

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 23
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	11 January 2023
Centre ID:	OSV-0005245
Fieldwork ID:	MON-0034615

About the designated centre

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

This designated centre provides a full-time residential service and supports for four adult residents with varying needs in relation to their intellectual disabilities and require a multi-disciplinary approach to care. This service provided dementia specific care in a very comfortable and relaxed community based setting. The centre is a dormer bungalow and consists of six bedrooms (one is a staff room and one is a multipurpose room). There is a kitchen, utility room, a sitting room and dining room alongside a large and a small bathroom. Some of the bedrooms in the house had ensuite bathrooms. Outside there is a large garden to the back and front of the house. The person in charge shares their time between this designated centre and another designated centre. There are nurses, social care workers and care assistants employed in this centre. Transport is available to the centre to facilitate and promote community integration.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 (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 11 January 2023	09:00hrs to 17:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was completed to monitor ongoing compliance with the regulations and standards. Overall, the findings of this inspection were that steps had been taken by the provider since the last inspection to improve oversight and monitoring, infection prevention and control and fire safety in this centre. However, in line with the findings of the provider's most recent six monthly review, further improvements were required in relation to auditing, the notification of incidents to the Chief Inspector of Social Services, and to the maintenance of documentation in the centre. Overall, residents' documentation required review to ensure that their care and support needs were clearly identified and that the documentation in place was clearly guiding staff to support them.

On arrival, the inspector of social services was welcomed by staff who directed them to where the personal protective equipment and visitors book was. The hallway was warm, welcoming, spacious, and flooded with light. Two of the three residents living in the centre were in bed. One resident was relaxing in one of the living rooms. The inspector observed a quiet and relaxed atmosphere in the house.

The inspector had an opportunity to meet and briefly engage with the three residents during the inspection. Due to their communication needs and preferences they did not verbalise their opinions on care and support in the centre. As a result the inspector used observations, discussions with staff, and a review of documentation to find out what supports were in place for them, and how their opinion on care and support in the centre was sought by the provider.

The centre was located in a quite rural area close to a local woods. The large dormer style bungalow was spacious, airy, and colourful throughout. The colour which walls and doors were painted was carefully considered to support residents to move around their home safely and comfortably. There were activity boards, mood boards and residents' pictures and art work on display throughout the house. Residents had pictures of their achievements including newspaper clippings on display in their bedrooms, and they also had their favourite possessions on display. They had large wardrobes to store their clothes and other belongings.

Throughout the inspection, kind, warm, and caring interactions were observed between residents and staff. Residents were observed holding staff's hands, and to smile and laugh when staff interacted with them. Staff who spoke with the inspector were aware of residents' care and support needs and motivated to ensure that they were happy and safe in their home. They spoke with the inspector about residents' preferences, how they liked to spend their time, and the important people in their lives. A number of times during the inspection, staff were observed to quickly pick up on any signs that residents required their support, and to respond appropriately. For example, they were picking up on when residents required support to change their position, or to have their personal care needs attended to.

Throughout the inspection residents appeared comfortable and content and were observed to spend their time in their preferred areas. For example they were observed to spend time in the kitchen come dining room, to spend time in either of the living rooms, or to spend time in their bedrooms. During the inspection they were supported by staff on a 1:1 basis. They were spending time listening to music, having their hair and nails done, baking, or relaxing in their bedrooms. There were many different options of games, activities and arts and crafts available in the house for residents. There were televisions, radios and music systems available in communal areas and in residents' bedrooms.

In the morning, the inspector met one resident as they were just finishing their breakfast. They showed the inspector their new shoes, clothes and jewellery which they had got on a recent shopping trip. They then went to get ready to go to visit their family members grave and to go out for lunch in a local pub afterwards. Staff described how meaningful it was for this resident to take this trip regularly.

During the inspection, the inspector observed a resident preparing to make buns with a staff member. Later, the inspector was greeted by the pleasant smell of baking when they entered the kitchen. The freshly baked buns had just come out of the oven. Another resident had a lie-in, and then had their hair curled followed by a hand massage which they appeared to really enjoy. Two residents left the centre to go for a drive supported by staff during the inspection.

The house was tastefully decorated, and thought and work had gone into designing areas to meet residents' specific needs. Adaptations had been made to the premises to ensure it was accessible to everyone living there. For example, ceiling hoists had been installed, paint colours were picked to support residents to move safely and transition comfortable between spaces in their home. The environment was designed and decorated in a way that certain areas could be stimulating, or provide for rest and recreation. For example, on arrival a residents was relaxing in one of the sitting rooms with the curtains closed and the main lights off. Fairy lights were on and there was a juke box with lights playing soft music in the background. Later in the day, the same room had the curtains open, and a number of residents were observed engaging in a number of different activities there. Residents bedrooms were observed to be attractive and relaxed spaces which were personalised to suit their tastes.

There was a driveway and well maintained garden to the front of the property, and a large back garden. Fence panels were painted in bright colours and there were raised flower beds which residents could tend to if they so wished. One resident had recently celebrated a significant birthday and their party was held in a marquee in the back garden.

Residents were supported to keep in touch with, and spend time with their family and friends if they wished to. There were numerous areas of the house where residents could spend time with their family and friends in private. Residents could also entertain their guests in communal areas if they so wished.

There were complaints policies and procedures on place and information was

available for residents including pictures of the local complaints officer. There was also information available on how to access independent advocacy services and residents meetings were occurring regularly in the centre. There were hand hygiene posters on display and social stories areas like infections and the use of antibiotics.

Complaints and compliments were logged in the centre. The inspector reviewed a number of compliments from residents' representatives in relation to residents' care and support, staff, and the house. An example of comments by residents' representatives included, "thanks for all the effort by staff", "...looked so well", "staff went well above and beyond to support ...".

Feedback from residents and their representatives was being captured in annual surveys, and reflected in the provider's annual review. There was 100% response rate from residents' families and the feedback indicated they were happy with the service provided for their family member. Feedback from residents' survey also indicated they were happy with the service provided.

In summary, residents appeared relaxed and content in their home and with the levels of support offered by staff. They were supported to decorate their home and their rooms in line with their preferences, and to take part in activities they found meaningful. Regular staff were familiar with residents' needs and preferences; however, improvements were required in relation to some auditing practices and documentation in the centre in order to ensure that residents continued to be in receipt of a good quality and safe service.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. There was evidence of improved oversight by the provider in terms of their audits and reviews, and the inspector found that the provider was identifying areas for improvement in line with the findings of this inspection. However, audits which were being completed regularly in the centre were not found to be identifying areas for improvement with the majority of these audits being marked as fully compliant with no actions deemed necessary. This was not in line with the findings of the providers six monthly and annual reviews, or this inspection. For example, inconsistencies in documentation in the centre, including those in residents' assessments and personal plans were not being picked up on in monthly audits. House audits were not picking up on inconsistencies in risk assessments, or that notifications were not being submitted to the Chief Inspector of Social Services in line with the requirement of the Regulations.

The person in charge facilitated the inspection. They were found to be very familiar

with residents' care and support needs and motivated to ensure that each resident was happy, well supported, and safe living in the centre. They were also identified as person in charge for another designated centre and were regularly present in this centre. They were available to residents and staff by phone when they were based in the other centre. Residents were observed to be familiar with the person in charge, and staff were complimentary towards how they supported them to carry out their roles and responsibilities. The person in charge was supported in their role by a person participating in the management (PPIM) of the designated centre. They were also visiting the centre regularly and available to support the staff team, should they require it. In addition, there was also an out-of-hours on-call manager available to support residents and staff.

There were no staff vacancies in the centre at the time of the inspection. The provider had also increased staffing support three days a week which was found to be having a positive impact for residents. They had increased opportunities to engage in activities they found meaningful both at home and in their local community. There were planned and actual rosters available in the centre; however, some improvements were required to ensure these contained the required information.

Staff training and refresher training programmes were available for staff; however, a number of staff required training or refresher trainings at the time of the inspection. Staff were in receipt of regular formal supervision and support which was being completed by the person in charge.

Regulation 15: Staffing

There were sufficient numbers of staff to meet the number and assessed needs of residents living in the centre. There were no staff vacancies at the time of the inspection. From a review of a sample of rosters, continuity of care and support for residents was provided. Planned and unplanned staff leave was covered by regular relief staff. An additional staff was available three days a week to support residents to attend appointments and to take part in their preferred activities in the local community.

There were planned and actual rosters in place; however, improvements were required to ensure that they were well maintained. For example, from the sample reviewed the name of the designated centre was not included, staff's hours of duty were not always clear, staff roles were not included, and the full name of staff was not always included.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was training and refresher training available for staff in line with the organisation's policy and residents' assessed needs. However, a number of staff required training or refresher training in areas such as fire safety, safeguarding, food safety, the administration of rescue medication, oxygen administration, and first aid.

Staff were in receipt of twice yearly performance management reviews, and attending regular formal support and supervision meetings with the person in charge. The person in charge was available in the centre at least three days a week and either they or an on-call manager were available on the phone every day. Staff who spoke with the inspector were complimentary towards the support offered by the person in charge, and local management team.

Judgment: Substantially compliant

Regulation 21: Records

From reviewing a number of documents during the inspection, the inspector found that record keeping and file-management systems in the centre required review in order to ensure that residents were in receipt of safe and effective services. The systems to ensure that residents were up-to-date required review in order to support the effective and efficient running of the centre. Overall, evaluation of the effectiveness of records management was required. For example, improvements were required in relation to the maintenance and review of residents' assessments and personal plans, some risk assessments, rosters, incidents reviews, notifications, and audits in the centre.

Judgment: Not compliant

Regulation 22: Insurance

The centre had appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre, and staff roles and

responsibilities were clearly defined. Improvements were noted in terms of the provider's oversight and monitoring of care and support in the centre. For example, the six monthly and annual review were capturing the majority of areas for improvement that were identified during this inspection. However, the day-to-day audits completed in the designated centre were not identifying areas for improvement in line with the provider's reviews, or the findings of this inspection. For example, they were not identifying gaps or inconsistencies in documentation in the centre.

While it was evident that the person in charge was aware of the incidents occurring and that they were completing post incident reviews for some incidents, there was an absence of a clearly defined system for the oversight of incidents in the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and available in the centre. It was being regularly reviewed and updated in line with the timeframe identified in the regulations and found to contain the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. From reviewing a sample of these incidents the inspector found a small number of injuries which had not been notified to the Chief Inspector quarterly in line with the requirement of the regulation.

In addition, the inspector found an injury for which a resident required medical/hospital treatment, which had not been notified to the Chief Inspector within 3 working days in line with the requirement of the regulation.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents were supported by a staff team who

were familiar with their needs and preferences, and they were supported to make choices in their lives. As previously mentioned, the providers' most recent 6 monthly and annual reviews had picked up on a number of areas where improvements were required in line with the findings of this inspection; however, the required actions needed to progress in a timely manner to ensure that the documentation in the centre was reflective of residents' needs and clearly guiding staff practice.

The inspector found that while staff were familiar with residents' communication needs and preferences, the documentation in place was not clear in relation to residents' communication support needs they required to make choices or to make their preferences known.

As previously mentioned, the house was warm, clean, and designed and laid out to meet the number and needs of residents living there. There were suitable fire containment measures in place and systems in place to ensure that fire equipment was serviced regularly. This included quarterly servicing of the fire alarm and annual servicing of fire-fighting equipment. There were adequate means of escape, including emergency lighting which was being serviced quarterly. Residents had personal emergency evacuation plans which took into account their mobility and the levels of support they required to evacuate, if any. Staff were in receipt of fire safety related trainings, and residents and staff were regularly taking part in fire drills.

Residents, staff and visitors were protected by the infection prevention and control (IPC) policies, procedures and practices in the centre. There were contingency plans in place for use in the event of an outbreak of infection. The provider had brought about a number of improvements in terms of practices and systems relating to IPC since the last inspection. A more robust system was in place in relation to IPC auditing, and the person in charge continued to discuss IPC with staff during formal supervision, at staff meetings, and through informal discussions in the centre.

From reviewing residents' assessments of need and personal plans, it was not clear for some residents what their current care and support needs were. Staff who spoke with the inspector were aware of residents' current needs, and their preferences; however, the inspector found that the documentation in place did not clearly guide staff practice in relation to residents' current support needs.

Residents were found to be in receipt of appropriate healthcare; however, as previously mentioned, residents' assessments were not always clearly identifying their support needs, including their healthcare needs. Residents were accessing allied health professionals in line with their assessed needs and were accessing national screening programmes in line with their age profile, healthcare needs, and preferences.

Regulation 10: Communication

As outlined at the beginning of the report, residents in the centre communicated using means other than speech. Staff who spoke with the inspector were familiar

with residents' communication preferences; however, conflicting information was contained in a number of documents reviewed. For example, residents' assessment of need contained different information on their communication needs and preferences than what was contained in their personal or care plans. In addition, a number of residents' hospital passports contained different information than what was in their personal and care plans. This meant that for unfamiliar staff, there was not clear guidance on how best to support residents' communication and to interpret their communication signals in a consistent way.

Judgment: Substantially compliant

Regulation 11: Visits

There was plenty of private and communal spaces in the centre for residents to meet their visitors. They could choose to meet their visitors in communal areas, or in a private area which was not their bedroom. There were no restrictions on visiting at the time of the inspection and there were procedures in place to complete risk assessments should there be an outbreak of an infection. There were also procedures to ensure that window or garden visits occurred, and for residents to communicate with their family and friends via alternative means such as phone or video call.

Judgment: Compliant

Regulation 17: Premises

The house was found to be clean, homely, well maintained and designed and laid out to meet the number and needs of residents living there. There was suitable heating, lighting and ventilation, a separate kitchen with cooking facilities, and suitable facilities for laundry and waste management. Records were maintained of the required repairs and maintenance works. For example, there were plans to paint a number of areas, and to repair an area in one of the bathrooms after the inspection.

Rooms in the house were bright, airy and colourful. Residents could choose to spend their time in a number of different communal areas. Their bedrooms were personalised to suit their tastes and contained art work, pictures, photos of them taking part in activities they enjoyed, and pictures of the important people in their lives. They had access to plenty of storage for their personal items and there were sufficient numbers of bathrooms which were properly equipped to meet their needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were assessed and those who required it had the support of dietitians and speech and language therapists. Residents preferences, dietary requirements, and the supports they required were documented in their personal plans. There was conflicting information contained in some documents and this will be discussed under Regulations 5 and 6. Staff who spoke with the inspector were familiar with residents' dietary requirements and preferences, and of the the advice of health and social care professionals.

The inspector had the opportunity to observe a number of mealtime experiences for residents. The environment was quiet and relaxed, mealtimes were not rushed, and residents were supported by staff in a kind and sensitive manner. Staff were observed to pick up on residents' cues and to wait to offer them more food until residents were ready. Overall, mealtimes were observed to be a relaxed, pleasant and social event.

Meal planning was completed weekly at residents' meetings. Meals were prepared fresh daily in the house by the staff team, and residents could get involved in shopping for, and preparing meals should they choose to. Alternatives were offered at mealtimes, and there were plenty of snacks and drinks available. The fridge, freezer and kitchen presses had many options for snack and meals. Mealtimes were observed to be at times that suited residents. For example, residents who chose to stay in bed had a later breakfast, and therefore a later lunch.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide available in the centre. It contained the information required by the regulations, and was available in an easy-to-read format. It included a summary of the services and facilities provided to residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access inspection reports, the complaints procedures, and arrangements for visits.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, residents, staff and visitors were protected by the infection prevention and

control policies, procedures, and practices in the centre. The physical environment was found to be very clean and there were systems in place to minimise the risk of the spread of infection. Staff were observed to adhere to standard precautions throughout the inspection.

There were risk assessments and contingency plans in place. There had been an outbreak of COVID-19 affecting a small number of residents and staff since the last inspection. A review of all the relevant documentation had been completed following some learning which came as part of a review completed after the outbreak. There were stocks of PPE available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management.

Staff had completed a number of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed significant fire safety works in the centre in 2022. This included installing fire doors and self-closing mechanisms. There were adequate means of escape and these were kept clear during the inspection. There was emergency lighting and illuminated signage at fire exit doors. The emergency evacuation procedure was on display.

There was fire equipment in place and systems to ensure it was regularly serviced and maintained. Fire drills were occurring regularly and residents had detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had assessments of need completed; however, those reviewed by the inspector were not found to clearly identify residents' care and support needs. In addition, some residents' assessments had not been updated in line with their changing needs and were not found to be reflective of some their needs and abilities at the time of the inspection.

In addition, while personal plans were found to be person-centred and to focus on residents' abilities and talents, there were a number of inconsistencies across a number of documents contained in a number personal plans reviewed. For example,

residents' assessment of need, hospital passports, and care plans contained conflicting information in relation to areas such as continence, pain management, and skin integrity. In addition, there were care plans in place for supports needs that were not identified in residents' assessments of need.

Judgment: Not compliant

Regulation 6: Health care

The health and wellbeing of residents was promoted through diet, nutrition, and recreation. They were in receipt of person-centred care and had access to health and social care professionals in line with their assessed needs. However, improvements were required to documentation in relation to their healthcare needs. The inspector reviewed a number of residents' plans where there was conflicting information in their assessment of need in relation to their healthcare needs. For example, there was conflicting information relating to residents' eating and drinking plans in their risk assessments, hospital passports, and care plans. As previously mentioned, there were also number of care plans in place for supports needs that were not identified in residents' assessment of need.

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant

Compliance Plan for Community Living Area 23 OSV-0005245

Inspection ID: MON-0034615

Date of inspection: 11/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.</p> <p>The Person in Charge shall ensure all rosters are planned & actual and include the name of the designated centre, staff’s hours of duty, staff full name & grade/role</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <p>The person in charge has completed an audit of all staff training records and requested training based on the audit. The training will then be scheduled and reflected on roster and training folder.</p>	

Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: (1) (b) Records: The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.</p> <p>Regulation 21: (1) (c) Records The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.</p> <p>The Person in Charge shall review the record keeping and file management system in the centre to ensure that residents are in receipt of safe and effective services. The individual and house audit tool to be reviewed and implemented. The audit tool will capture shortcomings and a clear action plan will be developed thereafter.</p> <p>The register provider will oversee schedule 3 and 4 at the designated centre on a 6 monthly basis.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>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.</p> <p>The register provider will review current individual & house audits and review there effectiveness. The person in charge shall ensure all audits are action based going forward to ensure there is a clearly defined system for the oversight of incidents in this centre.</p>	
Regulation 31: Notification of incidents	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).</p> <p>The Person in Charge has attended a HIQA notification workshop carried out by the register provider on 01/02/23, the content of this will be discuss at the next house meeting ensuring all staff are aware of what is required to be reported to PPIM in the person in charges absence.</p> <p>The person in charge has an auditing tool in place each month to support with quarterly notifications.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.</p> <p>The Person in Charge will review communication needs for each resident ensuring there is consistent information across personal plans to ensure consistent care for all staff.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>(1) (b): The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.</p>	

Regulation 5 (4) (a): The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).

Regulation 5 (6) (c): The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.

Regulation 5 (6) (d): The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.

The person in charge will conduct a review of all residents personal plans to ensure any shortcomings from provider audit and HIQA inspection are address. The person in charge will review auditing system in the centre to ensure they are action based and in line with improving standards and practices in the centre.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.

The person in charge will schedule a review with the nursing staff in relation to the residents healthcare needs. All the shortcomings in this inspection will be rectified this includes a review and audit of:

- eating and drinking ADLs
- risk assessments
- hospital passports
- care plans – ensuring consisting approach
- assessment of need

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	01/04/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	09/02/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional	Substantially Compliant	Yellow	15/09/2023

	development programme.			
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	14/08/2023
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	14/08/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/08/2023
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring	Not Compliant	Orange	01/02/2023

	in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	14/04/2023
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	14/04/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or	Substantially Compliant	Yellow	14/04/2023

	circumstances, which review shall assess the effectiveness of the plan.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	14/04/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	14/08/2023