



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

Issued by the Chief Inspector

Name of designated centre:	An Sli
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	27 July 2023
Centre ID:	OSV-0003618
Fieldwork ID:	MON-0031550

About the designated centre

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

This is a residential service providing full-time residential services to eight adults (both male and female) with disabilities. The centre is in Co. Louth and near a number of large towns and small villages. The centre comprises a large detached bungalow, and each resident has their own bedroom (some ensuite) decorated to their individual style and preference. Communal facilities include a large, fully equipped kitchen, a separate utility room, two fully furnished sitting rooms, a number of communal bathroom/showering facilities, and a staff office. There is also a large separate activation area (with two bathrooms and a kitchen facility) where residents can relax and engage in learning activities, hobbies of interest, or watch TV. The centre also has a large courtyard which is accessible to the residents. Transport is provided so as residents can avail of holiday breaks and social outings to shops, cinemas, shopping centres, hotels, restaurants, pubs, and beauticians. The service is staffed on a twenty-four-hour basis by a team of staff nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Thursday 27 July 2023	10:00hrs to 18:20hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting with residents, and from what the inspector observed, it was evident that residents were enjoying a varied and meaningful lifestyle, and were supported with their needs by a committed and skilled team of staff. Residents life in the centre was focused around experiencing a broad range of cultures, activities, social opportunities, and skills, while staff respectfully provided support to meet the complex care supports of residents.

The inspector had the opportunity to meet all eight residents who lived in the centre, and spent time on arrival to the centre, chatting to each resident, and observing the support provided by staff. Residents appeared very happy in their home, and there was ongoing conversations between residents and staff about what was happening for the day.

A staff member introduced the inspector to each of the residents, and residents supported by staff, shared stories about some of their achievements, the places they had visited, people they had met, and their upcoming plans. For example, a resident showed the inspector a video of them meeting their favourite singer recently, and was buying a keyring that day, with a photo of themselves and the singer taken at the event. They also showed the inspector a photo album of some recent activities in the centre, for example, a themed night residents have once a month in the centre, and with the support of staff decorate and prepare food based on that theme. On the day of inspection, residents were preparing for a Chinese themed night, and had prepared menus, and completed art projects to display.

A large section of the centre was used everyday for a day activation programme, and the area consisted of a large dayroom with a coffee dock, a fully fitted kitchen, and a separate room which had been converted into a nail bar. Residents planned the activities they would like to take part in during the week at a weekly residents' meeting, as well as, a full activation programme being provided in the centre on weekdays. For example, two residents had been to the cinema during the week, and another resident had met their family member for a pint in a pub in the town. There was two staff employed as activation staff, and the inspector met one of these staff on the day of inspection. This staff member described some of the projects residents had been involved in, for example, an upcycling competition, growing their own fruit and vegetables, and a range of art projects. An art teacher provided an art session to residents once a week, and their art work was displayed throughout the centre. Once a week a musician visited the centre and staff said residents really enjoyed this session.

On the morning of the inspection, two residents had been supported by staff to go to Mass, and the inspector met both residents on their return. One of the residents really enjoyed coffee, and it was evident that the coffee bar was an important social opportunity for the resident, for example, offering the inspector a range of coffees from the choices available, and enjoying a coffee break with fellow residents and

staff during the morning.

Another resident showed the inspector around the centre with the support of a staff member. The staff member described how it was important for the resident to be able to turn on and off the lights in their room, and to change the television channels, and the resident showed the inspector modified remote controls which they had learned to use independently.

The centre was fully accessible, and residents could access all parts of the centre. All of the residents required support with their mobility, and used wheelchairs to mobilise around the centre. Overhead hoists, and portable hoists were provided to support residents.

As part of the annual review, residents wanted to decide on plants to grow, and the polytunnel had been made fully accessible to them. This had enabled residents to grow, tend to, and pick a range of vegetables and fruit. On the day of inspection a resident showed the inspector this area, and with the support of staff picked some items which they chose to have with their lunch.

The centre was clean and well maintained, and each of the residents had their own bedroom. Bedrooms were individually decorated, with personal items, and styled to the residents' individual preferences. For example, one resident had an interest in vintage cars, and their room had been decorated with vintage car wallpaper. The resident told the inspector they loved cars, and had a particular favourite vintage car. A staff member described how two residents went every month to a vintage car event in the town.

The inspector observed that staff were kind, respectful and enthusiastic in their interactions with residents and that residents appeared very comfortable in the presence of staff. From speaking with three staff members and the person in charge, it was evident that staff knew the needs of the residents, and described the social, health and emotional supports provided to residents to meet their needs. While the inspector was not familiar with all of the communication preferences of residents, staff provided support, to interpret the information they wanted to communicate to the inspector.

The care and support was led by the choices that residents made, and the rights of residents to choose the type of care they wished to have, or prefer not to have, was respected. The staff had considered these choices, and how the residents make decisions, and consent to care, as part of the personal planning process, and the choices were integral in the delivery of services for residents.

Relationships were important to the residents, and residents were supported to maintain links with their loved ones and with the wider community. Families had also been involved in the development of the grow your own fruit and vegetable project in the centre, providing supplies such as seeds for growing. Similarly, a neighbour had also helped with providing advice on how best to tend to plants. Staff described how residents met up with their families regularly, either in the centre or in the community. One of the residents with the support of staff communicated to the inspector the importance of their families, particularly the younger generation,

and showed the inspector a picture of some family members.

As part of the annual review the provider had sought the views of the residents and family members on the services provided, and positive feedback had been received. Eight residents had completed questionnaires prior to the inspection, and residents expressed they were happy with the choices they were offered in the centre, they could talk to staff if they had a complaint, and were satisfied that their rights were being upheld.

Residents were part of groups such as the tidy towns, and one resident told the inspector that they, and one other resident were members of the assisted decision making group within the service. It was important to residents to keep up to date with community life, and national and world events, and news was shared with residents at meetings, and by talking about reports in newspapers, that were made available in the centre.

Overall the inspector found residents were being provided with a high standard of care and support, and were enjoying a fulfilled and varied life, based on their expressed wishes, interests, and their choices, and were active participants in the running of the centre, and in their community.

Capacity and capability

This inspection was carried out following an application by the provider to renew the registration of the centre, and eight residents could be accommodated in the centre.

The residents were provided with a high standard of care and support, and the resources and systems were in place in order to meet the needs of the residents, promote their rights and safety, and enable residents to lead a fulfilled life. There was ongoing monitoring of the service and where improvements were required, actions had been implemented.

The provider had the required resources in place including a person in charge who provided good leadership, a skilled staff team, a spacious and homely premises, and an active and engaging day programme.

There were sufficient staff employed in the centre, and staff had been provided with most of the mandatory training required to meet the needs of the residents. Improvement was required in the provision of staff training in infection prevention and control.

Overall the inspector found residents had positive experiences living in this centre, and the services were planned and organised around the individual needs and preferences of the residents.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of this centre was received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge appointed in the centre, and the person in charge was responsible for this centre only. The person in charge was a registered nurse in intellectual disability, and had completed a management course. The person in charge had a number of years management experience in health and social care settings.

The person in charge knew the residents well, and was effectively overseeing the care and support provided to residents, as per the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff employed in the centre, in line with the statement of purpose, and continuity of care and support was provided to residents.

The staff team consisted of the person in charge, staff nurses, social care workers and health care assistants. There were five staff on duty during the day, and two staff at night time. Nursing care was provided 24 hours a day.

The inspector reviewed a sample of rosters over a three month period and found regular staff were provided, meaning continuity of care was maintained. Planned and actual rosters were available and were appropriately maintained.

Three staff files were reviewed at the provider's main offices in April 2023, and most of the required documents as per schedule 2 of the regulations were in place at that time. One outstanding document was available and found to be up-to-date on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had outlined in their statement of purpose the mandatory training to be provided to staff, and up-to-date records were available to confirm staff had received most of this training. However, records were not available to confirm staff had been provided with refresher training in some required infection prevention and control (IPC) training including the management of blood and bodily fluids and spills, outbreak management, standard and transmission based precautions, and environmental hygiene and cleaning of equipment.

Mandatory training had included fire safety, the management of behaviour that challenges, safeguarding, basic life support, dementia care, and manual handling. Staff had also completed training in children first. The person in charge had reviewed the training requirements of staff, and where required refresher training had been scheduled.

Judgment: Substantially compliant

Regulation 22: Insurance

The centre had up-to-date insurance, and a copy of the insurance certificate was submitted to HIQA as part of the application to renew the registration of this centre.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate management systems and sufficient resources in the centre to ensure residents received a safe, effective, and consistent service, and the service provided was monitored on a continual basis.

Sufficient resources in terms of suitable premises, staffing, centre transport, a household budget, and most staff training requirements were provided to support the residents living in the centre.

There was a clearly defined management structure in the centre, and staff reported to the person in charge, who reported to the director of nursing, who was also appointed as a person participating in management. The director of nursing reported to the regional director who reported to the chief executive officer, and onwards to the board of management.

A staff member was appointed as shift leader, and managed the day to day

delegation of work among staff. The person in charge worked five days a week in the centre. An on call management support system was available 24 hours a day.

There were systems in place to ensure residents were safe in the centre and their wellbeing was maintained, including a range of written policies and procedures, and the services were monitored on an ongoing basis. For example, regular audits were completed, a monthly review meeting was completed with the person participating in management, a staff meeting was held every six weeks, and residents' review meetings also held every six weeks.

The inspector reviewed a sample of audits completed this year, for example, finance audits, a hygiene audit, a fire safety audit, and medicines management audits, and where issues arose, actions were identified, and were either complete or in progress on the day of inspection. For example, a hygiene audit in June 2023 had identified the need for some works to be completed, and one of two rooms had been painted, with the other due to be completed the following week, and replacement taps had been requested from the housing association.

A six monthly unannounced visit had been completed in March 2023, and the inspector reviewed the actions with the person in charge. All actions had been completed including upgrading of one of the kitchens, painting a resident's bedroom, updating the courtyard area, and completing actions recommended following a fire safety audit.

An annual review of the quality and safety of care and support was completed for 2022, and the reviews of residents and families had been sought as part of this review.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose that contained all of the information as per schedule 1 of the regulations. The statement of purpose had recently been reviewed and updated.

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare was maintained, and residents were provided with a high standard of care and support, which reflected their needs and wishes, while

respecting their rights to make choices and decisions about their day to day life.

Support was provided to residents, and was guided by up-to-date assessments by staff and healthcare professionals, and by the specific choices and wishes residents communicated as part of their personal planning process, and in daily interactions with staff. Residents had a full and active day, and accessed a day programme in the centre, as well as a range of activities in the community. Families and visitors were welcomed into the centre, and maintaining these positive relationships for residents was a key aspect of the support provided in the centre.

There was an emphasis on ensuring the rights of residents to choose how they wished to live their life was actively promoted, and the decisions that had been made by residents, with the availability of accessible information, meant that residents had been consulted, and their informed choices were respected.

There was a homely, calm and relaxed atmosphere in the centre, and the facilities were designed to meet the needs of residents, while accessibility and safety was promoted, as well as ensuring the dignity and privacy of residents was respected.

There were safe and suitable arrangements in place for the prevention and control of infection, as well as medicines management, protection of residents and the management of residents' personal possessions and finances.

Regulation 12: Personal possessions

There were suitable arrangements in place to support residents to manage their finances and to retain control over their own possessions. Each of the residents had their own room, and there was ample storage for their personal possessions. Some residents liked keep important belongings near to hand, for example, photos, sensory gloves, phones and electronic devices, and these choices were respected.

The person in charge outlined the process for the management of residents' finances, which included daily checks of balances, recording of purchases, a weekly audit of balances and receipts, and a monthly audit. Some residents had recently chosen to manage their own finances and with the help of staff kept track of their money and purchases made. For other residents, their money was kept secure, and staff recorded all purchases made by or on behalf of residents. A staff member reviewed a resident's finances records with the inspector, and clear and accurate records were maintained. Residents could access their own bank accounts with the help of staff, and banking services were provided in the local community.

Judgment: Compliant

Regulation 13: General welfare and development

Appropriate care and support was provided to residents in line with their choices, and their assessed needs.

As mentioned the centre had its own day activation staff, and had facilities in the centre for an activities programme. Residents took part in a range of activities including art sessions, music sessions, mindfulness, reflexology, gardening, and theme nights. One of the residents told the inspector they enjoyed baking and regularly made bread and cakes for other residents and visitors to the centre. On the day of inspection residents were observed enjoying an art session, and later in the afternoon, a flower arranging session.

Residents were supported to maintain links with their families, and met up with their families in the community, rang their families, or families visited the centre. Residents valued positive relationships with both the current staff team, and previous staff members, and had recently hosted a tea party in the centre, inviting retired staff to attend.

As mentioned residents went to Mass in the local church, and liked going out for coffee, a drink or a meal in the community. They also enjoyed a range of events organised by the provider such as an upcycling competition, an Easter competition, and two residents were part of an organisation-wide group.

Judgment: Compliant

Regulation 17: Premises

The centre was spacious, clean and well maintained. Works had been completed in the centre, following an inspection of the centre in April 2022, including replacing flooring in the day activation room, the kitchen and in bedrooms. Some flooring in the hallways and a sitting room was marked, and was planned to be replaced by the housing association in 2024; however, the inspector found this flooring was intact, and did not impact the ability to clean the floor effectively, nor did it present a trip hazard.

The centre was a large single-storey premises, with a central courtyard. The centre was fully accessible for residents, both indoors and outdoors. Each of the residents had their own bedrooms, personalised with their choice of colours, and four of the bedrooms were equipped with overhead hoists and ensuite facilities. There were adequate numbers of bathrooms available, and a portable hoist was provided to support residents to access the bath.

There were two large kitchens fully equipped with cooking, food storage, and dining facilities, as well as a large utility room where residents' clothes were laundered. There were also two large sittingrooms which residents liked to use in the evenings after they had finished activities in the day activation programme. As discussed, there were ample facilities where day activities were provided for residents within

the centre.

The centre had been built on a large site, and was located on the outskirts of a large town. To the rear of the property, residents enjoyed facilities, for example, a gardening and planting area, and the central courtyard had additional seating that residents could access as they wished.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to prepare meals, and the food provided was wholesome and nutritious.

Residents' needs in terms of their dietary requirements had been assessed, and a speech and language therapist had, where required, recommended modified diets. A staff member outlined the type of modified diets provided for residents, and the inspector observed these were provided to residents at a meal. Residents were given assistance with their meals, for example, physical prompts, and staff were observed to respectfully provide this support.

Residents helped in preparing food, for example, a resident told the inspector about bread they baked for their peers, and all residents were involved in preparing meals for themed nights.

A staff member showed the inspector food preparation and storage facilities which were hygienically maintained.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which included all the required information as per the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Suitable arrangements were in place for the management of risks in the centre, and

where required actions were taken following adverse incidents in the centre.

The inspector reviewed incident records for 2023, and if needed, follow-up actions had been taken following adverse events. For example, following two incidents, a resident had been reviewed by the physiotherapist and additional equipment had been provided.

Individual risks had been assessed for residents and there were appropriate control measures in place. For example, the provision of modified diets, a falls mat, and an alert mat on a chair. Manual handling risks assessments had also been completed, and aids such as hoists and hand rails were provided to aid residents in transferring from chairs or beds.

There was an up-to date risk management policy, and risks in the centre had also been assessed. Control measures outlined in risks measurements plans were implemented in practice, for example, all staff had been provided in training in manual handling, the advice of a clinical nurse specialist had been provided in relation to a resident's behaviour as a need emerged, and a 24 hour on call system was available in the event of a staff requiring assistance when working alone.

Judgment: Compliant

Regulation 27: Protection against infection

The centre had an infection prevention and control inspection in April 2022, and the provider had implemented all of the required actions to bring the centre into compliance. This had included the replacement of flooring, suitable storage for a bedpan, and a review of storage facilities in the centre.

The centre was clean throughout, and there was household staff were employed in the centre in a fulltime capacity. Staff also completed some cleaning tasks at night time, and from a sample review of records, all cleaning tasks had been completed.

There were suitable hand hygiene facilities in the centre, and if required personal protective equipment such as masks and gloves were available. The provider had rearranged the function of a room from a staff changing facility to a storage area for clinical equipment.

There were satisfactory arrangements in place for the management of general waste, and for the management of laundry.

Residents had been provided with the opportunity to avail of vaccination programmes, for example, COVID-19 and flu vaccinations. The needs and risks in terms of COVID-19 or respiratory infections, had been assessed for residents, and there were guides in place should this need arise.

There had been an outbreak in the centre in 2023, and a staff member told the

inspector that staff had been well supported during this time. As the residents had their own rooms, all residents were able to self-isolate. The inspector found adequate staffing levels had been maintained in line with the residents' needs during the outbreak.

Since the last inspection, information had been discussed with residents during their meetings about IPC practices, for example, hand hygiene, cough etiquette, and environmental hygiene.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe and suitable arrangements were in place for the management of medicines in the centre. The inspector reviewed the medicines management practices with the nurse on duty. Residents ordered their medicines from a local pharmacy, and medicines were delivered weekly to the centre. Regular medicines were supplied in monitored dosage systems, and some medicines were provided in original packaging. A record of all medicines received into the centre was maintained, and a stock take of PRN (as needed) medicine was completed weekly.

Medicines were appropriately stored in a locked medicine trolley, and overflow stock was stored in a locked cupboard. There were no controlled medicines currently in use in the centre; however, a locked press within a locked press was available if required. There were no medicines requiring refrigeration on the day of inspection.

The inspector reviewed prescription and administration records for two residents, and all records were found to be complete. Medicines prescribed on a PRN (as needed) basis, clearly stated the rationale for use of these medicines, and the maximum dosage in 24 hours was stated in prescription records

There was as system in place for the disposal of medicines, and medicines were returned to the pharmacy on the same day if needed, and records maintained.

Residents had been assessed as to their preference and capacity to self-administer medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed, and the team had put arrangements in place to ensure these needs were met.

The inspector reviewed three residents' files. Each resident had an up-to-date assessments of their health, social and personal care needs. Assessments had included, communication preferences, medical assessments by general practitioners, and allied healthcare professionals assessments. Information was gathered from individual residents as to their needs and wishes in terms of their choices of daily activities, their goals, as well as establishing how residents make decisions, consent to care, and how their will and preference is communicated and promoted. An annual review of residents' assessments and personal plans had been completed, and had involved both residents and their family members.

Personal plans were developed based on residents' assessed needs, and all plans were up-to-date and guided practice in the provision of care and support. Plans were regularly reviewed, and more recently, due to the complex needs of residents, the person in charge had arranged for six weekly meetings with the team and multidisciplinary team members to review personal plan progress, and emerging needs of residents.

Residents were supported to develop meaningful goals, that included social opportunities, skills development, and involvement in community groups. For example, goals included holidays, going to concerts, learning to use a smart phone, visiting a farm, and being part of the tidy towns group.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy good health and had timely access to healthcare professionals.

Residents were supported by staff to attend appointments with their general practitioner (GP), allied healthcare professionals, and general hospital services. When residents' presented as unwell, staff had responded in a timely way, and sought reviews with the residents' GP. Residents healthcare needs were monitored regularly in the centre, through observations and monitoring the outcome to interventions such as prescribed medicines. As mentioned health care plans were detailed and set out the care and support needed to meet the complex healthcare needs of residents.

Residents had been provided with the necessary information to help them make a decisions about healthcare interventions, and the wishes of residents to refuse treatment, or to minimise interventions, was respected.

Where appropriate, the wishes of residents had been established should they become unwell, in order to meet their social, emotional and spiritual needs.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by practices and policies in the centre. There was an up-to-date local safeguarding policy. There had been one notification made to HIQA in March 2023, regarding unexplained bruising, and the person in charge had notified the designated officer at the time. Since the notification was submitted the person in charge had identified a causative factor, and the resident was subsequently provided with new seating.

The inspector reviewed the arrangements for the protection of residents' finances, and satisfactory procedures were in place. All staff had up-to-date training in safeguarding.

The inspector reviewed records of incidents for 2023, and no additional safeguarding concerns had been identified. There were arrangements in place to ensure staff provided personal intimate care in line with the assessed needs and wishes of residents, as set out in residents' intimate care plans.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents to choose how they spent their day to day lives, and to choose the care and support they received, were actively promoted in the centre. The organisation of the centre was centred around these choices, and was led by residents with the support of staff.

Residents made decisions about their care and support, and as mentioned, how residents make decisions, consent to care, and how their will and preference was upheld, formed part of the assessment and personal plan process for each of their identified needs. These decisions were respected, for example, where residents chose not to receive medical intervention, they had been provided with all the necessary accessible information to make those decisions. Guides were also available in residents' files on how best to support residents with understanding consent, for example, using accessible information, clear language, and demonstrating procedures.

On a day to day basis residents chose what they would like to do, and planned their activities at weekly residents' meetings. These were then formulated into a plan for the week, and if residents wished, they could chose an alternative at the time of the event. For example, reflexology sessions were provided, and where a resident chose to decline the session on the day, this was respected. Residents' meetings were also

used as a way to inform residents of their rights. The inspector reviewed minutes of residents' meetings for June and July 2023, and areas, for example, consent, the assisted decision making capacity act, decision making assistance agreements, advocacy, and freedom of speech had been discussed with residents. Upcoming events and practices had also been discussed, for example, the womens' world cup, safety while using transport, and infection prevention and control practices, as well as suggested activities for the week.

The person in charge had met with all the residents and had talked about their wishes with regards to money management. As a result four residents had decided to keep and look after their own money, with staff supporting them in documenting purchases.

Residents also chose their meals, and options were available if a resident wished to have an alternative. For example, a resident told the inspector they were opting to have a salad for their main meal, in preference to a hot meal on the day of inspection.

The privacy and dignity of residents was respected. For example, residents personal information was kept secure, there was ample space in the centre for residents to spend time alone if they wished, and care was observed to be sensitively and respectfully provided.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for An Sli OSV-0003618

Inspection ID: MON-0031550

Date of inspection: 27/07/2023

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All records relating to staff refresher training have been submitted and all staff are up to date with their required training.	

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 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	19/08/2023