2. Will ensure that one resident's expressed wish to be involved in meal preparation and cooking will be addressed
3. Will ensure that a review of personal goals will be undertaken to ensure goals are commensurate with the expressed interests and choices of residents
4. Have informed the HSE of the need for additional funding to address the changing needs of one resident

The stated intent of the registered provider is to continue efforts to seek a more suitable house closer to the town which will better meet the needs of all residents in this

designated centre. However, this is somewhat dependent on bungalows becoming available which are appropriate and affordable.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. A review of the maintenance required to keep the house in a good state of repair has been undertaken- Any identified actions are scheduled to be addressed
2. The furniture mentioned will be replaced once retailers reopen in line with Government guidelines
3. An OT Assessment has been organised to be undertaken within the next four weeks to assist with identifying actions to facilitate greater independence of one resident around the house
4. The registered provider will continue their efforts to seek a more suitable house closer to the town which will better meet the needs of all residents in this designated centre

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. Fire safety upgrade works outlined in the conditions of registration of the Designated Centre have been completed
2. Following the completion of the fire safety upgrade within the house the risk assessment in relation to fire drills was reviewed. In line with the 1D Community Dwellings Code of Practice for Fire Safety in Residential Settings the provision of 30 minutes fire door sets on ground and first floor corridors has provided a safe means of escape for all residents greatly reducing the original risk of fire spread.
3. Consultation will take place with the Facilitates manager and Landlord to explore options around replacement of the existing bedroom window with an emergency escape door leading outside the perimeter of the house. This door would be low threshold with a thumb turn lock opening outwards.

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:

1. A full review of each resident's person centered plans will be undertaken with an emphasis on the goals ensuring that these are person centered and incorporating person choice.
2. An OT Assessment has been organised to be undertaken within the next four weeks to assist with identifying actions to facilitate greater independence of one resident around the house

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Register Provider

1. Has ensured that further discussions and follow up are underway in respect of the resident who disclosed discontent with completing household chores for others
2. Will ensure that the support equipment for one resident will be stored appropriately to ensure the resident's right to dignity is upheld

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(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	31/10/2021
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.	Substantially Compliant	Yellow	31/10/2021
Regulation 15(1)	The registered provider shall ensure that the	Not Compliant	Yellow	31/10/2021

	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.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/08/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	30/05/2021
Regulation 23(1)(c)	The registered provider shall ensure that management	Not Compliant	Orange	30/05/2022

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/08/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	23/04/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/08/2021
Regulation 05(3)	The person in charge shall ensure that the designated centre	Substantially Compliant	Yellow	30/05/2021

	is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			
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.	Substantially Compliant	Yellow	23/04/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/05/2021