



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

## Issued by the Chief Inspector

Name of designated centre:	Desmond Community Residential Houses
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	06 May 2021
Centre ID:	OSV-0005179
Fieldwork ID:	MON-0031387

## About the designated centre

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

Desmond Community Residential Houses consists of detached two storey house located in a town and a detached bungalow located a short driving distance outside the same town. This designated centre can provide a residential service for a maximum of nine residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms throughout the two houses of the centre include bathrooms, kitchens, sitting rooms and staff rooms. Residents are supported by the person in charge, a social care leader, social care workers and health care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 6 May 2021	10:00hrs to 16:23hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

There were indications that the provider was committed to meeting the needs of the residents and supporting residents to enjoy a good quality of life. It was seen though that residents' ability to participate in community based activities and exercise control of their daily lives was reduced in some instances.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used and the inspector's movement throughout the designated centre was restricted in so far as possible. On account of this the inspector only visited one of the two houses that made up this designated centre. While in this house the inspector was mostly based in a staff office but reviewed documentation from both houses.

On arrival at the house the inspector was greeted by some staff and one resident. This resident was keen to show the inspector what PPE should be used while present in the centre and also took the inspector's bag into the staff office. This was one of three residents who were present in this house on the day of inspection while a fourth resident was staying with their family at the time. During the inspector's time in this house, a pleasant atmosphere was evident with positive and warm interactions between staff and residents. Staff members were seen to be very respectful towards residents, such as by asking residents' permission before taking their temperature, and encouraged residents to participate in household activities like preparing meals.

In normal times these residents would have attended a nearby day services operated by the same provider but due to restrictions caused by the COVID-19 pandemic, residents received their day service in this house. While the inspector was present, it was seen that residents were supported to go for drives to a nearby park for walks while some residents participated in an online arts and crafts session. It was seen that artwork which residents had made during this session was put on display in the kitchen area of the centre. Overall, it was seen that this house was very well presented and was decorated in a way that gave it a homely feel. For example, residents' bedrooms were brightly coloured and there were photos of residents on the walls. Towards the end of the inspection, it was seen that some residents were relaxing outside listening to a radio station on a tablet and enjoying the sunshine. One resident showed the inspector their nails which a staff member had helped them colour and appeared very happy with them.

It was clear that on the day inspection residents were being supported to participate in activities and go out into the community in as much as COVID-19 restrictions allowed. However, it was seen from documentation reviewed and from talking to staff members that there were times when this was not always possible. This particularly related to times when only one staff member was on duty in either of the two

houses of this centre. In one house, the particular needs of some of the residents living there meant that if only one staff was on duty, then it was unlikely that residents would be able to leave the house. The inspector read a recent complaint from a resident in the other house of centre highlighting that they had not be able to leave the house because another resident had refused to go out. This happened at a time when there was only one staff member on duty.

This same resident had also raised another complaint in the weeks leading up this inspection where it did not appear that they had been given the same opportunity to go to a shop that another resident had gone to on a particular day. The inspector was informed that this resident was supported to visit this shop the next day but was it noted that records of the complaints raised by this resident did not indicate whether or not they were satisfied with the outcomes. However, residents were being supported to raise complaints. During weekly residents' meetings that took place in both houses, it was seen that complaints was a standing agenda item while each week a specific policy followed by the provider would be discussed with residents. Examples of such policies included complaints, visiting and safeguarding. Residents also participated in a weekly group advocacy meeting which allowed them to raise issues and engage with residents from other designated centres run by the provider.

Some of the residents in this designated centre had only recently moved into the centre as part of a reorganisation of its centres that the provider was in the process of completing. It was seen that support was being given to residents to maintain contact with people that they used to live it. For example, on the day of inspection, one resident received a telephone call from a resident in the other house of this centre. These residents had previously lived together until recently and there were plans to also arrange a video call between them. Residents were also supported to maintain contact with their families during the COVID-19 restrictions whether it be through regular telephone calls or visits. Residents and their families had also been consulted in a person-centred planning process that was followed in the centre.

The process of person centred planning process gathering information about residents so that things that were important to them could be highlighted. Once this was done specific goals were identified for residents with support given to make these happen. Examples included, more community based activities, developing independence skills, participating in arts and crafts and using a tablet device. While progress with some of these goals had been limited on account of COVID-19 restrictions, it was seen that the various goals identified for residents allowed progress to be made with some during the pandemic. This was positive for the residents and helped ensure that residents' day were meaningful in so far as reasonably possible.

The ability to participate in activities was highlighted by one resident during a recent review of the centre carried out by the provider. In this they indicated that they had been doing art classes through Zoom along with pottery and baking. This resident also highlighted that residents had been risk assessed for specific outings and services during COVID-19 and that they were looking forward to being able to do more in the community as restrictions began to ease. The inspector also read some

resident and family surveys that had been completed. While for some of these it was unclear if they related to current residents of this centre or former residents who had recently moved elsewhere, it was noted that the survey responses were broadly positive around the supports provided by this centre.

In summary, a nice environment and atmosphere was observed in the house visited by the inspector. Active efforts were being made to support residents to enjoy a good quality of life, participate in activities and maintain contact with family and friends. Despite this, there were times when residents' ability to leave their houses and participate in community based activities was limited.

The next two sections of the report present 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 service being delivered.

## Capacity and capability

The provider was making progress in meeting a restrictive registration condition for the centre while some of its monitoring systems in use had a focus on the rights of residents, it was found though that improvement was needed in relation to the staffing arrangements for this centre.

At the time of this inspection, this designated centre comprised of two houses and is registered until July 2021. The centre was subject to specific restrictions conditions, one of which was a restrictive condition that involved improving the first safety systems in one house and replacing the other house with a different house. This was part of a wider reorganisation of the provider's designated centres in the local area which had also resulted in some residents who had recently lived in the current designated centre moving elsewhere.

The provider was making progress in meeting this centre's restrictive condition and it was noted that the house visited by the inspector had recently had fire safety works completed. Residents in the second house of the centre were shortly due to move to the replacement house once similar works were completed there. The provider had submitted a registration application to renew the registration of this centre for three years beyond July 2021 when it was intended that the centre would be comprised of the two houses where fire safety works had been completed.

The primary purpose of the current inspection was to assess the supports being provided to the resident that were living in this centre at the time of inspection. It was seen that the provider had systems in place to monitor the quality and safety of care and support residents received. Since March 2020 the provider had carried out three unannounced visits to the centre to review how residents were being supported. Such visits are required by the regulations, and while some of these had been conducted remotely in response to COVID-19 restrictions, it was seen that

written reports were maintained of these with actions plans in place to respond to any issues identified.

When reviewed these reports it was noted that there was a strong emphasis placed by the reviewer on residents' rights. For example, one report had highlighted an instance where a resident had been unable to attend a particular activity away from the centre because a staff member had called in sick and was not replaced. On the current inspection, it was found that aspects of the staffing arrangements in place required improvements to ensure that that residents' personal and social needs were met. This was in the context of residents not always being supported to leave the houses where they lived on days when only one staff member was on duty in either house. It was acknowledged though that there days when two staff members were on duty in both houses which better supported residents in this area.

A recent risk assessment completed by the person in charge had highlighted a need for additional staffing. This risk assessment highlighted that the night-time staffing arrangements in one house also needed review in response to the specific needs of residents there. As such, while staff members present during this inspection were seen to provide appropriate and respectful support to residents, the staffing arrangements in place for this designated centre required improvement in some areas to ensure that residents' needs were consistently met.

Improvements were also needed in relation to the annual review process for the designated centre. This is another requirement of the regulations and is also intended to review the quality and safety of care and support provided to residents. The inspector reviewed the 2019 and 2020 annual reviews for the centre but, while they provided for consultation with residents and family, these annual reviews did not provide a clear indication of residents' lives in this centre. It was also noted that, while aspects of the provider's monitoring systems in place such as its unannounced visit reports were functioning well, a number of regulatory actions were identified during this inspection.

One of these actions related to the timely submission of notifications to HIQA. Under the regulations HIQA has to be notified within a specified time period of certain events that occur within a designated centre. This helps to ensure that HIQA is aware of particular incidents which have the potential to negatively impact residents. Previous regulatory engagement with this centre earlier in 2021 had highlighted that not all incidents requiring notification to HIQA has been submitted as required. As such these had not been submitted in a timely manner in keeping with the regulations although they were submitted retrospectively.

## Regulation 14: Persons in charge

The person in charge had been recently appointed to this role and had the necessary skills, experiences and qualifications to perform the role. The person in charge was responsible for a total of two designated centres in addition to holding an area manager role with the provider. However, the person in charge was



supported in overseeing the running of the current designated centre by a social care leader.

Judgment: Compliant

### Regulation 15: Staffing

The staffing arrangements in place did not consistently support the needs of residents while a risk assessment carried out by the provider had highlighted that the night-time staffing arrangements in one house required review. Staff rosters maintained did not give some staff members' full name.

Judgment: Not compliant

### Regulation 23: Governance and management

The provider was making progress in meeting a restrictive condition for this designated centre. Key regulatory requirements such as provider unannounced visits and annual reviews were being carried out but it was noted that annual reviews did not provide a clear indication of the care and support received by residents. While monitoring systems were in operation a number of regulatory actions were identified during this inspection.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place that contained all for the required information such as the designated centre's organisational structure and the information contained in the centre's certificate of registration.

Judgment: Compliant

### Regulation 31: Notification of incidents

Not all incidents of a safeguarding nature had been submitted to HIQA in a timely manner.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Residents were being given information on complaints during residents' meetings. Records of complaints were maintained but it was noted that they did not always indicate if a resident was satisfied or not with the outcome of their complaints.

Judgment: Substantially compliant

### Quality and safety

Residents had individual personal plans which were informed by a person-centred approach. Some improvement was required in relation to aspects of fire safety, risk management and infection control.

Previous inspections of this centre had highlighted concerns around safeguarding and fire safety. During the current inspection it was found that although there had been some instances where safeguarding procedures had not been followed in a timely manner, the provider had learned from this and no current safeguarding concerns were identified during this inspection. This was helped by the movement of some residents to and from this centre shortly before this inspection. It was also observed that improvements had been made in relation to fire safety.

The house that was visited by this inspector had recently had fire safety upgrade works completed to provide it with fire containment measures which are important to prevent the spread of fire and smoke. The other house of this centre did not have similar measures in place but it was the intention of the provider to soon move the residents living there to another house which would have sufficient fire containment measures. Both houses of this centre in its current format did have other fire safety systems in place including fire alarms, emergency lighting and firefighting equipment. Records reviewed indicated that these were being served at regular intervals to ensure that they were working correctly.

All staff members who had worked in this designated centre had received fire safety training and it was seen that fire drills were being carried out in both houses. When reviewing a recent fire drill record for one house, it was read that one resident had refused to go beyond the doorway at the entrance to the house during the drill. The potential for this to happen had also been referenced in the resident's personal emergency evacuation plan (PEEP). Such plans are important in outlining any supports residents need to ensure that they safely evacuate a centre in the event of a fire. It was noted though that this resident's PEEP did not contain guidance on

how to support the resident to evacuate in the event of a refusal.

This aspect of fire safety required improvement to ensure the resident's safety. It was seen that a risk management process was also in operation in the centre which was intended to promote residents' overall safety while living in this designated centre. As part of this a risk register for the centre and risk assessments relating to individual residents were maintained. A sample of these were reviewed by the inspector and while it was noted that some contained good information on reducing the potential harm from identified risks, the risk register and risk assessments required review to reflect the current group of residents who were living in this centre at the time of inspection. For example, it was seen that some risk assessments related to some resident's previous home while some open risk assessments were no longer relevant.

The inspector noted that the risks associated with COVID-19 had been considered and risk assessed. Specific risk assessments were in place for certain activities that residents could participate in during COVID-19 restrictions. Measures were also being taken to ensure that residents were protected from COVID-19. For example, staff members had been provided with training in areas such as hand hygiene, PPE and breaking the chain of infection, there was regular monitor of any potential symptoms for residents and staff while regular cleaning was being carried out in both houses of the centre. It was noted though that some gaps were evident in the cleaning records for one of the houses.

Residents had been given information relating to COVID-19 and easy-to-read COVID-19 booklets were provided for them. Support had also being given to residents around COVID-19 vaccines and records reviewed indicated that residents or their families had been involved in decision on whether to take vaccines or not. Such measures were intended to promote residents' health and it was seen that residents were supported to access health care professionals such as dentists and general practitioners (GPs). Guidance on supporting residents with identified health needs was contained within specific health care plans that were maintained for residents.

Such plans were included as part of residents' overall individual personal plans. These plans are intended to identify the needs of residents and provide guidance for staff on meeting these needs. Residents and their families were involved in the development and review of these plans through a person-centred planning process that was followed in this designated centre. From a sample of personal plans reviewed it was seen that were reviewed regularly and were also subject to multidisciplinary review. It was also noted that these personal plans contained key information relating to residents such as guidance on how to support them with intimate personal care.

## Regulation 13: General welfare and development

Residents were supported to keep in contact with family and friends. Residents were

supported to participate in activities and go into the community when possible. However, it was seen that there were times when the ability of residents to go into the community was reduced.

Judgment: Substantially compliant

### Regulation 17: Premises

The house visited by the inspector was observed to clean, well maintained, well-furnished and presented in a homely manner.

Judgment: Compliant

### Regulation 20: Information for residents

Information relating to matters such as complaints, visiting and the terms and conditions of residency for the residents of this designated centre were contained in the residents' guide that was provided.

Judgment: Compliant

### Regulation 26: Risk management procedures

A risk register and risk assessments were in place but it was seen that these required review to reflect the current circumstances of some of the residents living in this designated centre.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Measures were taken to ensure that residents were protected by appropriate infection prevention and control measures such as the use of PPE, staff training and monitoring of symptoms for COVID-19. Some gaps in cleaning records for one house were found on the day of inspection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

One of the existing houses of this centre did not have appropriate fire containment measures at the time of this inspection. One resident's PEEP did not contain sufficient guidance on how to evacuate their home in the event that the resident refused.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents had personal plans in place and it was seen that a clear person-centred planning process was used in the designated centre which ensured that residents and their families were involved the development and review of personal plans. Such plans were subject to multidisciplinary review. Residents had goals identified and it was seen that, where COVID-19 restrictions allowed, these were being progressed and reviewed.

Judgment: Compliant

### Regulation 6: Health care

Residents had specific health care plans in place which outlined the supports residents' required for specific health needs. Residents were supported to access to health care professionals such as GPs and dentists.

Judgment: Compliant

### Regulation 8: Protection

Residents had intimate care plans which were intended to protect their dignity and bodily integrity. Records reviewed indicated that all staff had been provided with relevant safeguarding training. Safeguarding plans were in place where necessary. It was noted that some incidents of a safeguarding nature had not followed proper procedures in a timely manner. However, no safeguarding concerns were identified

on the day of inspection.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner throughout this inspection and were consulted about the running of this designated centre through weekly resident meetings. Information and support had been given to residents around COVID-19 and vaccines. There were times when residents would not have the choice to leave the designated centre while there was one occasion where a resident had not been given the same opportunity to visit a shop that another resident had gone to on a particular day.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Desmond Community Residential Houses OSV-0005179

Inspection ID: MON-0031387

Date of inspection: 06/05/2021

## 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:</p> <ul style="list-style-type: none"> <li>• The staff roster now contains the full name of rostered staff.</li> <li>• MDT held to ascertain the needs of one resident on the 11/5/2021. A referral to the Age related Care CNS was completed on 11/5/2021.</li> <li>• A risk assessment is in place to support two residents at the time of the inspection to access the community independently. This risk assessment will be reviewed following their transfer to their new home which took place on the 27/5/2021 to adequately reflect the change in the location and pin point any travel training they may require to reflect their new location in the town. This risk assessment review will be complete by the 11/6/2021.</li> <li>• Business case has been submitted to the HSE and has been discussed at each subsequent business case meeting that has taken place.</li> <li>• This business case will remain on the agenda. The next business case is scheduled for 08/06/21.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The Annual review template will be reviewed by Brothers of Charity Services Ireland Limerick Region in Q4 2021 to more adequately reflect the care and supports received by the residents in the designated centre. This new template will be used for the Annual Review of 2021 as the Annual Review process for 2020 has been completed.</li> <li>• A comprehensive PAR was returned to HIQA following engagement with HIQA</li> </ul>	

<p>Inspector.</p> <ul style="list-style-type: none"> <li>• All incidents since this PAR process, as outlined in this report, have been notified to the regulator.</li> <li>• Going forward all incidents will be notified to HIQA within the correct timeframe as per regulations.</li> <li>• Further training in respect of safeguarding and reporting is scheduled for PICS and PPIMS during June 2021.</li> <li>• Business case for additional staffing will continue to be escalated to the HSE.</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• A comprehensive PAR was returned to HIQA following engagement with HIQA Inspector.</li> <li>• All incidents since this PAR process, as outlined in this report, have been notified to the regulator.</li> <li>• Going forward all incidents will be notified to HIQA within the correct timeframe as per regulations.</li> <li>• Further training in respect of safeguarding and reporting is scheduled for PICS and PPIMS during June 2021.</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>• Going forward it will be recorded if the complainant is satisfied with the resolution of the complaint.</li> </ul>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p>	

- A risk assessment is in place to support two residents at the time of the inspection to access the community independently. This risk assessment will be reviewed following their transfer to their new home which took place on the 27/5/2021 to adequately reflect the change in the location and pin point any travel training they may require to reflect their new location in the town. This risk assessment review will be complete by the 11/6/2021.
- Business case has been submitted to the HSE and has been discussed at each subsequent business case meeting that has taken place.
- This business case will remain on the agenda. The next business case is scheduled for 08/06/21.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The risk register has been reviewed for the residents in one house to adequately reflect the current residents and their support requirements.
- The risk register for the second house will be reviewed following the move of residents to their new home. This review will be completed by 03/06/21.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- The daily cleaning checks are being recorded daily by staff. This will be reviewed by the Social Care leader on a weekly basis to ensure compliance by all staff.
- The importance of completing the recoding chart was discussed at the staff meeting on the 26/5/2021.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The fire safety upgrade is complete in Aishling house. The residents from Los Pilaes moved into this house on the 27/5/2021.
- The PEEP plan for one resident has been updated to adequately reflect how to support the resident if he refuses to evacuate or evacuates to the door. Action complete on the 13/5/2021.
- Information in relation to fire drills and evacuation of the residence is also included in an easy read format which is discussed at the house meeting weekly.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- A comprehensive PAR was returned to HIQA following engagement with HIQA Inspector.
- All incidents since this PAR process, as outlined in this report, have been notified to the regulator.
- Going forward all incidents will be notified to HIQA within the correct timeframe as per regulations.
- Further training in respect of safeguarding and reporting is scheduled for PICS and PPIMS during June 2021.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- All residents are treated in a respectful manner and supported to communicate their choices through weekly house meetings. All residents are supported to choose the activities they would like to attend each week. Support staff are in place to support the residents access their community as per the budget for the residential service
- A risk assessment is in place to support two residents at the time of the inspection to access the community independently. This risk assessment will be reviewed following their transfer to their new home which took place on the 27/5/2021 to adequately reflect the change in the location and pin point any travel training they may require to reflect their new location in the town. This risk assessment review will be complete by the 11/6/2021.
- Business case has been submitted to the HSE and has been discussed at each subsequent business case meeting that has taken place.
- This business case will remain on the agenda. The next business case is scheduled for 08/06/21.

## 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)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	11/06/2021
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	30/09/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Substantially Compliant	Yellow	10/05/2021

	showing staff on duty during the day and night and that it is properly maintained.			
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.	Substantially Compliant	Yellow	06/05/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/01/2022
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.	Substantially Compliant	Yellow	03/06/2021
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	26/05/2021

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	27/05/2021
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.	Not Compliant	Orange	13/05/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	06/05/2021

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	27/05/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	06/05/2021
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	11/06/2021