



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 12
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	10 August 2022
Centre ID:	OSV-0005849
Fieldwork ID:	MON-0028708

About the designated centre

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

This designated centre is a wheelchair accessible bungalow located on the Stewarts' Care Campus in Dublin 20. It is intended to provide long-stay residential support for up to seven men and women with complex support needs. Each resident has their own private bedroom, and use of a communal living room, sun room, dining room and bathrooms. Nursing supports are available within the designated centre and the centre is staffed with staff nurses, care staff and one whole-time-equivalent activities staff. These staff are managed by a person in charge. Residents' day services are ran through an activities programme which operates from the home on a seven days a week basis. This is facilitated by the care staff in the home. Transport available to the centre is limited and is organised, on a request basis, through a transport manager from within the organisation. This designated centre does not accommodate emergency admissions. Referrals for admission to this designated centre are only accepted for residents already living in Stewarts Care Adult Services campus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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 10 August 2022	09:45hrs to 15:45hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

The inspector met all five residents living in the designated centre. At the time of the inspection, there were two vacant resident beds.

On arrival to the designated centre, all residents were up and had eaten their breakfast. One resident was going out with staff for a visit to their family, which they were looking forward to. The designated centre was nicely decorated and had a calm atmosphere during the morning. There was a sign on the hall door requesting visitors to ring the bell and await an answer before entering the building. This was to promote the privacy of residents and to respect residents' home which previously would have been open for staff to enter.

Personal protective equipment such as face masks were available at the front door, along with hand sanitiser for visitors to use. Some residents were sitting in the living area with staff and listening to relaxing music. The living room had a large radiator cover that was fashioned into a window seat, as one resident enjoyed sitting and lying there. There was a new fire place display and the living room area had been recently painted, with new curtains due for delivery shortly.

A sensory room was available in the centre for residents to use, located next to the living room. There was a bright sun-room and a smaller dining room for residents to enjoy their meals. Each resident had their own private bedroom, which was decorated in line with their interests and choice. For example, some rooms had televisions and seating and were decorated with photographs of important people in residents' lives. Some residents enjoyed watching television in their own bedrooms.

During the day, the centre was bright and airy. There were no environmental restrictions in place and residents could choose to go out to the secure garden area if they so wished. Exit doors had thumb-turn locks along with photographic guidance to show residents how to open them, as a way to promote their independence. There were outdoor chairs, furniture and a sun shade in the garden. The garden was also pleasantly decorated and contained nice plants and bird feeders.

Residents were provided with clean and pleasant communal and private rooms in the designated centre and garden spaces. Since the previous inspection, the provider had replaced the flooring in the living area, and improved the decoration and soft furnishings.

Some improvements were required. The centre provided residents with a shower room, a bathroom and three toilet cubicles. The bathroom needed improvement as the bath was not the correct height for residents to use. This had been raised as an issue by the person in charge since 2021. The shower room was also in need of some repair and upkeep due to rust on grab rails, dirt and stains in the grout and poor ventilation.

Residents did not all communicate verbally, and had alternative ways of communication. During the day, the inspector observed residents and staff talking about the afternoon's planned activity, with staff using signs along with their speech to assist residents' understanding. Residents were seen to be relaxed and at ease in their home and in the company of staff during the day of inspection.

There were two care staff on duty, a staff nurse and a student nurse. In general, there were four staff on duty each day to support five residents. Some residents required two staff to support them if they were doing things outside of the designated centre. The staff team were seen to plan the daily activities based on residents' interests and the support that they required. For example, in the afternoon while three residents were out of the centre with three staff, one resident had time alone at home which they enjoyed. There was a vehicle available for staff to use, and residents enjoyed bus drives and trips to parks, the seaside.

The inspector was given five resident questionnaires, which had been completed with the support of familiar staff on behalf of residents. Questionnaires asked residents to answer if they were happy, unhappy or neutral about aspects of their designated centre such as how comfortable it was, their rights, their activities and the staffing support they received.

Questionnaires received indicated that overall residents were happy with how comfortable and warm their centre was and their access to shared areas and outdoor areas. The majority of residents' questionnaires indicated that residents were happy with the amount of time they spent outside of their home or taking part in the wider community. Residents were happy with the support they got from the staff team.

Questionnaires outlined that residents enjoyed going for walks, spending time outdoors, having picnics, cycling, going to the cinema, going out for drives and visiting coffee shops and restaurants. Questionnaires indicated that residents had planned goals that they wished to achieve, and which their key staff were supporting them with, for example, returning to regular swimming and going for an overnight hotel stay.

The weekly plans for activities and outings were seen to be in line with residents' wishes and preferences. There was a bus available which staff could drive. During the inspection, staff supported a resident to visit their family home, a resident went for a long walk with two staff and in the afternoon three residents went for a trip to Bray with three staff. Residents had opportunities to be alone, by spending time in their private bedrooms, or at times enjoying time at home with staff when all other residents were out.

In summary, it was seen that residents were provided with a homely and safe place to live and were supported by a familiar staff team who knew them well. Residents appeared relaxed in their home, their needs were assessed and planned for and residents were working on personal goals in line with their own interests. Some improvements were required to staff training, fire safety procedures and premises.

The next two sections of the report present the findings of this inspection in relation

to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider and person in charge demonstrated that they had the capacity and capability to operate the designated centre in a manner that promoted residents' safety, and ensured residents were receiving a good quality service that met their individual and collective needs.

The provider had prepared a written statement of purpose and function, that set out the needs that could be supported in the designated centre, the facilities and services available and the details as required in schedule 1 of the regulations.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents each day and night, and there were adequate premises, facilities and supplies.

The provider had applied to renew the registration of the designated centre, for six adult residents. At the time of inspection there were five residents living in the designated centre, and the provider had plans to amend their application to reflect this, once a recent discharge was reviewed and closed. The provider had submitted all required documentation to support their renewal application.

The provider had ensured there was effective leadership and oversight arrangements in place in the designated centre. The staff team were managed and supervised by an appointed person in charge who had been in post in this centre since March 2021. The person in charge was based in the designated centre during the week, and worked in a full-time capacity. The person in charge reported formally and informally to a senior manager, the staff team met together with the person in charge on a monthly basis, and had one-to-one supervisions regularly throughout the year.

There were established lines of escalation and information to ensure the provider was aware of how the centre was operated and if it was delivering a good quality service. There had been unannounced visits completed, on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care which was completed in review of the national standards. Along with this, there were local auditing and review systems in place.

Residents were supported by a stable and consistent staff team who worked in the designated centre. The centre was resourced with a staff nurse each day, and three

health care assistants. The designated centre was an identified centre for supporting student nurses to have supervised placements as part of their training. There was an upcoming planned vacancy, which the provider had planned to cover with two relief staff nurses, until a permanent role was filled.

However, the provider had not yet made arrangements to cover a vacant care assistant role that would occur shortly. While the person in charge was given the financial resources to cover nursing vacancies in the centre due to planned leave, or sick leave, there was not always staff available to cover vacant shifts. This resulted in times when the person in charge covered nursing duties in the designated centre. The provider had since put in place to identify and increase the amount of relief staff nurses, which would address this.

Residents were supported by a team of staff who knew them well, and were familiar to them. In general, all staff were supported to avail of regular training to equip them to meet the needs of residents' in their care.

However, some specific training in relation to epilepsy management and the administration of emergency medicine had not been facilitated for all staff who supported residents with epilepsy, and who at times worked alone during the night-time, or when supporting residents outside of the centre.

This resulted in different health care interventions being put in place, depending on the role of staff, and not based on the prescribed care intervention for the individual resident. The person in charge had identified this as a risk, and escalated it internally.

Overall, the provider and person in charge demonstrated the capacity to operate the centre in line with residents' needs and the statement of purpose, however, improvements were required to staff training and the management of staffing resources to ensure adequate cover arrangements in place for leave.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a application to renew their registration of the designated centre. The provider had submitted the required documentation and application form, as outlined in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a consistent staff team of staff nurses and care staff who knew them well. At the time of the inspection there were some upcoming

vacancies, which the provider had plans in place to recruit for. However, not all roles had recruitment plans in place at the time of the inspection.

While there was identified funding and set staffing agreements in place, there was not always the staffing resources available to cover the required shifts, for example if staff had planned or unplanned leave. The provider had identified two relief nurses who would be assigned to this designated centre, and plans to recruit a third relief nurse for the campus setting also.

Nursing care support was available in the designated centre each day of the week, with access to night-nursing support if required during the night-time from staff located on campus.

There were planned and actual rosters maintained to demonstrate who was on duty during the day and night.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had identified mandatory training requirements for all staff, as outlined in their policies and procedures and clear guidance on time lines for refresher training. Training provided to staff was seen to be kept up-to-date and any training that was due a refresher had this scheduled and booked for staff team members.

In general, staff had training and refresher training in areas such as safeguarding vulnerable adults, fire safety, infection control and hand hygiene and manual handling.

There were additional specific training that was required for staff working in this designated centre based on the individual and collective needs of residents living in the centre.

Only three staff had completed training in epilepsy management and the administration of emergency medicine. This resulted in different approaches to the emergency support that residents received, depending on the role of staff.

The provider's policies outlined the requirement for staff members to have one-to-one formal supervision four times a year. While improvements had been made in the frequency of supervision, each staff was not facilitated to receive a formal supervision as often as the policy outlined.

Judgment: Not compliant

Regulation 19: Directory of residents

The provider and person in charge maintained a directory of residents in the designated centre, which was available for review.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there was governance and local management systems in place to oversee the care and support in the designated centre and self-identify areas for improvement.

The provider had carried out an annual review in line with the National Standards on a yearly basis, and unannounced visits and reports on a six month basis.

There were oversight systems in place to monitor actions from audits and reviews and communication pathways for the person in charge to raise issues with senior and executive management team.

The provider had taken measures to address actions raised from the previous inspection and bring about improvements, for example, ensuring residents had written agreements for their care and making some improvements to the premises.

The provider was applying to register the centre for less people than previously, to improve on the lived experience of residents.

While there were escalation pathways in place to allow local management to raise issues or risks to the provider, some issues were ongoing from 2021 in relation to premises works and identified issues with covering staff leave, that had not been addressed in a timely manner.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider made improvements since the previous inspection, and all residents now had a written agreement outlining the terms on which residents would reside in the designated centre and details of the care and support on offer.

The provider had outlined in their written policies, along with the statement of

purpose the admissions criteria to the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose and function describing the services and facilities in the designated centre, which was seen to be a true reflection of what was on offer for residents. The statement of purpose and function contained the required information as outlined in the regulations.

Judgment: Compliant

Quality and safety

The provider and person in charge were operating the designated centre in a manner that offered a safe and pleasant place to live and a good quality of life for residents. The number of residents living in the centre had reduced from seven people, to now five. This presented a quieter lived experience for residents.

The staff team knew residents well, and understood their care and support needs as well as their likes, dislikes and preferred communication styles. There were systems in place to formally assess and plan for residents' health, social and personal needs. Information was available to guide the supports for residents and there was effective oversight from the person in charge and nursing team of the care and personal plans for residents. Residents had access to allied health professionals to support the delivery of their care and support.

Residents were being supported to explore opportunities for meaningful activities, to maintain connections with families and friends and to work towards personal goals, such as having an overnight hotel stay, and returning to swimming activities.

Residents had private bedrooms that were uniquely decorated, and communal areas were well kept, accessible and nicely decorated. There were systems in place to repair or upgrade facilities or equipment, through reporting and escalating issues to an identified team. However, as mentioned above some areas of improvement were outstanding for a long period of time. The general communal areas had been nicely decorated and improved upon in recent months, with outstanding work required to both the bathroom area and shower room.

Residents were protected against risk in the designated centre, through fire safety systems, infection control practices and safeguarding processes. The provider had plans to enhance the fire alarm system in the designated centre through the

upgrading of the fire detection and alarm panel and system. Residents' needs had been considered in relation to evacuation plans, and fire drill exercises completed during both the day and night time to practice evacuating in the event of an emergency.

Overall, residents were supported by a staff team that understood their needs in a homely environment, with some improvements required in relation to the showering/bathing facilities available in the premises and in relation to fire safety systems.

Regulation 13: General welfare and development

Staff understood how residents liked to spend their day, and the activities that they enjoyed. There was more focus in residents' personal plans on providing meaningful activities and daily plans for residents that supported proactive positive behaviour support.

Residents were supported to identify meaningful activities and some goals with the staff team and were included in their personal plans. For example, planning a holiday, and returning to favourite activities such as horse-riding. Residents' daily activities were planned out in advance and were aligned to information within residents' assessments.

Residents had access to pre-paid finance cards which gave them more control over developing skills to shop and pay for items themselves when using community amenities.

Residents were encouraged to remain connected with their families and friends, and staff supported home visits and overnight stays with people important to residents.

Judgment: Compliant

Regulation 17: Premises

In general, the premises was well-kept and well maintained. the centre had been recently painted and decorated and was offering residents a homely place to live. The provider had replaced the flooring in the main communal area, and installed a fire place and new soft furnishings.

The centre was a single storey bungalow with an accessible garden area and outdoor seating and covering. There were adequate communal space in the designated centre and a separate kitchen area and residents all had private bedrooms.

The shower room required improvements and attention, to address identified issues, for example, rust and ventilation.

There was a separate bathroom, with a standard bath, however this was not meeting the needs of residents due to its height and style.

There were three toilet cubicles in the designated centre, which was institutional in nature. The provider had addressed this in other centres on campus, and had plans to carry out works in all designated centres.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a risk management policy as per schedule 5 of the regulations, and procedures for identifying, assessing, managing and reviewing risk in the designated centre. The person in charge maintained a risk register, of known risks and their control measures.

There were systems in place for the recording and reporting of adverse events of incidents in the designated centre, and these were reviewed by the person in charge. Should any incident or risk be deemed as high risk, there were escalation pathways in place to inform senior management and the provider.

Judgment: Compliant

Regulation 27: Protection against infection

The staff team had access to clinical nurse specialist in infection prevention and control. The provider had arranged for a comprehensive audit to be completed in December 2021 and a follow up on actions in August 2022. The provider's own audit identified a high level of compliance with good infection prevention and control practice and of 31 actions identified, 22 were fully completed and nine were in progress.

There were guiding policy on infection prevention and control to guide staff and a new policy on the management of waste, along with guidance for the management of laundry and use of chemicals.

Staff and residents had access to personal protective equipment (PPE) along with guidance on how to use this correctly.

There were written protocols and risk assessments in place for the management of COVID-19. Risk assessments were in place for known infection prevention control

risks in the designated centre along with control measures to manage them.

All staff had received trained in infection prevention and control and hand hygiene.

The premises were clean and tidy, with regimes in place for routine and enhanced cleaning and items were stored appropriately to promote ease of cleaning. The provider had designated household staff to work in the designated centre each day.

Most laundry was managed by a central laundry on the campus, with some laundry done in the designated centre. The laundry room and facilities were clean and kept tidy, and there were clear procedures for laundering items.

Judgment: Compliant

Regulation 28: Fire precautions

While there was a detection and alarm system in place in the designated centre, the fire panel did not alert staff to identify the exact location of fire, should it occur.

The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

A copy of this plan was submitted to the Chief Inspector prior to the inspection by way of demonstrating an assurance to HIQA that the provider had plans in place to improve fire safety measures in their centres to the most optimum standard.

Residents needs were considered and reviewed in relation to evacuation plans for day or night-time.

The provider's audits had identified some actions in relation to fire safety to bring about improvements, the majority of which were completed at the time of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a system of assessing and planning for residents' health, social and personal needs, with input from allied health professionals, as required.

Information within assessments and plans was kept up-to-date and was reviewed regularly by the person in charge. Residents had information available to them in a

more accessible format regarding their personal plans, if they so wished. Residents had regular key-worker meetings and discussions.

The provider had ensured the designated centre was suitable for the purpose of meeting each residents' needs as assessed.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were monitored by the staff team in the designated centre along with the person in charge and information maintained in specific health care plans.

Residents had access to their own General Practitioner (GP) along with access to allied health professionals within the organisation. For example, psychology services. Staff supported residents to attend any required health appointments, within the organisation or through referral from the General Practitioner and to attend follow-up appointments as required. Residents had access to consultants or professionals through primary care for specific health care needs, for example, neurology hospital teams.

Judgment: Compliant

Regulation 8: Protection

There were policies, procedures and pathways in place to promote effective responding and reporting of potential safeguarding concerns in the designated centre, along with an identified designated officer.

Staff received training in the protection of vulnerable adults and possible indicators of abuse or harm, and this was refreshed on a routine basis.

Concerns or allegations of a safeguarding nature were recorded and reported in line with national policy, and if required residents were supported with safeguarding plans.

Judgment: 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 12 OSV-0005849

Inspection ID: MON-0028708

Date of inspection: 10/08/2022

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: With the retirement of a nurse, a suitable replacement has been identified to support the Designated Centre and has commenced working in the home on the 18th of September. The Person in Charge will provide nurse annual leave on a short term basis however this is being reviewed to ensure the Person in Charge is supernumary. The staffing deficit has reduced to a 0.9 WTE in the DC. This is reflected on the submitted roster. Monthly rosters are now provided by the Person in Charge and these rosters are provided to the Programme Manager for approval. Identified roster gaps are then supported via a workforce planner who provides staff as required in the Designated Centre.</p>	
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: The provider continues to enhance the skills of staff working in the home. As the training courses are available, staff are engaging in the provision of same. The Person in Charge advocates for the on-going training to ensure the changing needs of the residents are met with appropriately skilled staff. Members of the Multi-Disciplinary Team are also on hand to support staff training. Clinicians involved in the creation and implementation of interventions attend the home to provide said training. There is also the support of a Learning and Development department available for the provision of identified training. The Person in Charge is committed to all staff receiving their supervision as detailed in the provider's policy. The Person in Charge supported by Programme Manager continues to encourage staff training in the provision of rescue medication ensuring a uniform approach delivery of rescue medication. The Person in Charge will ensure that centre specific Autism and FEDs plan training will be completed by all staff by 31st of December 2022. The Person in Charge has significantly reduced the number of staff supervisions which remain for completion in Q3. The remaining staff shall receive their supervisions by</p>	

September 30th.	
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 is addressing the on-going issues of maintenance and to that end had implemented a Home Improvement team to upgrade property and equipment. The Registered Provider is following a time table for planned works for completing the improvement works. The Person In Charge will be engaged at all times by the Home Improvement teams and supported by the Registered Provider to reduce potential disturbance to the residents. This Home improvement team has been to the Designated Centres and spoken to the Person in Charge in relation to upgrading the equipment, reducing the institutional aspect of the cubicles and also improving the facilities available in the home.</p> <p>The Registered Provider has engaged in a recruitment drive using the support of an external agency to enhance the opportunity for recruitment. The staff recruited are then assigned to areas to reduce deficits in the identified area. This process is on-going.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered provider has identified a bath that will be provided for the centre which will meet the identified needs of the residents. Once the Home improvements team have been assigned to enter the home to implement upgrades to the rooms and in turn remove ventilation concerns.</p> <p>The Registered Provider plans to amend a shower room to become a bathroom. The plans also remove 3 toilet cubicles which are identified as institutional in nature which will be made into 2 shower rooms with toilet and sink. This will improve the current status where 1 shower caters for 5 residents.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Provider Nominee issued a letter to HIQA for the attention of Regional Manager on the 31st January 2022.</p> <p>Following audits in Q4 of 2021 and following consultation with the provider nominee/chief executive.</p> <p>The organisation is pursue a plan to upgrade the fire detection and alarm systems each new system shall be constructed and installed to the addressable L1 Standard.</p> <p>The plan will be undertaken in six steps, appointment of specialist consultants, design phase, tender, commencement of works, commissioning and completion of works. These works are resource dependent.</p> <p>The process has commenced and the tender application process is on-going.</p>	

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.	Substantially Compliant	Yellow	31/03/2023
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.	Not Compliant	Orange	31/12/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2022

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/03/2023
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	31/12/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/07/2023