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:	Ennis Adult Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	26 January 2021
Centre ID:	OSV-0004895
Fieldwork ID:	MON-0031022

About the designated centre

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

Ennis Adult Respite Service is a centre run by the Brothers of Charity Services Ireland. The centre provides respite care for up to four residents over the age of 18 years. Approximately seventeen residents avail of this respite service. The centre is located in a town in Co. Clare and comprises of one two-storey dwelling which provides residents with their own bedrooms with en-suite facilities, a shared kitchen and dining area, utility room, staff office, sitting room and garden space. There is one bedroom at ground floor level allocated to residents who needs preclude them from using the first-floor facilities. The model of care is social and there are staff on duty at all times to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0

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 - 2015 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 26 January 2021	09:45hrs to 16:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken in the context of the ongoing requirement for measures to curtail the spread of COVID-19. How the service was operated and delivered had had to change and adapt in response to COVID-19. For example the provision of respite had been suspended from March to October 2020. The service had resumed at a reduced capacity and with enhanced procedures and arrangements to protect residents, their peers, their families and staff from the accidental introduction and onward transmission of COVID-19. The inspector did not meet with any residents as none were availing of respite on the day of inspection; one resident was due later on in the evening of the inspection. The inspector met and spoke with the person in charge and the social care worker, again taking account of the requirement for infection prevention and control measures including the use of face-masks, physical distance and limiting the time spent together. The inspector reviewed and discussed with staff, a wide range of records that provided insight into the views of residents and their representatives such as the personal plan, risk assessments, the reports of internal audits and feedback provided by residents representatives on the service that was received. The inspector concluded that this was a well-managed service where the person in charge supported by the social care worker maintained consistent oversight of the care and support that was provided. The provider sought to provide an individualised service to residents, for example staffing levels were adjusted and increased as necessary in response to the assessed needs of the residents. The information that informed the support and care that was provided was updated prior to each admission so that any changes were captured and residents needs were adequately and safely met. There was a good response rate to the annual survey undertaken by the provider seeking feedback from representatives. All respondents had rated the service as a good, even excellent service but dissatisfaction had also been expressed at one aspect of the operation of the service. Emergency respite was facilitated. However, this had resulted in crisis emergency admissions that became prolonged with residents living in the centre for up to a year. The impact of this was disruption to the respite service needed and enjoyed by existing residents of the service and their families. This was particularly difficult and challenging when the ground floor bedroom was occupied on a full-time basis for an extended period of time as residents with higher needs and established respite arrangements could not access the bedroom. The provider was aware of this feedback and of the impact, however there was no time-bound solution at the time of this HIQA (Health Information and Quality Authority) inspection.

Capacity and capability

As discussed above this was a well-managed service where consistent oversight was

maintained of the quality and safety of the support and service provided to residents and their families. Internal oversight had identified and the provider accepted feedback it had received, in relation to the negative impact on access when emergency respite evolved into full-time placements for extended periods of time. While the provider described to the inspector the actions that it had taken to try to resolve this issue, it was not resolved and there was no agreed solution at the time of this HIQA inspection.

The management structure was clear as were individual roles, responsibilities and reporting relationships. The person in charge assisted by the social care worker had responsibility for the day to day management and oversight of the service. The person in charge had access as needed to the senior management team and escalated matters that were not within their scope of responsibility to address, such as the impact of extended emergency admissions. The person in charge described the systems that were in place that supported good management and oversight. For example liaising with other stakeholders such as day services, acknowledging and progressing feedback received from families, monitoring and managing risks, ensuring that national and local policies informed the centres response to COVID-19 and access to an on-call manager.

The provider had also continued during the COVID-19 pandemic to complete the internal reviews required by the regulations; these are to be completed on a six-monthly basis. The inspector reviewed the findings of the audits completed in July and December 2020. There were clear indicators in these reports of a service that was safe and suited to residents needs. For example staff spoken with were reported to have good knowledge of residents needs, of the providers safeguarding procedures and infection prevention and control measures. However, these reports also clearly captured and reported concerns raised by both representatives and staff about the facilitation of extended emergency respite and how it disrupted existing respite arrangements. Staff feedback echoed these concerns and also raised with the auditor the issues that arose when the needs of emergency admissions were not compatible with those of existing residents. This feedback was supported by evidence of an increased reporting of compatibility issues. At verbal feedback of the inspection findings the provider described the challenge and dilemma that presented when requests were received or a need was identified for emergency or crisis respite. The provider also described the action that it had taken in an attempt to find a solution to this service deficit such as discussions with the funding body and attempts to secure an alternative property. Ultimately however, while the provider acknowledged the impact, the feedback received and had identified the need for a solution there was no agreed, short-term or long-term, time-bound plan to resolve this service deficit. Both internal reviews had issued a quality improvement plan in relation to the need to address this service deficit.

The statement of purpose and function reviewed by the inspector was current and contained all of the information required by the regulations such as the management structure, staffing levels and the facilities and services to be provided to each resident. The statement of purpose did advise that emergency respite was provided for but it also indicated that there were parameters and controls within which it could be provided. The record referred to the requirement for consideration

of when deciding to accept or not a request for emergency respite, the safety of other service users and criteria such as needs that necessitated access to the ground-floor bedroom.

This led the inspector to conclude that in addition to any proposed long-term solution, there was in the interim a requirement for more robust assessment and admission procedures for emergency respite as provided for in the statement of purpose. While the time-frame for assessment in such situations was limited in the context of a crisis situation, assessment of needs would have rapidly established if ground floor accommodation was needed, if the circumstances of the crisis admission were likely to result in an extended stay or there were potential compatibility issues that reduced the safety of the service. Each extended emergency admission had the potential to create another crisis for another family if the admission assessment did not also measure the impact on and the vulnerability to risk for existing service users and families as a result of disrupted access to their respite service.

The discontent, uncertainty, and lack of assurance experienced by representatives was evident in records seen pertaining to the contract for the provision of services. These records were recent (late 2020), indicating that this was an ongoing concern. It was evident that extended emergency respite curtailed the providers ability to fulfill the service commitment made and agreed in the contract. The inspector saw that the contract did advise that occasions may arise when the provider may have to cancel or offer alternative respite arrangements. This clause did not however adequately convey the impact of extended emergency placement of up to twelve months on the providers ability to fulfill and deliver the service agreed, and as consistent with the assessed needs of the resident and the statement of purpose. For example the inspector saw reference to discontent at a contract that was issued but that no longer specified the quantity of respite to be provided to the resident.

The person in charge described how each new referral for admission was provided with a copy of the providers complaint management policy and procedure. It was evident to the inspector from records seen that residents representatives knew how to complain and who to complain to. The inspector also saw that complainants were listened to and actions were taken to investigate their complaints. There was a residual matter that was not resolved; this was the ongoing discontent expressed by representatives at the impact of extended emergency respite on existing users of the respite service. Based on records seen this dissatisfaction was largely articulated in the annual survey and for example, discussion and feedback provided to the person in charge when contracts of care were issued. This dissatisfaction and the need for resolution, is therefore addressed in this report in the context of governance and the providers admission procedures rather than in the context of complaints management.

The provider had staffing arrangements that were suited to residents assessed needs and that also supported good infection prevention and control measures. For example the person in charge described how a core team of three staff worked in the centre and if additional staff were needed these were sourced from the day service that the person in charge also managed. This reduced footfall, contacts and

avoided crossover of staff between services; it also ensured that the person in charge had line management responsibility for staff. The person in charge described how staffing levels and arrangements were adjusted in response to residents assessed needs. For example two staff were on duty as required so that personal care and transfers could be safely undertaken or when residents had different interests. The inspector reviewed a sample of staff rotas and the staffing practices described were evident in the rota.

The inspector reviewed staff training records and saw that staff had completed a broad range of mandatory, required and desired training. The training completed by staff also included training in response to the risk of COVID-19 such as hand-hygiene, breaking the chain of infection, putting on and taking off personal protective equipment (PPE), modules on how to recognise the symptoms and presentation of COVID-19 in persons with a disability, and training provided by HIQA. Online training, for example in safeguarding and fire safety had been completed by staff while practical face-to-face training was suspended in response to the risk of COVID-19. Infection prevention and control refresher training was recently completed by staff.

Regulation 14: Persons in charge

The person in charge worked full-time and had the skills and experience needed to effectively fulfill the role. The person in charge had practical day to day support from a social care worker and access as needed to senior management. It was evident from these inspection findings that the person in charge was consistently engaged in the management and oversight of the quality and safety of the service provided to residents. The person in charge escalated concerns taking into account their role in the governance structure of the service.

Judgment: Compliant

Regulation 15: Staffing

The provider had staffing arrangements that were informed by the assessed needs and requirements of residents and any associated risks. This included new risks such as the risk posed by COVID-19. This was evident in the staff rota. The staff rota also clearly specified the hours worked each day and week by staff and whether these were actually worked. A core team of staff ensured that residents received continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff attendance at mandatory, required and desired training was monitored and there were no training deficits based on the records seen by the inspector and discussed with staff. The provider had put alternative training arrangements in place for staff in response to the suspension of face-face training due to the risk of COVID-19 transmission. Staff had completed a broad range of infection prevention and control training including recent refresher training.

Judgment: Compliant

Regulation 23: Governance and management

Internal audit reports clearly captured and reported the concerns raised by representatives and staff about the facilitation of extended emergency respite. At verbal feedback of the inspection findings the provider described the challenge and dilemma that presented when requests were received or a need was identified for emergency or crisis respite. The provider also described the action that it had taken in an attempt to find a solution to this service deficit such as discussions with the funding body and attempts to source an alternative property. Ultimately however, while the provider acknowledged the concerns made known to it and the need for a solution there was no agreed, short-term or long-term, time-bound plan to resolve this service deficit.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

In addition to any proposed long-term solution, there was a requirement for robust assessment and admission criteria for emergency respite admissions as broadly provided for in the statement of purpose. While the time-frame for assessment in such situations was limited in the context of a crisis situation, assessment of needs would have rapidly established if ground floor accommodation was needed, if the circumstances of the crisis admission were likely to result in an extended stay or if there were potential compatibility issues that impacted on the quality and safety of the respite service. Each emergency admission had the potential to create another crisis for another family if the admission assessment did not measure the impact on and the risk to existing service users as a result of disruption to their respite service.

The contract for the provision of services did advise that occasions may arise when the provider may have to cancel or offer alternative respite arrangements. This clause did not however adequately convey the impact of extended

emergency placement of up to twelve months on the providers ability to fulfill and deliver the service agreed, as set out in the contract, and as consistent with the assessed needs of the resident and the statement of purpose. For example the inspector saw reference to representative discontent at two contracts that were issued including a contract that no longer specified the quantity of respite to be provided to the resident.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was current and contained all of the information specified by Regulation 3 and Schedule 1. The provider did need to review and assure how it implemented in practice the criteria used for admission to the designated centre including its policies and procedures for emergency admissions. The providers regulatory responsibilities in this regard are addressed above in Regulation 24.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had complaint management policies and procedures that were made available and accessible to residents and their representatives. A record was maintained of complaints received, the action taken on foot of them and whether complainants were satisfied or not.

Judgment: Compliant

Quality and safety

As discussed in the first section of this report the primary matter impacting on the quality and safety of this respite service was the facilitation of emergency admissions that evolved into prolonged periods of full-time placement in the centre. This inspection found that when actually in receipt of respite, the provider had arrangements that ensured residents received an individualised, safe, quality service.

For example the person in charge described the measures that had been taken to improve the information available to the respite service in relation to each residents assessed needs and their required support and care. This included enhanced

communication and technology that supported the exchange of information and records between for example, the respite and day services. The person in charge and the social care worker were in regular contact with families and a formal update on needs and support was secured from families prior to each admission. This update captured any changes that had occurred since the previous respite stay so that the plan of care and support changed accordingly. Meetings were also held with families as needed to discuss any specific matters that arose. The inspector reviewed one personal plan and saw that while it addressed the resident, their needs and requirements holistically, the areas relevant to the respite service were highlighted. The resident also had an accessible version of their personal plan supported by narrative and photographic representation of their needs, likes and dislikes and their preferred activities.

The update sought prior to each respite stay also sought to establish the residents hopes and objectives for their stay. Staff described how they adopted an individualised approach to this as some residents enjoyed the social dimension of their stay while others preferred to relax and take it easy. It was evident from speaking with staff and from records seen that there was awareness of both the risk and the impact of COVID-19 on resident choices and staff sought to be innovative so that residents enjoyed their stay. Residents continued to enjoy walks with staff, had movie or pamper nights in, did some baking with staff or got a takeaway from their favoured restaurant. Staff used technology to support contact with peers and important social events such as the virtual Christmas party.

As residents ordinarily lived at home they were supported by family to maintain their health and well-being. The inspector saw that staff had the information that they needed in the personal plan to provide the care and support that residents needed during their stay. For example the inspector saw plans of care and protocols for nutritional needs, mobility, anxiety, seizure activity and any moving and transfer requirements. These plans were informed by the recommendations of the relevant healthcare professional. Staff spoken with could readily answer any queries from the inspector about these plans and the care and support provided.

The person in charge maintained a good range of hazards, the assessment of the risk and how it was managed. The sample reviewed by the inspector reflected the assessed needs of the resident as described in the personal plan. The risk assessments were kept under review, for example staff described how an updated review of resident moving and transfer requirements was planned due to a change in resident needs. This pending review was reflected in the update of the risk assessment. The register of risks had also been updated to reflect the risk posed to residents and staff by COVID-19.

The person in charge described, and their was evidence of, infection prevention and control measures that were based on national guidance that had issued to inform the safe resumption of respite services. For example well-being and contact history was ascertained prior to admission, occupancy levels were managed to reduce the risk of accidental transmission and there were enhanced procedures for environmental cleaning. For example each resident was supplied with their own

complete set of bedlinen for their use only. These enhanced arrangements and the need for them had been communicated to and agreed with each resident and their family. Staff were supplied with hand-hygiene and sanitising products and confirmed that they had an adequate supply of PPE. Staff and resident well-being were ascertained on a regular basis each day and there was a contingency plan for responding to any suspected COVID-19. Staff were informed and were seen to adhere to the use of face-masks, safe physical distancing, hand and environmental hygiene during this inspection. The person in charge described how she completed visual spot-checks of infection prevention and control practices.

Some risk control measures did have a restrictive dimension such as the use of audio monitors at night as part of the seizure activity management plan or the locking of the main front door. Based on records seen some improvement was needed in the processes for sanctioning and reviewing the ongoing need for these interventions. These processes needed to better demonstrate consideration of the risk but also the possible impact on residents, for example the impact on their right to privacy, discussion and consent where practicable, and how the intervention was the most proportionate and least restrictive procedure possible.

Some improvement was needed in the providers fire safety procedures. The premises was fitted with emergency lighting, a fire detection and alarm system and fire fighting equipment. These systems were inspected and tested at the prescribed intervals and staff also undertook regular visual inspections. There was documentary evidence that the person in charge maintained oversight of fire safety systems and there were proposed improvements, for example replacing residual manual locks with thumb-turn devices. In addition to improving fire safety measures, these devices also had the potential to reduce the restrictive dimension of locked doors. Staff had completed fire safety training and simulated drills were scheduled so that each resident that attended for respite was familiarised with the evacuation procedure. Each resident had a personal evacuation plan, these were current and included any prompts or equipment described by staff as needed to support safe evacuation. Good evacuation times were reported and recorded. However, staff confirmed that they had not undertaken a drill to establish the ability of one staff to evacuate two residents which was at times, the night time arrangement in the centre. The inspector saw that doors designed to contain fire and its products were provided but they were not fitted with self-closing devices.

Regulation 10: Communication

How each resident communicated their needs, wishes and choices was set out for staff in the personal plan, for example the meaning of and how staff should respond to specific gestures, words or expressions. The plan differentiated between receptive and expressive ability thereby ensuring that residents were consulted with and could make informed choices. Staff supported residents to access, use and benefit from technology.

Judgment: Compliant

Regulation 13: General welfare and development

Staff described an individualised service where residents could choose to spend their respite stay as they wished be that relaxing or out and about in the community with staff; these wishes were ascertained prior to each admission. Staff were cognisant of the impact of COVID-19 restrictions on residents choices and routines and sought to ensure that each resident enjoyed a meaningful respite stay.

Judgment: Compliant

Regulation 17: Premises

The premises presented as well maintained and it was in good decorative order. Its location facilitated ready access to all of the amenities offered by the busy town. The ground floor bedroom and en-suite sanitary facilities were suited to residents with higher physical needs. This was a shared bedroom but staff confirmed that this was to meet one specific respite arrangement. Staff had access to the equipment that was needed to meet residents needs such as high-low beds and a floor-based hoist; this had been recently serviced. The inspector did note some damage to the door-frame of the main sitting room. The provider should consider the feasibility of widening this door space so as to increase the turning room available for wheelchair users.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements for the identification, management and ongoing review of risk. These arrangements were responsive to new risks such as the risk posed by COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented infection prevention and control polices and

procedures based on national guidance. The provider used guidance specific to the resumption of respite services to ensure that respite could be provided while residents, their families and staff were protected in so far as was reasonably practicable from the risk of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

A simulated drill to establish the ability of one staff to evacuate two residents which was at times, the night time arrangement in the centre, had not been undertaken. The inspector saw that doors designed to contain fire and its products were provided but they were not fitted with self-closing devices.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The personal plan was individualised to the needs, abilities, preferences and wishes of the resident. Residents and their representatives and other stakeholders such as the day service were consulted with in relation to the care and support that was provided. The information that informed the plan was updated at each new admission for respite to capture any changes in needs and circumstances.

Judgment: Compliant

Regulation 6: Health care

Staff had access to information that ensured that residents received the care and support that they needed during their respite stay. Staff consulted with representatives so that this information was updated as needed in line with any changes in need.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some improvement was needed in the processes for the sanctioning and review of

interventions with a restrictive dimension. They needed to better demonstrate consideration of the impact on residents, for example the impact on their right to privacy, discussion and consent where practicable, and how the intervention was the most proportionate and least restrictive procedure.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had policies and procedures governing the management of any suspected or alleged abuse. Staff had completed safeguarding training. The internal auditor had designated safeguarding responsibilities and was assured during these audits of staff knowledge of how to safeguard residents and how to report any concerns.

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 - 2015 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ennis Adult Respite Service OSV-0004895

Inspection ID: MON-0031022

Date of inspection: 26/01/2021

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The PIC and PPIM of Ennis Adult Respite Service have advised that the Admissions Discharge and Transfer Policy of BOCSI Clare Service should be amended as follows:
Decisions on emergency/crisis applications are made by the Clare Services manager (CSM) in conjunction with the Person in Charge (PIC) of the Designated Respite centre the person requesting the service and the Health Service Executive.
The CSM must request a report from the PIC of the respite service detailing the impact if any of such an emergency / crisis admission on the respite service.
This report must detail any impact or disruption to any of the existing residents of the respite service and their families.

The respite service will endeavour to meet the emergency admission in the short term whilst allowing the PIC to notify the CSM of the impact if any of the emergency admission. A special sitting of the ADT committee should be convened within 28 days of the admission to review the emergency admission. The ADT Committee must consider the matter and the suitability for admission.

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
The PIC and PPIM have reviewed and amended the Statement of Purpose (pg 10) as

follows:
• Emergency Admissions will be considered following referral from the HSE and /or the Brothers of Charity Management team. Emergency referrals will be admitted following a review by the PIC and the PPIM of the capacity of the respite service to meet the needs of the individual referred. As per the "Procedure for assessing and managing applications, transfer and discharge" the impact or disruption to any of the existing residents and or their family will need to be considered.
• The respite service will endeavour to meet the emergency admission in the short term whilst allowing the PIC to notify the CRM of the impact if any of the emergency admission. A special sitting of the ADT committee should be convened within 28 days of the admission to review the emergency admission. The ADT Committee must consider the matter and the suitability for admission.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Self-closing closers will be fitted to the fire doors in Ennis Adult Respite Service
• A fire drill will be organized involving 1 staff member supporting 2 individuals to evacuate. This will be completed when 2 individuals next stay at the service ie weekend of 19-21 March 2021.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
While consideration is given to all restrictive practices in the BOCSI services in accordance with the Procedure on the Promotion of a Service that is Free from Restrictive Practices , it was not clearly evidenced in the text of the formal document observed by the inspector on the day of the visit to Ennis Adult Respite Service.
A review of all restrictive practices will be completed. Attention will be given to the text on the formal document that it clearly demonstrates that consideration of the impact of the restrictive practice on the person supported has been taken. Furthermore the text will demonstrate that the service considers they without the restrictive practice, the care or health and safety of the person supported in the service would be compromised.

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 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	01/04/2021
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on	Not Compliant	Orange	01/04/2021

	the basis of transparent criteria in accordance with the statement of purpose.			
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Orange	01/04/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	01/05/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/03/2021
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/03/2021