



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

Issued by the Chief Inspector

Name of designated centre:	Riverside Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	21 February 2023
Centre ID:	OSV-0005749
Fieldwork ID:	MON-0039363

About the designated centre

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

The centre is located in a town in Co. Galway and provides residential and respite care for up to seven male and female residents, who are over the age of 18 years. The centre is comprised of four self-contained apartments, two of which are single occupancy and, two residents share the remaining apartments. Generally there is a maximum of five residents present in the centre at any one time. The model of care is social and the staff team is comprised of social care workers and care assistants. Responsibility for the daily management and oversight of the service is delegated to the unit director who is the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Tuesday 21 February 2023	08:00hrs to 14:00hrs	Aonghus Hourihane	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing compliance with the regulations. It was facilitated by the person in charge and later attended by a person participating in management.

During the day, the inspector had the opportunity to speak with a staff member and three of the residents residing in the centre.

The inspector arrived at 8am and most of the residents were still sleeping or were about to get ready for the day ahead. There was one staff member on duty. They explained that the centre was short staffed that day as there wasn't a second staff member available to cover the morning shift with them.

The inspector observed the staff member was very busy and had a number of important duties and tasks to complete, on their own, to ensure residents were safe, suitably supported and ready for the day ahead. For example, the inspector observed the staff member preparing breakfast for the residents in their apartments, supporting them to get ready to attend their day service, attending to their personal care needs and cleaning the centre. These tasks were made more complicated as the centre consisted of four apartments over two floors.

The staff member cared for and engaged with the residents in a kind and caring manner, they were very knowledgeable about their needs and spoke in a respectful manner at all times with them. They were also observed to engage in light hearted banter with a resident and the resident appeared very happy.

One resident was happily eating a large bowl of porridge while they waited for transport to their day service. They warmly welcomed the inspector to their apartment. The apartment was full of their own personal belongings and on the table was a selection of art and craft materials which the resident showed the inspector. The resident was full of praise for the staff team and also agreed to show the inspector around their apartment. They proudly brought the inspector into their bedroom and bathroom and pointed to various personal objects such as their 'dream catcher'. They also brought the inspector to their outside garden space and showed them where the chairs and umbrella go during the summer months. The resident spoke about how excited they were to be attending their day service as they were going to be making pancakes for 'pancake Tuesday'. The resident loved football and they loved going to see their local club play as well as watching the county team. The sitting room had pictures and flags showing the resident enjoying days out supporting their team.

The inspector spoke with another resident who had retired from their day service. They now enjoyed a slower pace to life but were still very much active. They were busily changing the rubbish bins in their apartment, they were clearly house proud and again spoke highly of the staff team. The resident had an outside area that they

liked to work on when the weather had improved. The apartment contained lots of CDs and also some beautiful crockery from their family home.

Both residents stated that they enjoyed the food that they were served and both very much liked to get out and about in their local community. They were also clear with the inspector what they would do if there was a fire with one resident walking the inspector through the process of what happened during a fire drill.

Both residents spoke about how important family was and how there was no restrictions on visitors. It was also noted that one resident was visiting family on the day of the inspection.

The quality of care for these residents was of a good standard as observed by the inspector and from listening to the voice of the residents. However, the person in charge had taken up their post in late November 2022 and it quickly became apparent from discussions with the management team there had been no person in charge for the majority of 2022. The premises were unsuitable for one resident who needed assistance with the use of stairs and could not use the shower facilities within their own apartment. The change in needs had been ongoing and progressing since at least September 2022 but the provider still had no plan in place to address their needs. There was no risk assessment in place and as such no control measures to manage the risks to the resident. This resulted in an urgent action been issued to the provider on the day after the inspection.

Overall there were examples of good practice and a staff team that were very dedicated to meeting the residents needs but the provider had failed to ensure that the centre was resourced properly. The centre had poor governance and management systems in place and in the case of one resident the provider had not acted promptly to address changing needs of residents, to ensure risks were identified and acted upon to make sure the resident was consistently safe and had a good quality of life.

The next two sections of the report outline 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 residents lives.

Capacity and capability

The provider did not ensure that the designated centre was resourced fully and also did not ensure that governance and management systems were in place to ensure a consistent, safe and quality service at all times for residents.

The current person in charge took up post in late November 2022 and from discussions with the management team it was clear that there was no active person in charge since approximately May 2022. The lack of leadership, supervision, guidance and direction, the quality and the safety of the support and care provided

deteriorated.

On the morning of the inspection there was only one staff member on duty and from reviewing the roster and speaking with the person in charge this was a consistent issue since August 2022. The provider accepted that there should be two staff on duty from 8am to 10am every morning given the needs of the residents.

The training records were present but the people participating in management were unable to provide assurance to the inspector that all staff working in the centre had the required mandatory training. There was no schedule of refresher training and no evidence that any review or audit was completed on the training needs of the staff team.

The residents' files were difficult to follow, had large amounts of outdated information including relevant information that had not been updated to reflect changing needs. The individual risk register on files had not been reviewed and or updated in over a year and this meant the risk of an adverse event happening to a resident was far higher, and this was not in line with the providers own processes.

The annual review for 2022 which is a requirement of the provider to carry out under regulation 23 had not taken place and there was no immediate plans to complete this.

The provider was carrying out six monthly unannounced visits to the centre. The provider had completed the last visit in November 2022. The report largely picked up the areas that required significant improvement and an action plan was developed. There was no evidence available on the day of the inspection that the action plan had been progressed and the issues remained outstanding nearly three months later.

Regulation 14: Persons in charge

The provider appointed a new person in charge in November 2022. They had the required qualifications and experience for the role. They were in charge of another centre and had protected hours to fulfill their role as person in charge. There was a large part of 2022 when there was no active person in charge in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels in the centre required attention and review. The person in charge reported that the provider was unable to fill certain contracted hours and this had been the case since August 2022. A review of the current and previous rosters

showed that the person in charge made continuous efforts to fill gaps in the rota but there was a consistent pattern that four 8am to 10am shifts every second week remain unfilled. This was a shift that was critical to the operation of the service as the morning period was a busy time within the designated centre especially in the context of the increasing needs of one resident.

Judgment: Not compliant

Regulation 16: Training and staff development

The staff training records were made available for the inspection. Given the fact that there had not been a person in charge in the centre for a sustained period in 2022 there was no analysis or audit of the records. The persons participating in management were unable to confirm on the day of the inspection if all staff that needed mandatory training had completed the training. They committed to resolving this issue, carry out a full review and ensure all staff had the required training and refresher training if needed.

Judgment: Substantially compliant

Regulation 21: Records

Overall record keeping in the designated centre was poor. The resident's records were poorly maintained as files contained old information and information that was no longer relevant. One file reviewed had an old assessment from 2021, a hospital passport out of date and an individual risk assessment dated September 2021. The provider did not ensure that all records as specified in Schedule 3 and Schedule 4 of the regulations were maintained and available for inspection.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had not ensured the centre was resourced to ensure the effective delivery of care and support to the residents. The provider had not ensured that between June and December 2022 that there was a clearly defined management structure in the centre. There was a person in charge appointed but they were not actively present in the centre.

The providers most recent six monthly visit in November 2022 highlighted six areas

of non-compliance with the regulations. There was a plan available on the day of the inspection to address these areas but no action had been instigated to address the concerns.

There was little evidence of active auditing of various areas of regulation such as personal plans or medications. The providers own review systems had failed to act in a proactive manner in response to the changing needs of a resident that had become clear in September 2022. The risk register for the centre was not available and the the inspector was informed that the risks had not been updated since May 2022.

There was no annual review for 2022 and no evidence that any planning had been completed to ensure this was completed.

The provider did not have out of hours on-call management arrangements in place during the week.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The contract of care for one resident that moved into the centre in 2018 remained unsigned by either the resident, their representative or the provider. The matter was escalated by an internal audit in 2022 but remained unresolved at the time of the inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose containing the information as set out in Schedule 1 of the regulations. The statement of purpose had been been amended and updated within the last year.

Judgment: Compliant

Quality and safety

The provider did not ensure that the quality and safety of the service offered to all residents living in the centre was of a good standard. The centre and its layout were

appropriate and suitable to some residents and afforded them the opportunity to have their own space with tailored supports. However the centre was not suitable for the assessed needs of one resident, the provider was aware of this and had not acted in a timely manner to address the concerns. The concerns with the premises impacted significantly on the residents rights and there was no plan to resolve the known issues.

The layout of the premises generally afforded the residents opportunities to host friends and family in a private setting and from speaking with the residents this was something that they really liked about the centre.

The staff team were observed to work hard to meet the needs of the residents, they spoke respectfully about and to them. They were acutely conscious about the changing needs of one resident and two staff members stated that the centre was no longer able to meet the needs of one resident. They were also proud of the type of service that the residents received with them having their own apartment and own personal space.

There was clear evidence that the residents had access to wholesome and nutritious food. The fridge and cupboards were full, there was evidence of fresh fruit available and residents informed the inspector they were happy with the food. The staff team were observed to serve refreshments and snacks during the course of the inspection.

The lack of an active person in charge throughout 2022 in the centre impacted significantly on the providers responsibilities to ensure that the residents had updated assessments, personal plans and that the risks in the centre were identified and measures put in place to address such risks.

There was evidence that not all residents had updated assessments of need in accordance with the providers own guidelines, there was no 'falls assessment' in place for a resident that had a suspected fall. The hospital passports for two residents needed to be updated as they were from 2021, some information had changed and other information was out of date.

The management team confirmed that the risk register was last updated approximately in May 2022. It was not available for review during this inspection but it was clear that the risk profile of the residents and the centre had changed significantly since May 2022.

The provider had fire management systems in place and was carrying out the required checks but there was areas for improvement including in record keeping of fire drills and the individual fire evacuation plans for residents needed to be reviewed and updated..

There were procedures in place for the prevention and control of infection. There were systems in place to ensure the centre was cleaned regularly, risk assessments for infection control risks and contingency plans in the event of an outbreak of COVID-19. Some further guidance was required for staff for the management of

mops/ cleaning systems in the centre.

Regulation 11: Visits

There were no visiting restrictions in place in the centre at this time. The layout of the centre generally allowed residents to receive visitors if they wished in a private area. Two residents that spoke to the inspector discussed how they had free access to invite family members to their home. Some residents also had planned visits outside of the centre with family members.

Judgment: Compliant

Regulation 17: Premises

The designated centre was not designed or laid out to meet the aims and objectives of the service and the needs of one resident. The provision of an apartment on the first floor to a resident with very significant additional needs with their eyesight and movement significantly impacted the quality of life for this resident. The layout and size of the residents bedroom was not suitable to their needs. The resident was unable to use the shower facilities in their apartment.

There were issues with storage in the centre and the centres personal protective equipment was stored over cupboards in two apartments. The outside area behind the centre needed particular attention as the paths were very slippery and posed a risk of falls to all the residents that used the garden area.

Judgment: Not compliant

Regulation 18: Food and nutrition

The residents had access to food that appeared nutritious and wholesome. One resident was enjoying a large bowl of porridge freshly prepared by a staff member. Another resident was served his breakfast at a time of his choosing and they appeared content and happy. There was ample supply of both fresh and dried food in the centre and one resident spoken with said that the food was very good. Staff were conscious about dietary requirements such as diabetes for certain residents. Fresh food in the fridge was appropriately covered and had a date sticker attached by staff members.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk register was not available to review in the centre on the day of the inspection. The management team present for the inspection confirmed that the register had not been updated since approximately May 2022. The providers own risk policy states that risks are reviewed and updated on a weekly, monthly or three monthly basis depending on the risk.

One resident's needs had significantly changed in the past number of months. The resident had multiple health issues including a risk of falls and sight loss, it was accepted by the provider that the living arrangements were no longer suitable to the needs of the resident. The risk documents on the residents file were last reviewed in 2021 and did not reflect the changed circumstances or the urgency for the resident to have a comprehensive review.

Due to the fact that the risk register was not present and the risk documents had not been reviewed and or updated in line with the providers own risk management policy the control measures did not consider what impact such measures might have on the resident's quality of life.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider generally met the requirements of Regulation 27 and there was evidence of good practices throughout the centre. The centre and each individual apartment presented as clean and staff were observed to be adhering to best practices throughout the day. The provider had issued good guidance documents to the staff team and there was cleaning check lists in place for all parts of the centre.

The lack of consistent management in the centre over a significant period in 2022 did have an impact on aspects of infection prevention and control. The provider needed to ensure the processes around infection prevention and control in the respite apartment were reviewed and updated. The provider also stated that they were operating a new colour coded mop system and that mops were stored in locked sheds to the rear of the centre. On the day of the inspection there were mops and buckets in what appeared to be stagnant water to the rear of one apartment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was generally an effective fire safety management system in place within the designated centre. Essential fire fighting equipment had been serviced within the past six months. There was written evidence that daily, weekly and monthly fire checks had been taking place and the fire folder was available and up to date. However the provider needed to review the centre emergency evacuation plan as this was over a year old and the information in it had changed pertaining to the needs of the residents. The provider also needed to review all the personal evacuation plans for all residents as those that were displayed within the apartments for each resident were significantly out of date and the information had changed for some residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The files of two residents were reviewed during the course of this inspection. The overall quality of the files and information within were generally poor. One file reviewed contained an updated assessment of need the other did not. One file had a personal plan that was dated 2021 and there was no evidence that any review had taken place in 2022. There was no evidence of current goals on file for this resident.

The files of both residents contained updated service user safer moving and handling care plans. Both these assessments ticked the 'totally independent' box which indicated that both residents were fully ambulant and no concerns about the residents movement. One resident has very significant needs pertaining to all aspects of movement and the other resident had a suspected fall but neither assessment accounted for the actual circumstances of the particular resident.

Judgment: Not compliant

Regulation 6: Health care

The provider ensured that the residents had timely access to health care. There was clear evidence on the files reviewed that the residents had received an annual health review. One resident was brought to their GP after a suspected fall and all residents had access to psychology and psychiatry services as needed. There were updated reports from a range of allied health professionals on the files of two residents that were reviewed during this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

One resident was unable to utilise fully the facilities within their own apartment due to the layout and design of the centre. This had a significant impact on the residents privacy and dignity in relation to their rights pertaining to their personal and living space as well their intimate and personal care. The provider had not responded to these issues in a timely manner and there was presently no plan to ensure that the rights of this resident were respected.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Riverside Services OSV-0005749

Inspection ID: MON-0039363

Date of inspection: 21/02/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The vacant line on the roster is currently being filled by a relief staff member and permanent staff within the Centre who do not have full time contracts. A staff member will return to work in mid-April from leave and this will meet the staffing requirement in the Service and ensure adequate staffing on duty at all times.</p> <p>The Person in Charge and the Person Participating in Management are working with the HR team currently to fill a vacant Social Care Worker vacancy within the Centre.</p> <p>Person in Charge is reviewing the staff Rota with the Person Participation in Management on a weekly basis to ensure there are adequate staff resources available and on the rota to meet the assessed needs of the residents at all times.</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: A review of the training needs for all the Staff in the Centre has taken place to ensure all staff members are up to date with the training required to meet the needs of the Residents and the Service.</p> <p>All training required has been requested from the Training Department and will be implemented by 29th March 2023. Training and outstanding training will be an agenda item on the monthly meeting</p>	

between the Person in charge and person participating in management.	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A review of all Residents files has commenced by Keyworkers and this work will be reviewed by the Person in Charge and the Person Participating in Management at regular scheduled monthly audits within the Centre. Scheduled meeting for 28th March 2023 to review all files.</p> <p>Out of date records in Residents files will be archived appropriately by 29th March 2023.</p> <p>The Annual Review for 2022 is being completed currently and will be submitted for review to the Person Participating in Management by 29th March 2023.</p> <p>Risk Assessments and Personal Evacuation Plans are all being reviewed and updated to reflect current needs of the residents in the service, all up to date plans in place by 29th March 2023.</p> <p>Sample Records will be reviewed during 6 monthly provider led audits also and scheduled peer to peer audits in line with schedule 4 of S.I 367. All records as per Schedule 3 and 4 are available on site and reviewed as required.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>There is a Person in Charge within the Centre with twelve administration hours per week, supported by a team leader who supports with Rota management, staff support and development and the review and updating of records. The Person in Charge divides their time equally between the two Centre's that they are responsible for.</p> <p>A review of all records will take place in the Service. The Risk Register has been updated for 2023 and will be reviewed regularly. Falls Risk Assessment and LITE Care Plans have been completed and are on file for relevant Residents. This will be completed supported by the Person Participating in Management by 29th March 2023.</p> <p>The Training Matrix for the Service will be available to staff and refresher training will be</p>	

completed as required by 29th March 2023.

The Annual Review for 2022 is being compiled and will be available in the Service and reviewed and signed by relevant parties by 29th March 2023.

The Person in Charge and the Person Participating in Management are working with the HR team currently to fill a vacant Social Care Worker vacancy within the Centre, Relief staff cover this line currently along with permanent staff within the Centre who do not have full time contracts. A staff member will return to work in mid-April from maternity leave and this will meet the staffing requirement in the Service and ensure adequate staffing on duty at all times.

A revised 7/7 on-call structure has been identified by the Senior Management Team, and arrangements for this are currently being finalised. It is intended that the new on-call arrangements will be communicated across services and implemented by 1st April 2023.

The person in charge will complete internal audits of the service in line with the audit schedule to ensure standards within the service are maintained. Feedback on the outcomes from the audits will be provided to staff at the staff meetings and to the Person Participating in Management during scheduled support meetings.

In the recent six-monthly provider-led audit, an action plan has been devised and is in place to address all outstanding issues. The Person Participating in Management will audit PLA/HIQA action plans during regular audits within the Centre to ensure effective management of all actions identified.

The Person Participating in Management will conduct regular audits within the service to ensure effective oversight of governance and management within the Centre.

The person participating in management will hold scheduled and regular meetings with the person in charge to discuss and review service effectiveness and quality delivery in line with the standards set out as per the Ability West policy and procedures and the statutory regulations.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The Contracts of Care are available and fully signed in the Centre and in the relevant resident files for all Residents within the Centre.

The person in charge had requested copies from Central Files after the last provider led audit in November 2022 and the contracts of care were in the Centre on the day of the Inspection but not on the relevant files.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The exterior of the building has been power washed and the surrounding grounds have been treated to ensure the safety of residents and staff accessing the garden area.</p> <p>Storage within the Centre has been addressed to ensure that equipment is stored in a more suitable area.</p> <p>There is considerable work been carried out to address the situation with one Resident in the 1st floor of the Centre with mobility concerns currently. Some of the interim control measures include:</p> <ul style="list-style-type: none"> • Yellow tape has been applied to the edge of each step on the stairs to aid safe mobility when the Resident is going up and down the stairs has been applied. This was a recommendation from the Physiotherapy Report. • The NCBI have been contacted to assess and meet the Resident within his apartment to support him to mobilise more safely with prescribed aids. They will visit by 27.3.2023 for initial assessment. • As per the advice from the Physiotherapist, the Resident will use a crutch as a support to mobilise within his environment. Physiotherapist will support the introduction of this. • As per a verbal recommendation from the Occupational Therapist during the site visit, a more robust support bar will be fitted in the bathroom. This will be complete by 27.3.2023 • This Resident's case has been escalated and discussed as part of a priority case review meeting with the HSE to explore alternative Residential options that are more appropriate to the Residents needs as part of a long term solution. 	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Individual Risk Assessments are being reviewed and updated to ensure the relevant control measures are in place to support each Resident. All risk assessments will be reviewed at a scheduled meeting between the Person in Charge and the Person Participating in Management on 28th March 2023.</p> <p>The Centre Risk Assessments have been updated for 2023 and will be reviewed at regular intervals in line with Policy and Procedures and the Risk register will reflect the</p>	

top Risks within the Centre.

The Personal Emergency Evacuation Plans and the Centre Emergency Evacuation Plans are being updated to support the current needs of Residents in the Centre. These up to date plans will be in place by 29th March 2023.

The risk assessment and falls risk assessment have been reviewed for one Resident in line with a recent Physiotherapy and Occupational Therapist assessment and reflect the current risk for the Resident and control measures to reduce the risk until a long-term accommodation plan can be identified.

Regulation 27: Protection against infection

Substantially Compliant

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

Cleaning schedule has been reviewed to include the management of mops and buckets in the Service.

Training and guidance will be provided to staff on cleaning systems and protection against infection to include the apartment where respite is offered on alternate weeks.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The person in charge will schedule Fire Drills in diary and ensure records are maintained and accessible in the Centre.

Personal Emergency Evacuation Plans and the Centre Emergency Evacuation Plan have been reviewed and updated to include current needs of the Residents in the Service and ensure Residents and Staff are Safe and Protected.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual

assessment and personal plan:

A needs assessment has been completed for each Resident but was not on all files on the day of the Inspection. All needs assessments were forwarded to the MDT Department for review by 10th February 2023. All Needs assessments are on file within the Centre.

The person in charge to ensure that a schedule is in place for the annual review for each Resident in the Service with clearly outlined goals and updates on the progress in relation to personal goals by 29th March 2023.

The files for Residents with mobility concerns has had a full review with the Person in Charge and the Keyworker to ensure adequate recording of all files paying particular attention to risk management records. The recent Physiotherapy report and Occupational Therapy Report support the review of the risk assessment and control measures.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Resident with changing needs has recently had further assessment by a physiotherapist and Occupational Therapist. Recommendations from both assessments will be discussed at a meeting with the Multi-Disciplinary Team on 24th March 2023 and actions identified to address the concerns.

The Residents Safe Moving and Handling Care Plan, individual Risk Assessment and the Personal Emergency Evacuation Plan have been updated to support the safety of the Resident until suitable alternative accommodation can be sourced.

A Multidisciplinary Team meeting is scheduled to take place 24th March 2023.

The purpose of this meeting is to address the content of the Physiotherapy and Occupational Therapy report and identify actions.

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	30/04/2023
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 development programme.	Substantially Compliant	Yellow	30/04/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/04/2023

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	30/04/2023
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	30/04/2023
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	Not Compliant	Orange	30/04/2023

	chief inspector.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/04/2023
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	30/04/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which	Substantially Compliant	Yellow	30/03/2023

	that resident shall reside in the designated centre.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Red	30/03/2023
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	Red	30/03/2023
Regulation 27	The registered provider shall ensure that residents who may 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	Substantially Compliant	Yellow	30/03/2023

	published by the Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/03/2023
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	30/04/2023
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/04/2023
Regulation 05(8)	The person in	Not Compliant	Orange	30/04/2023

	charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/04/2023