Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 1
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	16 November 2021
Centre ID:	OSV-0004076
Fieldwork ID:	MON-0034758

About the designated centre

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

This designated centre comprises of two bungalows next door to each other at the end of a small cu-de sac on the outskirts of a small town in Co. Kildare. The centre provides full-time residential service for seven adults with intellectual disabilities. One of the houses consists of five bedrooms, bathroom, toilet area , kitchen, sitting room, small hallway and small garden to the front. The other house consists of five bedrooms, two bathrooms, kitchen/dining room and two sitting rooms. This house has a garden to the back of the house. There is a car available to both houses. The person in charge divides her working hours between the two houses in this designated centre. The designated centre employs 4.5 social care workers, 3 support workers, one care assistant, 1 nurse, and one facilitator/supervisor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 November 2021	10:00hrs to 17:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic and as such, the inspector observed public health guidelines throughout the day. The centre comprises two detached bungalows located opposite each other in a cul-de-sac within walking distance of a town. One of the houses is home to four residents, while the other house was home to two residents. Both of the houses had access to their own vehicle.

On arrival to the first house, residents were being supported to eat their breakfast and staff were attending to the residents' morning routines. Interactions between staff and the residents were noted to be kind and responsive. This group of residents presented with complex health care needs related to ageing and care routines took up a large portion of the day. One of the residents was going out with staff to attend a physiotherapy appointment and the inspector spoke with them on their return. They reported that they were very happy living in the house and that it was their '' favourite house that I've ever lived in, I love it''. The second resident with whom the inspector met was knitting and told the inspector they were knitting a scarf. They reported that they liked the house and appeared comfortable and content. They greeted the inspector later in the afternoon and told them that they were going out in the car. The third resident was seated in the sitting room when the inspector arrived. They interacted with the inspector and told them about their family and where they were from. They appeared very well presented and comfortable in their surroundings. The inspector met with the fourth resident briefly in the afternoon. They smiled in response to interactions and engaged with the person in charge. Again, they appeared content and were very well presented.

The inspector visited the second house in the morning and met with one of the residents. The resident showed the inspector around their home and took them out to the garden, where they had grown pumpkins. The resident also had a greenhouse where they had grown tomatoes, lettuces and onions during the summertime. They showed the inspector a room which was set up with a desk for them to enjoy doing jigsaws. There were completed jigsaws framed throughout the house. The resident showed the inspector a fire door on their bedroom which had recently been fitted and told the inspector that this was annoying them due to it not opening fully. The person in charge had reported this to maintenance and it was due to be fixed in the coming week. The resident went out to the shops and returned to make their lunch. They offered the inspector tea and were noted to enjoy listening to music while in the kitchen. The second resident returned from their day service in the late afternoon. The inspector met with them and they showed the inspector new earphones which they had gotten and quoted lines from their favourite television show. The resident's family arrived to the centre shortly afterwards for the resident's person- centred planning meeting. The inspector met with the family briefly who told the inspector that they were happy with their son's home.

From what residents communicated and what inspectors observed, it was evident that staff were endeavouring to support people to have a good quality of life and engage in activities they enjoyed. Residents and staff were observed to be comfortable in each others company and residents were well presented and appeared well cared for. Both of the houses had a homely and warm atmosphere. However, the inspection found some areas of non-compliance in safeguarding and fire safety , with improvements also required in a number of other areas outlined in the report. The next two sections of this report present the inspection findings in relation to the governance and management of the centre and how governance and management arrangements affected the quality and safety of the service being delivered.

Capacity and capability

Overall, the the provider had good management systems in place to ensure residents were receiving good quality care. There was a clear management structure within the organisation to ensure lines of reporting and responsibilities were defined. Provider level oversight of the service was achieved through six monthly audits and annual reviews which were carried out in line with the regulations. The annual review included consultation with residents and family members. Feedback was largely positive and complimentary of the service, with one family stating " it provides a standard of care which far exceeds expectations we had when we started out on this venture". The provider had a number of committees set up across the organisation to address specific aspects of residents' care such as positive behaviour support, restrictive practices and health and safety. There were emergency governance arrangements in place which were sent to staff every two weeks. The provider set up a Crisis Management Team in order to provide leadership and governance during the COVID-19 pandemic in addition to a COVID lead in order to support centres with infection prevention and control.

At centre level, the person in charge maintained oversight of the service through the use of a number of audits in areas such as finance, medication, notifiable events, training and incidents and accidents. They read and signed off on each residents' notes on a daily basis. There were clear shift planners in place for each day of the week in order to ensure that all required tasks were consistently carried out by staff.

The provider had appointed a suitably qualified and experienced person in charge. They were supervised by the area director and attended monthly management meetings with other persons in charge which involved sharing learning across centres in the organisation. The staff teams in each house had the appropriate skill mix in order to best support residents' assessed needs. It was evident that the person in charge and the staff who the inspector met were aware of the residents' assessed needs and knowledgeable about the care practices required to best meet those needs. Monthly team meetings took place and these had a standing agenda, with minutes which were time bound and action based to ensure continual quality

improvement. Since the last inspection, the person in charge had carried out a staffing review and this resulted in one additional staff member in one of the houses. In addition to that staff member, they had increased the staffing levels in the second house in the weeks previous to the inspection due to ongoing behavioural and safeguarding incidents as a measure to control this risk. The inspector viewed the planned and actual rosters. While all shifts had been covered, there was a large number of agency staff covering shifts in both of the houses. In one house, this had a particularly negative impact on a resident who required a consistent approach and familiarity with staff to ensure they felt safe and secure in their home. One of the family members had stated that there was an improvement required in staffing during the annual review.

Staff training and development required improvement. All staff had done mandatory training in fire safety, manual handling and safeguarding , Staff had also completed a number of courses relating to infection prevention and control such as hand hygiene and donning and doffing PPE. Structured supervision was in place for staff, with supervision taking place every six months. There was a practical component to supervision of skills in the area of personal care which took place with new staff. There was a folder with a clear structure for staff to follow in inducting an agency/ relief staff who was new to the house. However, there was a number of staff out of date in transport training, food safety and CPR. Some of the residents presented with specific care needs which would require staff to have awareness, knowledge and skills in those areas to best meet their needs. The areas identified on the day of the inspection which staff did not complete training were positive behaviour support, dementia training and managing feeding, eating, drinking and swallowing for residents.

The provider had developed a statement of purpose which contained all of the information required by the regulations. The provider had notified the Office of the Chief Inspector of incidents within the required time frames.

Regulation 14: Persons in charge

The inspector found the person in charge to be very competent, with the appropriate qualifications, skills and experience to oversee the residential service to meet its' stated purpose, aims and objectives. Staff reported that the person in charge was very accessible and supportive at all times.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were found to be appropriate to meet the residents' needs and staff

teams had an appropriate skill mix. A review of the planned and actual rosters indicated that all shifts in the previous month had been covered. However, there had been a large number of different agency staff used which had a negative impact on the some of the residents. The use of unfamiliar staff had been listed as a risk for occurrence of behaviours of concern for a resident due to the impact of this on their sense of security in their home and their need for consistency in approach.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had all completed mandatory training in fire safety and safeguarding in addition to a number of modules related to infection prevention and control. Staff supervision was in place with a schedule laid out for the year. There was a supervision agreement in place and sessions were structured. However, staff had not received training in key areas to support specific care needs of some residents such as dementia, positive behaviour support and feeding, eating, drinking and swallowing.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had good management systems, structures and processes in place in order to ensure residents were receiving a safe, good quality service. Six monthly audits and annual reviews took place in line with the regulations and these included the views of residents and family members. There were committees in place to maintain oversight over key areas such as health and safety, restrictive practices and positive behaviour support. There were monthly management meetings which shared learning across centres in the organisation. Monthly staff meetings took place and were clearly documented. There were appropriate supervision and performance management systems in place for all staff.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information specified in Schedule 1 of the regulations. It was regularly reviewed and adequately reflected the service being

provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had notified the Office of the Chief Inspector of notifiable events within specified time frames in line with the regulations.

Judgment: Compliant

Quality and safety

It was evident to the inspector that the person in charge and the staff team were striving to ensure that residents had a good quality of life and that their health and social care needs were well met. Throughout the day, the inspector noted interactions between staff and residents to be friendly, kind and patient. Staff who the inspector spoke with were knowledgeable about the residents and their needs. However, improvements were needed to ensure residents were safe in the centre at all times.

Both of the houses were found to be warm, with a homely atmosphere and tastefully decorated in line with residents' preferences, interests and life histories. There was artwork and jigsaws framed on the walls and photographs of family members in each residents' room. There was ample space for residents to store their belongings. While minor repair work was required to blinds and paintwork, these had been self-identified and the person in charge was awaiting a date from the maintenance department for these works to be carried out.

The provider had a number of policies in place to safeguard residents from abuse. The inspector found that incidents or concerns were appropriately identified, reported and investigated in line with national policy. The inspector viewed a sample of intimate care plans and found them to be person-centred and respectful of residents' rights to bodily integrity. Finances and personal possessions were safeguarded through regular audits and an inventory of personal possessions. However, there had been a significant number of safeguarding and behavioural incidents in one of the houses which had been occurring since 2019. A risk assessment had taken place in relation to the compatibility of the residents in July 2020 and it was noted that there was a need to change the living environment. On the day of the inspection, the provider indicated that they were actively working on transitioning one of the residents in the coming months but a formal plan was yet to be developed. It was evident that safeguarding plans and positive behaviour

supports were put in place in an effort to reduce and manage these incidents such as putting an additional staff member in place in the afternoon and evening time in the house in order to enable residents have individual time with a staff member. However, there was an ongoing risk of a negative impact on the residents' well being and safety as long as the current living arrangements continued.

A sample of residents' personal plans indicated that residents had an annual assessment of need carried out and corresponding care plans were in place. Care plans were reviewed every six months. Residents had regular access to a GP with annual health reviews in place. Each resident had an up to date hospital passport with key information about the resident to ensure this information was readily available in the event of a resident being hospitalised. Residents were supported to access national screening programmes such as BreastCheck where they were eligible to do so. There was a clear record of appointments attended for each resident and observations on residents' weight, blood pressure and temperature were recorded on the provider's online system which was easily accessible to the person in charge. Residents had input from a number of health and social care professionals in line with their needs such as psychiatry, speech and language therapy, physiotherapy, occupational therapy, behaviour therapy and psychology. Where required, recommendations from professionals informed residents' care plans.

Bespoke and person-centred supports were in place relating to positive behaviour support strategies to proactively identify and respond to behaviour expressed as a response to stress or frustration. Guidance for staff was laid out in a respectful and personalised manner with clear guidance on how to respond to different phrases and behaviours to ensure a consistent approach was taken. Meetings took place on a monthly basis with the behaviour therapist and staff had access to the behaviour therapist where it was required. The behaviour support plan outlined the need for a consistent core team, predictability and a "capable environment" in order to ensure the best possible outcome for the resident. As previously stated, maintaining a consistent approach was negatively impacted at times due to reliance on agency and relief staff. For example, there had been a significant incident which had occured in the weeks prior to the inspection. This had taken place when two unfamiliar staff were on duty. In addition, staff had not received any training in proactive approaches or reactive strategies where the need for physical intervention may have been required. This had been identified on the last inspection of the centre in October 2020.

There was a small amount of restrictive practices in one of the houses. However, none of these were used for the management of behaviours of concern and instead were used to support residents with medical conditions for health and safety reasons. These were assessed, prescribed and regularly reviewed.

The provider had good risk management procedures in place in order to mitigate and manage any adverse events. There was a clear safety management structure in place which consisted of the executive management team, committees at organisational level and regional levels, safety representatives, infection prevention and control representatives and senior and local management. Quarterly audits in

areas such as fire, electrical safety, moving and handling and environmental safety in each house were carried out and sent to appropriate personnel in the organisation. Safety statements in each of the houses were viewed and found to be up to date. The incident and accident logs were viewed and showed that for the most part, appropriate follow up took place following any adverse events.There were learning outcomes documented and shared at staff meetings. There were appropriate systems in place to identify, assess and manage risks at provider, centre and individual levels. The risk register for both houses had a number of risk assessments in place in relation to COVID-19 which were reflective of the current government guidelines.

The Health Information and Quality Authority (HIQA) self-assessment for COVID-19 tool had been completed. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support residents and staff to manage the service in the event of an outbreak of COVID-19. On arrival to the centre, the inspector noted appropriate systems in place for visitors such as a temperature check and hand sanitiser by the door. The inspector viewed the cleaning schedules in place and these matched the cleanliness of each house, with regular cleaning of frequently touched surfaces. There were a number of standard operating procedures with clear guidance on things such as taking temperature, cleaning and disinfection during COVID-19 and the management of health care waste. There were appropriate systems in place for the management of laundry and waste disposal. There was up to date information available for staff in addition to easy to read information on COVID-19 for residents. However, it was noted in one of the houses that they were using a shared hand towel in each bathroom which was not appropriate for controlling the spread of potential infection.

While there were good fire safety management checks in place, fire wedges were present and being used on five doors throughout the houses. In spite of these being taken away by the person in charge on the morning of the inspection, some of these were back in use when the inspector visited the house later in the afternoon. The provider had fitted new fire doors with swing closers since the last inspection. Detection systems and fire fighting equipment were in place. A bi-annual check of all fire safety management systems took place by a regional fire office and this included a meeting with management outlining any required actions and safe evacuation times. Emergency orders were displayed in prominent positions in both houses and the inspector viewed evidence of daily, weekly and monthly checks carried out by staff in addition to documentation relating to servicing and testing of equipment. All of the residents had personal emergency evacuation plans. Drills took place in both houses and there was a schedule in place for these. However, documentation required improvement. All of the drills in one house had the same fire scenarios which did not allow staff or residents practice different evacuation routes. One of the night time drills was done while residents were still up which did not allow for assurances to be given that night time evacuation could be safely carried out with the minimal staffing complement. In the other house, it was noted that three of four residents slept through the alarm and had to be awoken. This occured three times and there had been no corrective action taken or updates in personal emergency evacuation plans to ensure that this risk was appropriately managed.

Regulation 17: Premises

Each of the houses were found to be warm, comfortable and tastefully decorated. They were accessible throughout for residents which was regularly reviewed in one house due to residents' changing mobility needs. There was a homely atmosphere in both homes. Each resident had their own room which was decorated in line with their interests and reflected their life history and families. Residents had ample space to store their belongings.

Minor improvements were required on blinds and paintwork in one of the houses and this was self-identified by the person in charge and had been logged with maintenance. Kitchens were nicely decorated and spacious to enable residents to dine together. There was a suitable number of bathrooms to accommodate residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good risk management procedures in place in order to mitigate and manage any adverse events. Safety statements in each of the houses were viewed and found to be up to date. The incident and accident logs were viewed and showed that for the most part, appropriate follow up took place following any adverse events.There were learning outcomes documented and shared at staff meetings. There were appropriate systems in place to identify, assess and manage risks at provider, centre and individual levels. The risk register for both houses had a number of risk assessments in place in relation to COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed and was regularly reviewed. On arrival to the centre, the inspector noted appropriate systems in place for visitors such as a temperature check and hand sanitiser by the door. The inspector viewed the cleaning schedules in place and these matched the cleanliness of each house, with regular cleaning of frequently touched surfaces. There were a number of standard operating procedures with clear guidance on things such as taking temperature, cleaning and disinfection during COVID-19 and the management of health care waste. There were appropriate systems in place for the

management of laundry and waste disposal. There was up to date information available for staff in addition to easy to read information on COVID-19 for residents. However, it was noted in one of the houses that a shared hand towel was used in each bathroom which could increase the risk of transmission of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While there were good fire safety management systems in place, fire wedges were in place on five doors throughout the houses. In spite of these being taken away by the person in charge on the morning of the inspection, some of these were back in use when the inspector visited the house later in the afternoon. All of the residents had personal emergency evacuation plans. Drills took place in both houses and there was a schedule in place for these. However, documentation required improvement. All of the drills in one house had the same fire scenarios which did not allow staff or residents practice different evacuation routes. One of the night time drills was done while residents were still up which did not allow for assurances to be given that night time evacuation could be safely carried out with the minimal staffing complement. In the other house, it was noted that three of four residents slept through the alarm and had to be awoken. This occured three times and there had been no corrective action taken or updates in personal emergency evacuation plans to ensure that this risk was managed appropriately.

Judgment: Not compliant

Regulation 6: Health care

A sample of residents personal plans indicated that residents had an annual assessment of needs carried out and corresponding care plans were in place. Care plans were reviewed every six months. There was a clear record of appointments attended for each resident. Observations on things such as weights, blood pressure and temperature were recorded on the provider's online system which was easily accessible to the person in charge. Residents had input from a number of health and social care professionals in line with their needs such as psychiatry, speech and language therapy, physiotherapy, occupational therapy, behaviour therapy and psychology. Where required, recommendations from professionals informed residents care plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Bespoke, person-centred supports were in place relating to positive behaviour support strategies to proactively identify and respond to behaviour expressed as a response to stress or frustration. Guidance for staff was laid out in a respectful and personalised manner with clear guidance on how to respond. Meetings took place on a monthly basis with the behaviour therapist and staff had access to the behaviour therapist where it was required. The behaviour support plan outlined the need for a consistent core team, predictability and a "capable environment" in order to ensure the best possible outcome for the resident. Maintaining a consistent approach was negatively impacted at times due to reliance on agency and relief staff. For example, a significant incident had taken place when two unfamiliar staff were on duty. In addition, staff had not received any training in proactive approaches or reactive strategies where the need for physical intervention may have been required. This had been identified on the last inspection of the centre in October 2020 and not been actioned.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had a number of policies in place to safeguard residents from abuse. The inspector found that incidents or concerns were appropriately identified, reported and investigated in line with national policy. However, there had been a significant number of safeguarding and behavioural incidents in one of the houses which was ongoing since 2019. It was evident that safeguarding plans and positive behaviour supports were put in place in an effort to reduce and manage these incidents. However, there was an ongoing risk of a negative impact on the residents' well being and safety as long as the current living arrangements continued.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Community Living Area 1 OSV-0004076

Inspection ID: MON-0034758

Date of inspection: 16/11/2021

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
Outline how you are going to come into compliance with Regulation 15: Staffing: • In order to manage the risk, additional staffing hours have been assigned to the centre to support each resident on a one-to-one basis up to and including evening time and weekends. Regular, familiar relief/agency staff have been sourced to fill these shifts. • In addition, a regular experienced staff member who worked in the designated centre previously will be transferred to this location to provide regularity, stability and predictability in the interim. • There is ongoing recruitment within the organization. Once this process is complete a regular staff team will be allocated to this location.	
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 staff will undergo training on HSEland in the following: • Introduction to National Dysphagia Diet Standardisation Initiative (IDDSI) framework • Managing Feeding, Eating, Drinking & Swallowing in People with ID. • Dementia • MAPA training has been scheduled for 12/01/2022.	

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Hand Towel remains in place for one resident only, due to personal preference. Paper towels and bin are in place for use by other residents, staff and visitors.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All wedges have been removed from house. PIC has reiterated at staff meetings the unacceptability of disabling a self-closing device through the use of wedges. In addition, a communication has been distributed from senior management in relation to this issue.

Staff have been directed to create different fire scenarios to allow practice of different evacuation routes.

The Person in Charge has addressed the issue of residents not waking in response to the Fire alarm and it transpires that the residents are roused by the sound of the alarm but not fully awake. In order to address this, an additional sounder will be placed nearer to the resident's bedroom and a night time fire evacuation drill will take place when all residents are asleep. Personal Emergency Evacuation Plans will be updated following this drill.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• MAPA training has been scheduled for 12/01/2022.
• There is ongoing recruitment within the organization. Once this process is complete a regular staff will be allocated to this location.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

• An potential residence has been sourced for the person involved in the incidents of concern.

• A Transition Plan was developed with input from the Positive Behaviour Support Team (30/11/2021) whereby the resident will be supported to spend some time in the evenings and weekends engaging in one-to-one activities, preparing an evening meal etc. to familiarize themselves with the lay out of the property. This will ensure that the resident's time with their current housemate is reduced to a minimum, thus reducing the risk of any further negative interactions between them.

• If this property is deemed to be suitable and meets the resident's needs, a plan will be put in place to relocate to this location as soon as possible

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/03/2022
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	31/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	19/11/2021

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/12/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	31/03/2022
Regulation 07(2)	The person in	Not Compliant	Orange	31/01/2022

	charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Red	31/08/2022