



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

Issued by the Chief Inspector

Name of designated centre:	Castlefield Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	08 September 2021
Centre ID:	OSV-0005237
Fieldwork ID:	MON-0025938

About the designated centre

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

Castlefield group is a community residential service providing adult residential accommodation for ten ladies and five gentlemen with an intellectual disability across three residential locations. The houses are close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. The first location currently provides accommodation for four ladies, the second for five gentlemen and the third for six ladies. The first location is a semi-detached house on a small cul-de-sac. It comprises of five single occupancy bedrooms one of which is used as a staff office and sleepover room. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. The second house has five bedrooms and two residents share a bedroom. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. The third unit is a six bedroom semi-detached house in a cul-de-sac. There is a kitchen/dining room, sitting room, downstairs toilet and a main bathroom upstairs. All residents have their own bedrooms in this house. The staff team provides a variety of supports for residents who in some cases are of an aging profile.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Wednesday 8 September 2021	09:30hrs to 17:35hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

Overall, from speaking with residents and from what the inspector observed, it was evident that while the care and support being provided to some residents was of a good standard, in the cases of a small number of residents there was a clear need for improvement in the standard of serviced being delivered.

The inspector found that the registered provider had failed to resolve a number of actions identified during the last inspection of the centre in September 2020 and some residents remained dissatisfied with the living arrangements in place. In addition, the inspector found that there was limited oversight by the registered provider of the services provided which resulted in a number of risks presenting during the course of the inspection which the management team were not previously aware of.

The registered provider was found to breach a condition of registration relating to the installation of fire containment measures in one unit of the centre and in the weeks preceding the inspection resolved this matter and applied to remove this condition from their certificate of registration. Separately, a second restrictive condition of registration relating to the requirement of the registered provider to come into compliance with both Regulation 9 - residents' rights and Regulation 17 - premises by 30 September 2021 was found not to be on track to be achieved.

The inspector met with 11 residents during the course of the inspection and spent time talking with and listening to their stories and experiences of living in the centre. All of the residents met with told the inspector that they felt safe living in the centre and were aware of how to report a concern if they ever needed to. Some residents told the inspector, however, that they were unhappy with the living arrangements and the requirement to share a bedroom while some other residents expressed concerns to the inspector about the planned redeployment of some staff members who had been acting as their key workers. The residents in one unit of the centre told the inspector about the importance of "familiar staff" to them and how they "wanted this going forward". In the cases of the residents who were sharing a bedroom, they told the inspector about the impact this was having on their personal rights and in particular how this arrangement was negatively impacting on their privacy and dignity.

The inspector completed a full walk through of all three units of the centre in the company of residents and staff members. Some units of the centre were found to have limited communal accommodation space and arrangements for storage. In one unit, the inspector found that a resident had limited private accommodation. The bedroom they were using was quite small and did not provide for appropriate storage facilities for their personal belongings. The inspector found that in one bedroom there was a problem with mould on a ceiling and a strong malodour was present. There was a need for painting and decoration in many areas of the centre, both internally and externally. While the premises were found to be clean

throughout, there were a number of damaged areas observed to kitchen counter tops, kitchen presses and a carpet which needed to be replaced. Also, in one unit of the centre, the inspector found that there was a collection of waste items that were in need of disposal. Overall, the inspector found that the centre did not provide for appropriate space for the number of residents it was supporting. While there were plans in place for providing additional accommodation, the inspector found that there had been a number of delays in this project which resulted in an extended time frame for residents who were sharing a bedroom.

In addition to meeting with residents, the inspector received six completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. Overall, the feedback provided in the questionnaires was positive, however, some residents commented on the size of their bedrooms and the need for upgrade of wardrobes and storage facilities. One resident stated that "I am happy and like the staff" and added that they enjoyed "going for drives and to the cinema and doing my tapestry" while another resident said "I like doing writing, listening to music, playing bingo and being with staff".

The inspector also spoke with three family members of residents who were availing of the services of the centre by telephone. Overall, the three family members were very satisfied with the services being delivered in the centre. One told the inspector that they were "very happy with everything" while another stated "the service is excellent". Some of the family members noted, however, that there was significant use of relief staff in the centre on occasions which "...impacted on the continuity of care" and one family member observed that there had been a deterioration in the presentation of their loved one during periods in the recent past when there were high levels of relief staff rostered to work in the centre. They did note, however, that improvements had been made in this area in recent weeks. The family members spoke about how their loved ones were very happy living in the centre and how they were confident that they were safe.

During the course of the inspection, the inspector met with a number of members of the staff team who explained that the resources available to the centre had improved in the weeks preceding the inspection. The inspector found that the staffing allocation in place at the time of the inspection was appropriate to meeting the increased and evolving needs of the resident group, however, was not assured that there was clarity on the part of the registered provider as to the formal agreed staffing allocation for the centre. When the hours rostered in a sample of the centre's off duties were compared to those outlined in the statement of purpose, the inspector found that there was a significant deficit. Compounding this, the inspector found that there was poor continuity of care and support for residents with relief and agency staff accounting for over 33 per cent of all hours rostered in the period reviewed.

Overall, the inspector found continued high levels of non-compliance with the regulations during the course of this inspection. These related to a number of key

areas including staffing, training, governance and management, complaints, premises, risk management, residents' rights and fire safety. While the care and support being provided by the staff team was of a good standard in most cases, the manner in which the centre was being managed required significant improvement including enhanced oversight on the part of the registered provider.

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 inspector found that there was a significant need for improvement in the centre's governance and management arrangements. Given the high level of non-compliance identified during the inspection, the absence of appropriate follow up on actions relating the last inspection of the centre, and the level of dissatisfaction of some residents, the inspector found that there was a need for the registered provider to robustly respond to the concerns identified during the course of the inspection.

There was a recent change of person in charge and the inspector met with the newly appointed manager during the course of the inspection. The inspector found that they were suitable qualified and experienced to manage the centre and had a clear vision for the services to be provided and the need for sustained improvements. The person in charge was motivated, knew the individual needs of the resident group well and had a good understanding of their responsibilities as outlined in the regulations, legislation and national policy.

The inspector found that while the centre appeared to be appropriately resourced, there was a lack of clarity on the part of the registered provider as to the official or agreed numbers of staff allocated to work in the centre. The inspector also found that there was limited continuity of care and support for residents due to the significant reliance on relief and agency staff to supplement the staff duty rosters.

There was an overall absence of developed and effective management systems in place in the centre and the absence of such mechanisms resulted in reduced oversight of the care and support being delivered to residents. In addition, the inspector found that the registered provider had failed to self-identify many of concerns and non-compliances with the regulations identified during the course of this inspection. For example, an annual review completed by the provider for 2020 was found to be of a poor standard and did not outline the findings of consultation with residents and their representatives. The inspector also found that a report from the most recent six-monthly unannounced visits to the centre by the registered provider had failed to reference any areas requiring improving in relation to staffing,

premises, residents' rights, complaints, risk management or fire safety.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

A person in charge had recently been appointed for the centre and the inspector found that they were employed in a full-time capacity and were suitably skilled, qualified and experienced to carry out the duties associated with the role. They were actively engaged in the governance, operational management and administration of the centre and held a clear understanding and vision of the service to be provided.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there was ambiguity on the part of the registered provider with regards to the official number of staff allocated to work in this centre. When the allocation of 16.76 full time equivalents (FTE) as outlined in the centre's most recent statement of purpose was compared to a one month sample of staff duty rosters, the inspector found a significant unexplained under staffing of the centre. The sample reviewed found that there was an average weekly FTE of only 11.90 staff members rostered in the centre. The inspector also found that over 33 per cent of all rostered hours in the one month period reviewed were worked by relief or agency staff. This, the inspector found, demonstrated that there was limited continuity of care and support for residents which supported concerns they raised directly with the inspector during the course of the inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

While the majority of the staff team had completed training and refresher training in

matters outlined by the registered provider as being mandatory, the inspector found that a number of staff members had not completed refresher training in the area of safe administration of medication and separately on the administration of emergency medication to persons with epilepsy. The inspector found that this matter had not been risk assessed and was of particular concern as there were a number of residents living in the centre who were actively experiencing seizure activity. In addition, the inspector found that the practice of non-nursing staff members administering medication without completion of training or refresher training was in breach of the organisation's policy on the matter. There were satisfactory arrangements in place for the supervision of the staff team.

Judgment: Not compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the centre was not appropriately managed and there was limited oversight on the part of the registered provider of the care and support being delivered.

The registered provider was found to be in breach of one condition of registration in the time since the last inspection and had not taken appropriate actions to avoid the breach a second condition of registration by the end of September 2021 which related to coming into compliance with two regulations.

There was an overall absence of developed or effective management systems in the centre and the registered provider had failed to self-identify many of the concerns and non-compliances which were identified during the course of this inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed by the inspector and was found to

contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that there was a complaints policy in place in the centre along with easy read complaints procedures on display. The system in use to manage complaints was found, however, to be ineffective and did not allow for the appropriate oversight of complaints made and capture how they were managed. For example, in the case of the 15 complaints made in the time since the last inspection of the centre, there was little evidence maintained of the investigations completed in each case. In addition, there was an overall absence of evidence of complainants being informed of the outcomes of the investigations and in most cases it was not clear what measures were required for improvement, if any such measures were deemed necessary. Also, the inspector found that it was not clear in the majority of cases if the complainants were satisfied with the outcome of their complaint and if they had been informed of the manner in which they could appeal the outcomes.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the residents who were availing of the services of this centre were in receipt of care and support which was of a reasonable standard. There were, however, considerable improvements required to ensure improved compliance with the regulations, including an improvement in the living arrangements of residents and supports for upholding their personal rights.

The inspector found that some residents were dissatisfied with the private accommodation space provided to them within the centre and their living arrangements. There remained two individuals who were required to share a bedroom due to the lack of alternative accommodation within the centre or wider organisation. This, the residents explained, continued to have a negative impact on their quality of life and contributed to personal distress. Residents told the inspector how this arrangement impacted on their privacy and was not dignified sleeping accommodation. One resident told the inspector how they had to plan or schedule changing of their clothes to maintain some dignity in this environment. The inspector also found that another bedroom of the centre did not provide for appropriate space for the resident using it. There was also limited storage facilities for residents in some cases and for general items such as personal protective equipment (PPE) in some areas of the centre. Some spaces of the centre required

painting and decorating and a kitchen counter top and cabinets in one unit was observed to be damaged. In addition, the inspector found mould damage to the ceiling of one resident's bedroom and in another unit carpet required replacement on a staircase, external spaces of the unit required painting and there was a need for the removal of disposed items from a rear garden.

During the course of the inspection, a representative of the registered provider outlined that there were plans in place for the provision of an additional residential unit within the locality which would offer one resident new accommodation and supports. They informed the inspector, however, that there had been significant delays to the provision of this accommodation due to renovations required to the property and in relation to resourcing and deploying a staff team to work there. The inspector found that while the registered provider had taken some action in this regard, that this was not completed and the matter remained unresolved despite a clear time frame being outlined in a condition of registration for the centre. There remained a significant impact on the residents concerned who outlined the distress it was causing them to the inspector. There was clear evidence that the ongoing arrangements for sharing of a bedroom were limiting some residents' control over their daily lives and impacting negatively on both their privacy and dignity.

Regulation 17: Premises

The design and layout of the premises of one unit of the centre was found not to meet the number and needs of residents who were availing of its services. There was a lack of private accommodation to meet the number of residents living in this unit and as a result some residents were required to continue sharing a bedroom against their stated wishes and preferences. In addition, there were a number of other failings relating to the physical environment which included some parts of the centre requiring painting and decorating, damage observed to kitchen counter top and cabinets, mould damage to a ceiling in a resident's bedroom, disposed items needing removal from a garden space and carpet requiring replacement on a stairwell in one unit of the centre.

Judgment: Not compliant

Regulation 20: Information for residents

There was a residents' guide in place in the centre which was available to residents. The inspector found that this document contained all required information as outlined in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that there was a risk management policy in place which contained the information required by the regulations. There were multiple systems employed to manage risk in the centre and the inspector found that these were not integrated and there was minimal guidance available for staff on how to manage risks through these various systems. While the risks presenting within the centre appeared to be identified, the quality of the assessments completed relating to these risks were found to be poor. For example, it was not clear in multiple assessments what the actual risk or hazard was. In addition, the inspector identified instances where the listed control measures which were used to manage the risks were not in place in practice.

Judgment: Not compliant

Regulation 27: Protection against infection

The inspector found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place. There were local policies and guidance documents in place and staff members had completed training in infection prevention and control and the donning and doffing of PPE.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. The inspector found, however, that a number of fire doors used for the containment of fire were not closing fully as required. In addition, the inspector was not assured that risks relating to fire safety and the ability of a number of residents, who were assessed as being able to stay in the centre alone on occasions, to self-evacuate in the event of a fire had been appropriately assessed and managed.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that the registered provider, the person in charge and staff team demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe living in the centre. Family members of residents told the inspector that they felt that their loved ones were safe in the centre. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them. While there had been a number of incidents of a safeguarding nature in the centre in the time since the last inspection, the inspector found that these had been appropriately followed up on and managed in accordance with local and national policy.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that, in the case of some residents, personal rights were not upheld or respected by the registered provider. In these cases there was clear evidence of reduction of the freedom of choice and control over their daily lives. In addition, the practice of sharing a bedroom resulted in significant impact on the privacy and dignity of some residents.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Castlefield Group - Community Residential Service OSV-0005237

Inspection ID: MON-0025938

Date of inspection: 08/09/2021

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">• The Service Manager, the PPIM and the PIC have reviewed the Statement of Purpose to reflect the current staffing. There has been a reduction of 21 day service hours per week in one house to reflect the phased return to day services.• The Service Manager has met with the Director of HR to discuss the staffing crisis in the Service. Additional support hours will be converted to posts and advertised.• All grades of staff have been re advertised and interviews are scheduled for late October 2021.• Until the posts are filled the PIC and CNM3 will in the first instance revert with in the Castlefield staff team to cover gaps in the roster.• Any remaining shifts will be covered in as far as possible by regular relief and agency staff who are familiar to the residents to ensure continuity of care ad support to residents.• The PIC and the PPIM have completed a risk assessment in relation to staffing and continuity of care. This is also noted on the risk register for the centre.	
Regulation 16: Training and staff development	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The PIC and PPIM have completed a risk assessment in relations to deficits in training and specifically in relation to refresher training for medication management and midazolam training. • Competency assessments have been completed with staff who are awaiting refresher medication training. • There are person centered protocols in relation to management of epilepsy by staff who are awaiting their midazolam training. • The 3 staff awaiting training have been scheduled to attend training by 31 October 2021. • A training log is in place and the PIC is updating this to ensure that all staff are up to date on all mandatory and specific training for the centre. • The PIC is completing a training needs analysis to identify training needs of staff in the Centre for 2022. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Board and the CEO have approved additional supports for the PPIMs of the centres to ensure effective governance and oversight of the centre. • The PIC has been approved for full supernumerary status for the designated centre. • The ACEO has appointed a Governance and Oversight group to oversee the implementation of the action plan for the centre. • The provider audit template has been revised to ensure that the Provider is self identifying non compliances in the centre. • The Annual review for 2021 will include analysis of finding from consultation with residents and families. Surveys are maintained and available in the designated centre. • The Provider had developed a suite of logs to ensure oversight of the centre. These include an action log, training log, complaints log, safeguarding log, risk register. The PIC and PPIM will review these on an ongoing basis. • The PIC and PPIM will meet monthly to review actions from annual quality review, provider audits and HIQA action plan. • The PPPIM has a supervision schedule for the PIC of the centre. 	

- The PIC and the PPIM will meet quarterly to review incidents and full review of centre.
- The Provider, the PPIM and the PIC have reviewed the Statement of Purpose and amended day service supports as residents now return to day services.
- The Provider, the PPIM and the PIC have reviewed the staffing allocation for the centre and are confident this is the agreed staffing each week in the centre.

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- The PIC and the Quality and Risk Officer have designed a complaints log that will capture the date of the complaint, the nature of the complaint, the actions taken to resolve the complaint, and the measures to inform the complainant of the outcome of the complaint. The log will provide oversight for all complaints in the designated centre and how they are managed.
- The Easy to read information on complaints clearly outlines the appeals process and this is available to all residents.
- The Service policy on complaints is available on the website. Complainants are informed of the appeals process relevant to the stage of the complaints process.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The provider has secured an additional property and works are ongoing in this house. One of the persons sharing will move to this house when works complete. The person has been kept updated in relation to the progress of the works which have been delayed due to the pandemic. Delays have occurred in securing building supplies including kitchen structures.
- The Director of Properties, Estates and IT has advised that the schedule of works is in target at this time.
- Construction work will be complete in November 2021
- Handover of the property will be complete in November 2021
- Fit out and occupancy work will be complete by January 2022
- HIQA inspection and Registration expected in February 2022
- Residency commencement in March 2022.
- All properties in the designated centre are being painted and this work is scheduled to be completed by 31st October 2021.
- The exterior of one property on the centre is scheduled to be painted by 31 December 2021

- Carpets will be fitted to the stairs in 2 properties by 31st October 2021.
- Areas of mold in the property have been treated and paint works will be completed there by 31st October 2021
- A new kitchen counter will be fitted to one property and new cabinet doors will be fitted by 31 December due to delay in sourcing same currently.
- Build in Wardrobes will be fitted to one bedroom to provide additional storage space for personal possessions. Further additional storage had been made available downstairs for a resident.
- Additional storage has been provided in a shed in the garden area for PPE supplies

Regulation 26: Risk management procedures

Not Compliant

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

- The PIC will review all risks in the designated centre and ensure a risk assessment and control measures are in place for each risk identified.
- The centre risk register will be updated in line with review of overall risk
- The PIC will also review the control measures to assure herself that they are actually in place.
- The PIC has attended risk management training
- The Provider will provider risk management training for all staff in the designated centre

Regulation 28: Fire precautions

Not Compliant

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

- All fire doors have been assessed by a competent person and all are now in full working order and closing correctly.
- Individual fire evacuations have been completed with persons who are deemed capable of staying in the centre on their own to be assured that they will evacuate independently in the event of a fire. These will be repeated yearly or sooner if needed. This is reflected in the individual PEEPS.
- There are regular day and night time fire drills in the centre.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The provider has secured an additional property and works are ongoing in this house. One of the persons sharing will move to this house when works complete. The person has been kept updated in relation to the progress of the works which have been delayed due to the pandemic. Delays have occurred in securing building supplies including kitchen structures. • The Director of Properties, Estates and IT has advised that the schedule of works is in target at this time. • Construction work will be complete in November 2021 • Handover of the property will be complete in November 2021 • Fit out and occupancy work will be complete by January 2022 • HIQA inspection and Registration expected in February 2022 • Residency commencement in March 2022. <ul style="list-style-type: none"> • Build in Wardrobes will be fitted to one bedroom to provide additional storage space for personal possessions. Further additional storage had been made available downstairs for a resident. • Additional storage has been provided in a shed in the garden area for PPE supplies 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	13/10/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Not Compliant	Red	11/10/2021

	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.	Not Compliant	Red	31/12/2021
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.	Not Compliant	Orange	31/12/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/12/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Red	31/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Not Compliant	Orange	30/11/2021

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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.	Not Compliant	Orange	13/10/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	13/10/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and	Not Compliant	Orange	30/11/2021

	put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/11/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	13/10/2021
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	13/10/2021
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	13/10/2021
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the	Not Compliant	Orange	13/10/2021

	complaints procedure.			
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Not Compliant	Orange	13/10/2021
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Orange	13/10/2021
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.	Not Compliant	Orange	13/10/2021
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.	Not Compliant	Red	31/12/2021

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	Red	31/12/2021
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