



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

Issued by the Chief Inspector

Name of designated centre:	Elvira
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	15 November 2023
Centre ID:	OSV-0003580
Fieldwork ID:	MON-0040168

About the designated centre

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

Elvira is a designated centre operated by St John of God Community Services CLG. The designated centre is based in a suburban area of South County Dublin and is comprised of 11 apartments across three single storey buildings. The centre is located on a site shared with a nursing home and is a short walk from a variety of village services. There are four single occupancy apartments, two apartments with four bedrooms, two apartments with three bedrooms, and three apartments with two bedrooms in the centre. 24 hours residential services are provided by the centre and a total of 21 residents can be supported. There are three sleep over staff at night time to respond to resident needs should they arise. The staff team is comprised of a person in charge, a supervisor and social care workers a staff nurse and a health care assistant.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
--	----

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 15 November 2023	09:30hrs to 17:00hrs	Jacqueline Joynt	Lead
Wednesday 15 November 2023	09:30hrs to 17:00hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

This inspection carried was out to monitor ongoing regulatory compliance in the designated centre. Some residents regularly refused unexpected visitors, including staff and inspectors, access to their home as was their will and preference. Therefore, inspectors provided a short-notice announcement of the inspection to provide the person in charge time to meet and with those residents to prepare them for the inspection and to seek their consent for an inspector to enter their home.

On the day of the inspection, inspectors met and spoke with the person in charge, the centre supervisor and staff who were on duty. Inspectors also met with seven residents who lived in the apartments in the centre. Inspectors used conversations with residents, the person in charge, the supervisor and staff as well as observations and a review of the documentation, were used to inform a judgment on residents' experience of living in the centre.

Overall, this inspection found there had been significant improvement made to the centre since the previous inspection, which overall, resulted in positive outcomes for resident living in the centre. There had been a refit and upgrade to the majority of residents' bathroom facilities which improved the effectiveness of the infection, prevention and control measures in place in these areas which in turn had resulted in residents' bathrooms appearing more homely in aesthetic.

Inspectors observed residents as they went about their day, including care and support interactions between staff and residents. Residents living in the centre had varying independence levels and were provided support and help specific to their assessed needs with a specific focus on helping them to be as independent as possible and to learn new skills and create community connections and employment where possible.

Residents had returned to their day services, employment and other community social activities which had remained limited at the time of the last inspection. The full return of community activities had resulted in a decrease of behavioural incidents occurring in the centre over the past number of months and resulted in better outcomes for residents.

The designated centre comprised of three one storey buildings, located on a shared site. Each of the one storey buildings was made up of ground floor apartments where residents had exit and entry points to the front and back. The apartments provided single occupancy accommodation and communal accommodation for up to three residents. In three of the apartments, there were sleep over staff rooms. The inspectors completed a walk around of eight apartments. A small number of residents were at home during the day of the inspection and appeared happy to show the inspectors around their apartments.

On speaking and meeting with residents inspectors observed them to be relaxed and

content in the company of staff, who were observed to engage in a respectful way with residents through supportive and positive interactions. Residents talked to the inspectors about their new bathroom facilities and expressed their satisfaction with the work that had been carried out by the provider.

Some residents told inspectors that they had gone on holiday to a hotel while the work was being completed, other residents went to their family home or on holidays with family members. However, while there had been improvements to residents bathrooms, the inspectors observed that upkeep and repair was needed to other areas of the apartments, and in particular, the kitchens of some of the apartments in the centre.

On speaking with residents and through observations, it was evident that many of the residents were proud of the layout, décor and cleanliness of their homes. Some residents informed the inspector that they cleaned their own apartments with support of their staff. Overall, most of the apartments observed were clean and tidy and their décor and layout were in line with residents wishes and preferences. Residents bedrooms as well as some of the communal areas, included family photographs, posters and memorabilia that was important to each resident.

There was an individualised approach to supporting residents that recognised their uniqueness and respected their will and preference. Where a resident had chosen not to clean their apartment and refused the support of staff to clean their apartment, the inspectors were informed those residents were made aware of risks involved in not doing so. One-to-one key working sessions were provided to ensure they aware and understood the importance of self-care.

One apartment, where staff support to maintain the home in a clean manner was consistently refused by a resident, was observed to be unclean and not conducive to a hygienic environment. Inspectors were informed by staff, the person in charge and supervisor, that this arrangement was the will and preference of the resident and was an ongoing challenge in terms of support and engagement in this regard.

Previously, the apartment had been cleaned by staff in line with the consent and wishes of the resident that lived there, however, in September 2023 this arrangement had stopped as was the will and preference of the resident. Through consultation with the supervisor and their keyworker, the provider had developed a new arrangement so that a deep clean of the apartment was carried out once every 12 weeks.

The inspectors were shown photographic evidence of the apartment after it underwent a deep clean by an external cleaning company a week previous to the inspection. There were some upkeep and repair works required to areas of the apartment and in particular the bathroom and kitchen. On the day of the inspection, the inspectors were informed that funding had been sourced to complete the works.

In summary, the inspectors found that the person in charge and staff were striving to ensure that each resident's well-being and welfare was maintained to a good standard.

Overall, the systems in place in the centre endeavoured to ensure that residents were in receipt of good quality care and support and that their independence was promoted. There had been recent improvements to the upkeep of resident homes however, further works were needed and in particular to residents' kitchens. Some of the required upkeep and repair work in the kitchen areas were impacting on the effectiveness of the infection, prevention and control measures in place.

The next two sections of the report presents 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 to each resident living in the centre.

Capacity and capability

The purpose of the inspection was to follow up on compliance plan submitted by the provider following an infection prevention and control inspection carried out in April 2023 which found non-compliance with the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in community services (2018).

Subsequent to the April 2023 inspection, the provider was required to attend an escalation meeting with the Office of the Chief Inspector where they were informed of the potential consequences should they not bring the designated centre back into compliance.

This inspection found the provider had made a number of effective improvements and had brought about improved compliance with the regulations and standards overall.

The registered provider and person in charge were striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service.

There was a clearly defined management structure in place. The service was led by a capable person in charge, supported by a person participating in management, who were knowledgeable about the support needs of the residents and this was demonstrated through good-quality care and support.

Since the previous inspection the provider had made a number of improvements to the premises across a number of apartments that made up the designated centre which were resulting in positive outcomes for residents and in particular significant improvements to the effectiveness of the infection, prevention and control measures in place.

There were satisfactory governance and management systems within the designated centre to ensure that the service provided to residents was safe, effectively

monitored and for the most part, in line with their assessed needs. The provider had completed an annual report of the quality and safety of care and support in the designated centre between July 2022 and July 2023.

Six-monthly unannounced reviews of the service provided to residents were being carried out in line with the regulatory requirements. The reviews included a written report on the safety and quality of care and support provided in the centre, with the most recent review completed in September 2023. The reviews included a plan to address any concerns regarding the standard of care and support provided to residents that arose from the review.

There was a comprehensive local auditing system in place in the centre, to evaluate and improve the provision of service and to achieve better outcomes for residents. In addition there was a quality enhancement plan, (QEP), which was regularly reviewed and updated by local and senior management. Staff team meetings were taking place regularly and provided staff with an opportunity for reflection and shared learning.

There was a planned and actual roster maintained for the designated centre. A review of the rotas found that staffing levels on a day-to-day basis were generally in line with the statement of purpose. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

All staff had completed or were scheduled to complete mandatory training and refreshers within a suitable time-frame. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents.

Supervision records reviewed were in line with organisation policy. The inspectors found that staff were receiving regular supervision as appropriate to their role.

The inspectors spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

The inspectors found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge ensured that incidents were notified in the required format and with the specified time-frames to the Health Information and Quality Authority (HIQA).

The registered provider had written, adopted and implemented the policies and procedures set out in schedule 5, however a number of them required review.

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

A planned and actual roster was maintained. Vacancies were managed by familiar relief staff to ensure continuity of care and support for residents.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge and supervisor was or off-duty or absent.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed or were scheduled to complete mandatory training including fire safety, safeguarding and infection prevention and control training (IPC).

Furthermore, specific training and support was offered to the team in order to support residents changing needs.

Supervision records reviewed were in line with organisation policy. The inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the infection prevention and control issue in relation to the centre's drains, which required urgent action on the day of the last inspection, had been appropriately followed up and as a result significantly decreased the risk of a similar incident occurring again.

The provider was currently engaging with the necessary stakeholders to address a legacy defect of the drainage system. In the interim the provider had received assurances that until a permanent solution was put in place, the system would be cleared every six months. The inspectors were provided with document evidence on the that demonstrated this arrangement was in place. On the day of the inspection, the person in charge ensured that the six monthly clearance of drains was included

on the quality enhancement plan. This was to ensure that the provider had regular oversight that the interim solution was taking place when due.

There was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. Provider audits and unannounced visits were also taking place to ensure that service delivery was safe and that a good quality service was provided to residents.

The provider had identified that the service was not meeting the assessed needs of all residents living in the centre. While the provider was endeavouring to meet the health, personal and social care needs of all residents, not all residents accepted the supports in place. This is discussed further in regulation 5.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

The inspectors found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. It was evident that the centre strived for excellence through shared learning and reflective practices.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that all policies and procedures outlined in Schedule 5 were prepared in writing and implemented in the centre.

However, the following policies had exceeded the three year review timeline as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013:

- Admissions, including transfers, discharge and the temporary absence of residents;
- Incidents where a resident goes missing;
- The use of restrictive procedures and physical, chemical and environmental restraint;
- Residents' personal property, personal finances and possessions;
- Communication with residents;

- The creation of, access to, retention of, maintenance of and destruction of records.

The provider had already identified that these policies were due for review and they were highlighted in red in the Schedule 5 policies folder.

Judgment: Substantially compliant

Quality and safety

The provider and person in charge were endeavouring to ensure that residents well-being and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Care and support provided to residents was of good quality.

Since the previous inspection there had been a number of improvements in the centre resulting in positive outcomes for residents. However, to ensure continued positive outcomes for residents, small improvements needed to some areas such as, healthcare, medication management and infection, prevention and control.

While there were some areas of good practice noted in the organisation's implementation of infection prevention and control procedures, there were some additional improvements required to ensure the appropriate implementation of standard infection control precautions and procedures, at all times. In addition, the on-going poor decorative repair in many areas of the premises meant that these areas could not be cleaned effectively and as a result increased the risk of spread of healthcare-associated infection to residents and staff.

The inspectors reviewed a sample of residents' personal plans. The person in charge ensured that there was a comprehensive assessment for each resident, taking into account their changing needs. The assessment informed residents' personal plans which guided the staff team in supporting residents with identified needs and supports. Plans were reviewed annually, in consultation with each resident, and more regularly if required.

Residents were supported to achieve their best possible health. Residents' specific healthcare needs were supported through person-centre health and well-being plans and overall were regularly reviewed. Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). Residents were supported to live healthily and were provided with a choice of physical activities, meals and beverages that promoted healthy living.

Residents informed the inspector of the healthy meal options that were made available to them and talked about a number of ways they kept active to keep

themselves fit and healthy. However, some improvements were needed to ensure that where medical treatment was required it was facilitated at all times and that this was accurately documented in residents' personal plans.

There were no active positive behaviour support plans in use on the day of the inspection, however inspectors were informed that they were developed for residents where required. Restrictive practices were regularly reviewed and notified to the Chief Inspector in line with the regulations.

There was evidence to demonstrate that residents living in the designated centre were protected by appropriate safeguarding arrangements. Staff were provided with appropriate training relating to keeping residents safeguarded. The provider, person in charge and staff demonstrated a high level of understanding of the need to ensure each resident's safety.

There was an appropriate level of oversight to ensure that safeguarding arrangements ensured residents' safety and welfare. Safeguarding measures were in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

There were systems in place that ensured that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. All information and advice given to help residents to care for and protect themselves was sensitive towards their ability, understanding and type of disability.

The provider had ensured that the risk management policy met the requirements as set out in the regulations. Residents were supported to part-take in activities they liked in an enjoyable but safe way through innovative and creative considerations in place. For the most part, there were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly. Individual and location risk assessments were in place to ensure the safe care and support provided to residents.

Residents were supported to part-take in activities they liked in an enjoyable but safe way through innovative and creative considerations in place. The provider and the person in charge were endeavouring to ensure the delivery of safe care whilst balancing the right of all residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk. There was an array of risk assessments with appropriate control measure in place to ensure that where residents refused supports, that as much as reasonable possible, they were safe.

There were written policies and procedures for the management of medicines in the centre, including on the prescribing, storage, disposal and administration of medicines. The inspectors found that staff were innovative in finding ways to support the residents live life as they chose, and in a way that balanced risk and opportunities in a safe manner. Residents had been assessed around suitability to self-medicate and at the time of inspection one resident was working towards being

responsible for their own medication management to support them work towards their goal of independent living.

The inspectors found that for the most part, the medicine arrangements and practices were appropriate and in accordance with the provider's associated policy. The person in charge was endeavouring to ensure that the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storing and disposal and administration of medicines. However, on the day of the inspection, improvements were required with regards to the storage and disposal arrangements for some resident's medication.

Regulation 26: Risk management procedures

For the most part, there were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

There was a risk register specific to the centre that was reviewed regularly. Individual and location risk assessments were in place to ensure the safe care and support provided to residents.

Residents were supported to part-take in activities they liked in an enjoyable but safe way through innovative and creative considerations in place.

The registered provider and the person in charge were endeavouring to ensure the delivery of safe care whilst balancing the right of all residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk.

There was an array of risk assessments with appropriate control measure in place to ensure that where residents refused supports, that as much as reasonable possible, they were safe.

Judgment: Compliant

Regulation 27: Protection against infection

Significant improvements were observed by the inspectors overall in relation to the management of infection prevention control (IPC) across the designated centre. However, the inspectors found that the provider had not fully complied with the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in community services (2018), and some action was required to bring the centre in to full compliance.

The registered provider had prepared comprehensive policies and procedures on infection prevention and control, and staff in the centre also had access to public

health guidance.

The provider had identified an appropriately trained person within the organisation who holds overall accountability, responsibility and authority for Infection Prevention and Control throughout the organisation. The centre's IPC lead had been provided appropriate training to support them in their role.

Improvements were observed in relation to the oversight and monitoring of some of the centre's cleaning systems in place. For example, cleaning check lists and daily hand-over documents. Regular cleaning audits were carried out by the designated centre's supervisor. An external cleaning company had been sourced with the agreement of some residents to provide extra support these residents to maintain the upkeep of their homes. This extra support was only for the communal areas of each residents home and did not include their bedrooms. One of the inspectors observed a thick veil of dust on on of the light shades in one of the residents bedrooms.

Throughout the day the inspector observed staff engaging in cleaning tasks and duties in the centre. When speaking with the staff, the inspector found that staff were knowledgeable of the cleaning systems in place in the centre. Clear guidance around each staff's roles and responsibility pertaining to IPC was discussed with staff through supervision, at handover and at team meetings. IPC regularly discussed at team meetings. The inspector reviewed records of team meetings and found that infection prevention and control was a standing agenda item that was regularly discussed.

Throughout the day the inspector observed staff engaging in cleaning tasks and duties in the centre. When speaking with the staff, the inspector found that staff were knowledgeable of the cleaning systems in place in the centre.

There were adequate laundry facilities in the centre. The arrangements in place for laundering residents' clothing and linen were found to be in line with the providers' policy.

The issue of the foul smell from the drains had been resolved with an up-to-date maintenance log in place for staff to record any requests to the maintenance department. Furthermore, an agreement had been made to have the drains cleared six monthly or when required.

The planned bathroom upgrades had been completed since the previous inspection however it was noted in one of the window sills which had been recently painted was already peeling, a wooden bathroom cabinet was chipped and two rusty radiators were observed in two different bathrooms. There was also mould observed on the bottom of a shower curtain in another bathroom.

Damaged flooring, cupboards and kitchen tops will be repaired and chipped and peeling paint will be freshened up. (31/10/2023)

The kitchen's in most of the apartments were due an upgrade with the floors and counters in some apartments were chipped or damage. Overall, the disrepair of these areas meant they they could not be cleaned effectively and as such, increase

the risk of spread of healthcare-associated infection to residents and staff.

This had been identified by the provider, through their auditing systems and a schedule of work has been proposed for the completion of these upgrade but the time-line exceeded the date provided in the compliance plan and as a result the uncompleted works continue to impact on the infection prevention and control measures in place in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve each resident's health and well-being. Medication was reviewed at regular specified intervals as documented in residents' personal plans. Overall, the practice relating to the ordering; receipt; prescribing; and administration of medicines was appropriate. However, improvements were needed to the storing and disposal of medicines. On review of a sample of residents medicines, the inspectors observed that not all medicines included an opening date on their label. This was not in line with the centres protocols and procedures relating to safe medication. In addition, the inspectors observed some medicines that had been opened and were currently out-of-date.

Residents' medication was administered by staff who were provided with appropriate training. On speaking with the inspector, staff were confident and knowledgeable regarding safe medicine practices and arrangements in the centre.

There were guidance documents in place to ensure that medicines were administered as prescribed and these were accurate and sufficiently detailed. Where there was PRN medication, (a medicine only taken as required), there was protocols in place to support and guide staff around their administration.

The inspectors observed medicines to be securely stored in a locked medicine cabinet. There were three medicine cabinets within the centre which contained medication for residents for other apartments. Where medicines were removed from the medicine cabinet in one apartment, to be brought to a resident in another apartment, there were safe systems in place to ensure the safe transport of the medicines.

Where medication errors occurred, these had been captured on the centre's auditing system. The errors were reviewed at staff team meetings to ensure shared learning and reduce re-occurrence.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents were consulted about and participated in the development and review of their personal plan supported by their keyworker, multidisciplinary team, family and where appropriate, their representative

The plans were under regular review and contained clear guidance on how staff members could maximise each resident's personal development in accordance with their wishes. Key working sessions were completed regularly. These sessions were carried out using a person-centred approach where the input and decision-making of residents was prioritised as much as possible.

There was an auditing system in place that regularly reviewed the documentation within the person plan. The system identified where items required review and updating as well as demonstrating when they had been completed.

Not all residents chose to engage in the review process that ensured their personal, health and welfare was appropriately assessed. This meant that the provider could not be assured that the centre was suitable for the purpose of meeting all residents' assessed needs or that there was adequate arrangements in place to meet their needs. The provider and person in charge were currently reviewing alternative options that might better meet the needs of a resident however, as the resident had chosen not to engage in the assessment review process, it was difficult to ascertain the most appropriate and suitable option.

Judgment: Substantially compliant

Regulation 6: Health care

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily.

During conversations with residents and staff, the inspectors were informed about the choice of daily healthy activity choices that residents participated in. On review of residents' menu plans, the inspectors found that the choice of food, beverage and snacks offered to residents was varied, nutritious and in line with each resident's likes and tastes.

Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP).

Where medical treatment was recommended and agreed by the resident, not all treatments could be provided by staff working in the centre. For example, only staff who were trained in administering epilepsy rescue medicine could provide support to

residents in event of a seizure, otherwise the resident was required to go to the hospital. On the day of the inspection, just over one third of the staff were due refresher training in the administration of rescue medication. In addition, not all epilepsy support plans clearly guided staff on what to do should they not have the specific training.

There residents were required serviced provide by allied health professional, access to these services was provided. In line with the centres statement of purpose, residents' healthcare needs were provided for by members of the organisation's multidisciplinary team.

The provider promoted the rights of residents in relation to making choices around their care and support in as safest way as possible. Where a resident chose to refuse medical treatment this decision was respected, documented and brought to the attention of the provider and appropriate professional.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

While there were no active behaviour support plans on the day of inspection, a sample of residents files showed that where residents previously required positive behaviour support, appropriate and comprehensive arrangements were in place. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning and behaviour recording forms were used to identify changes in behaviour and offer support accordingly.

There were two active restrictive practices in place for one resident in the designated centre, which was in line with the organisation's policy and procedures and had been notified to the Chief Inspector. It was clearly demonstrated that the restrictive practices were in place to manage an identified personal risk or assessed need for residents. It was evident that every effort was made to provide residents with information, to seek their consent and to keep them informed about their care, including any restrictions in the centre. Restrictive practices were reviewed every quarter and reduction plans were in place where agreed upon, in line with residents' assessed needs and were deemed to be the least restrictive possible for the least duration possible.

Judgment: Compliant

Regulation 8: Protection

The person in charge, local management and staff team demonstrated a good level

of understanding of the need to ensure all residents safety while at the same time respecting residents' choice and personal preference of how they live their life.

Where residents preferred to not accept support from staff in relation to their personal, health and wellbeing, there was an appropriate level of oversight to ensure their safety and welfare. For example, the person in charge ensured that there were daily face to face conversations and welfare checks in place to ascertain personal appearance, appropriate levels of heat in apartment, acceptable levels of cleanliness and update on medication. There were also contingency plans in place, that included support from senior management, should daily welfare check be refused.

There were systems in place that ensured that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Where residents refused to engage in self-care the person in charge ensured that the residents wishes were respected and in a safe way. Where appropriate, residents were provided with keyworking sessions to assist and support them develop the knowledge, self-awareness, understanding and skills need for self-care and protection. The keyworking session also supported residents to understand the benefits and importance of person-care as well as the risks when refusing to engaging in personal-care.

On speaking with staff and on review of the documentation, the inspectors found that information and advice given to help residents care for and protect themselves was relayed and documented in a sensitive and mindful manner and was in line with their preferred format of communication and in a way that they understood.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Elvira OSV-0003580

Inspection ID: MON-0040168

Date of inspection: 15/11/2023

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.

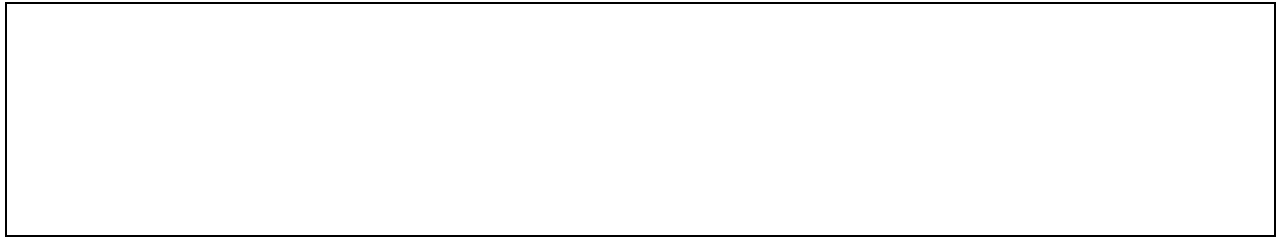
Section 1

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The registered provider commenced a review of outstanding policies and procedures outlined in schedule 5 in Q4 2023 and all will be updated by Q3 2024.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>High dusting to include lightshades in the residents’ bedrooms has been added to the cleaning checklist and will be completed on a monthly basis by the external cleaning company with consent from residents.</p> <p>Washing of shower curtains has been added to the cleaning checklists and will be completed on a monthly basis.</p> <p>Chipped wooden bathroom cabinet will be replaced.</p> <p>Peeling paint and rusty radiators have been reported to the housing association.</p> <p>Outstanding bathroom upgrade and kitchen improvements (damaged flooring, cupboards, and kitchen tops will be repaired and chipped and peeling paint will be freshened up) will be completed by end of Q2 2024</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Out of date medicines have been returned to the pharmacy. Open dates are now being completed on all labels in line with local protocol, and monthly stock check ensures medicines are returned to the pharmacy in a timely manner.</p> <p>Supervisor will complete an internal audit by end of January 2024 to ensure best practice is being followed.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The residential programme manager will link with the individual who chooses not to engage at present with the supports offered in the designated centre.</p> <p>The registered provider will apply to de – regulate the resident’s apartment as the resident is currently actively choosing not to avail of the supports being offered.</p> <p>This resident has access to a day service and currently chooses not to engage in offered activities. They currently receive support from the consultant psychiatrist who visits them in their apartment.</p> <p>The resident will be spoken with to see if they will consent to receive supports from an alternative outreach support Programme within the service. If the resident chooses not to engage with this service, they will continue to receive the supports they are currently receiving and support from an external advocate will be sought if the resident consents.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Resident epilepsy support plans have been updated to ensure they clearly guide staff on what to do when they not have specific training in administering epilepsy rescue medicine.</p> <p>All staff who are due epilepsy refresher training have been nominated in upcoming training in January, April and June 2024.</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 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 published by the Authority.	Substantially Compliant	Yellow	30/06/2024
Regulation 29(4)(d)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration	Substantially Compliant	Yellow	31/01/2024

	of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/09/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/02/2024
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the	Substantially Compliant	Yellow	30/06/2024

	resident, such treatment is facilitated.			
--	--	--	--	--