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:	Stewarts Care Adult Services Designated Centre 9
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	16 February 2021
Centre ID:	OSV-0005838
Fieldwork ID:	MON-0032082

About the designated centre

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

Designated Centre 9 is intended to provide long stay residential support for service users to no more than nine men with complex support needs. It is located on a large campus in West County Dublin and is near amenities, and public transport is easily accessible. The centre consists of two units. One unit is a single story, single occupancy house equipped with an ensuite bedroom, a sitting room, a dining room, a kitchen and a toilet. There is also open access to a secure back garden. The second unit, a wheelchair accessible bungalow, comprises eight single bedrooms, a kitchen where snacks and meals are prepared, a large dining room. a large communal living area and a second living area. It also has three toilet cubicles and sinks, a wet room style bathroom with a walk in shower, toilet and sink and a second bathroom with an electronically controlled accessible bath. The residents also have access to a secure back garden. Healthcare is provided by residents' General Practitioner along with allied healthcare professionals and the centre is staffed by both nursing staff, health care assistants and an activity staff member.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 16 February 2021	09:40hrs to 16:30hrs	Ciara McShane	Lead

What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector did not spend extended periods of time with residents. However, the inspector did have the opportunity to observe residents in their home for a limited period. The inspector used these observations in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall the inspector found that while residents' assessed needs were being met and staff treated them with dignity and respect, in one of the two units the layout of the premises and large number of residents, living together with complex needs, did not support residents in living their best life and one of their choosing. The single story bungalow where one resident resided demonstrated the positives of having a home of their choosing and the positive impact that this had on their life and overall well being.

The centre comprises two houses, located adjacent to each other. The centre was registered to accommodate up to nine residents, with one resident in one house and eight in the other. At the time of this inspection, one of the former residents had transitioned from the centre and was reported to be living independently in line with their assessed needs and wishes. As a result, there was one vacancy at the time of inspection and, therefore, seven residents lived in that unit. The provider communicated intentions to submit an application to vary to reduce the total capacity of the designated centre to eight, a reduction of one.

On this inspection the inspector briefly met with all eight residents, being cognisant of public health guidelines; maintaining physical distance, wearing appropriate personal protective equipment (PPE) and engaging in frequent hand hygiene. Interactions between residents and staff were observed to be warm and engaging. At the time of inspection some residents were in the dining room marking an annual religious day enjoying pancakes which a staff member was making in the kitchen of one unit. There was music being played in the dining room and the residents who were sitting at the table appeared to be content and relaxed. Although the centre was busy, in the sense that there were five staff supporting seven residents, there was a positive atmosphere. Not all residents communicated verbally or wished to engage with the inspector, however the inspector did speak for a longer period with two residents. Both of whom spoke favourably of their home.

The inspector observed that the kitchen area was small. At the time of inspection with two staff, a resident and the inspector in the kitchen at the same time it was limited in space. The dining room contained two tables which were set nicely for lunch; it was a long room however it was narrow and the inspector was not assured that it would comfortably fit all seven residents, from one unit, and the assigned staff, typically a maximum of six, who were on duty. The main living area was a very large space where three staff were present, two of whom were supporting residents, while the third staff was folding laundry. One resident was relaxing and another resident was walking around the room. The second communal area, which

was much smaller in size, was located at the back of the house, beyond the bedrooms. At the time of the inspection the space was not being used by the residents. The dining area, lounge room and kitchen were all close together and with the large number of residents and the staff present supporting them it led to a busy atmosphere. The inspector observed that whilst the staff had endeavoured to personalise the centre with photographs of residents and ornaments the social areas of the premises were not homely.

The inspector viewed the residents' bedrooms and noted that their individual personality and preferences such as sport were reflected in their room. A staff member had recently personalised a resident's bedroom with paint which was bright and welcoming. Although residents' bedrooms were personalised they were for the most part dark and in need of painting and redecorating.

The inspector walked though the second unit, a single story building and noted that it was a suitable size and layout to meet the resident's needs, it was homely and well maintained. The resident was enthusiastic and proud in showing the inspector their home and it was abundantly apparent that they were content and happy with their home. The staff member supporting the resident was observed to be engaging and warm and there was a sense of ease amongst the resident and staff in their interactions.

It was noted that residents were engaged with regarding their preferences on an individual basis through one to one key worker meetings. The inspector did not have the opportunity to engage with residents' representatives or their family members but evidence was reviewed to demonstrate residents were supported to maintain contact with those who were important.

At the time of the inspection, in line with government guidelines, the provider had appropriately adhered to COVID-19 related restrictions which meant that residents did not have many opportunities for social engagement in or with their local community. From a review of residents' personal files it was apparent that staff however were endeavouring to support residents with activities that were safe and in adherence with the restrictions.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspection found that while elements of governance and management were positive, improvements in relation to one unit of the centre were required to ensure

that residents were afforded opportunities to live their best life and one of their choosing which also met the totality of their needs. Furthermore improvements were required to the staffing levels to ensure that the needs of all residents could be met at all times of both day and night.

The inspector found that the centre was managed by a suitably qualified, skilled and experienced person in charge. The person in charge was found to have a good knowledge of the care and support requirements for residents living in the centre and was in a full time post. The person in charge was supported by a programme manager and from a review of minutes of meetings the support was consistent and positive.

The centre was registered in September 2019 for nine residents with a restrictive condition placed on the registration linked to the provider's centre improvement plan. It was found on this inspection that the provider was working through the plan, but had not achieved all outcomes as of the time of the inspection.

The provider had, in line with the centres improvement plan, successfully transitioned one resident from the centre to a more individualised community setting. Other actions such as the person in charge being supernumerary with protected time over the centre had also been achieved. Safeguarding plans were now in place for those who required them. However, there were other actions which directly impacted on residents' lived experiences which had not been addressed in line with the providers' time line nor was there a plan available to demonstrate how these actions would be realised. For example, there was an action regarding the premises and the need to improve the aesthetics of the premises in one unit and look at the accessibility of the bathroom, but there were no plans developed ensuring the achievement of this outcome. At provider level other areas that were outlined as requiring action included no home having more than six residents by the end of 2021. While the time frame for this had not passed there was no specific resident identified for a transition nor had a transition plan or discovery process commenced.

The inspector found that the lack of progress made with the environment and the high number of residents with complex needs, living together did not positively support residents to have a life that was wholly fulfilled. It was noted however that the transition of one resident had made a positive impact.

The centre was staffed by a combination of nursing staff and healthcare assistants in addition to a day activation person who was seconded from day services as a result of their closure due to COVID-19. There was one nurse on duty each day, four healthcare assistants throughout the day and an activation staff member who worked Monday to Friday 09.00hours to 17.00 hours. One waking night staff, a healthcare assistant, supported the residents at night time. In line with the assessed needs of the residents, which were complex and from a review of daily notes and incidents/accidents, it was evident that further support was required at night time and that one staff member was not sufficient. The inspector recognises that an on-call system operated on the campus however this was viewed as insufficient to meet

the needs of the residents.

There was a planned and actual rota in place which was maintained and reflected changes in the rota such as sick leave or annual leave. The inspector briefly engaged with staff during the inspection and observed their practice. Staff were observed supporting residents in a kind and compassionate manner during the inspection.

Staff were provided with training appropriate to their role such as fire safety, safeguarding, positive behaviour support and infection prevention control. There were some gaps in this training but the provider was aware of these gaps and the person in charge had made arrangements to address some of the training gaps and was awaiting dates and availability for those remaining gaps. The provider had a staff supervision system in place and staff received appropriate supervision.

Regulation 14: Persons in charge

The centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

While there were suitable numbers of staff providing support to residents during the day, the inspector found there was insufficient cover at night time to meet the needs of all residents. From 20:15hours to 08:00 hours there was one healthcare assistant supporting eight residents.

Judgment: Not compliant

Regulation 16: Training and staff development

There were some gaps in training and although the person in charge had endeavoured to schedule training as required, all gaps had not been addressed at the time of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

Whilst there was adequate management oversight of the centre it was not demonstrated how the provider planned to address key impact areas such as the premises and the large number of residents, with complex needs, living together. As a result of this it was unclear what the provider's capacity was to deliver on these required actions as there were no timebound plans in place.

The provider had ensured that an annual review of quality and safety of care was completed. However, this review did not take account of the National Standards.

Audits such as the six monthly unannounced visits had been completed as too had audits relating to hygiene and infection prevention control and residents' finances. Daily checks such as fire safety also took place.

Judgment: Not compliant

Quality and safety

On this inspection while it was demonstrated that residents' healthcare needs were met it was not demonstrated that all residents were in receipt of a quality service that met all their needs and ensured they had the best possible lived experience in the centre.

The inspector crossed the threshold of the two units that made up the designated centre which was situated on a large campus. While one of the units, where one resident lived, was well maintained, homely and modern the second unit where, at the time of inspection seven residents lived, required significant improvement to ensure that it was homely and met the individual and collective needs of the residents.

The larger of the two units where seven men lived was observed to be clean however it was not homely, maintenance and decor upgrade was required and aspects of it were institutional in nature. In this unit each resident had their own bedroom which staff had supported residents to make as personalised and homely as they could. However, the bedrooms were dark, dated and required upgrading. The residents in this unit shared one shower room, one bathroom and three toilets. Although the residents had access to a bathroom the inspector was told they preferred to use the shower room. A second shower room was marked on the floor plans however it was noted on the day of inspection that this was not in use for that purpose. The three toilets which the residents used were situated in a cubicle type setting that was largely cold, uninviting, dated and institutionalised in nature. The inspector found that overall there were inadequate showering facilities in use to meet the needs of seven men. This unit also contained a very large lounge room

that was vacuous, with seating and furniture placed along the parameter of the room. While it was apparent that staff had tried to decorate it and make it more homely it remained to be a large space that was not homely. A relaxation room was also available to residents but the inspector also found this to be a cold uninviting room and there was a hole in the wall which required maintenance. There was a dining room that served the purpose of supporting residents at mealtimes however it was a long narrow room and it was difficult to see how it would comfortably fit the seven men and the staff supporting them at the same time. As outlined previously in the report the kitchen was also a small space although staff were seen to successfully use it on the day of inspection to prepare food.

In addition the inspector found that painting was required throughout, furnishings including soft furnishing such as curtains required an update. Doors and architraves were significantly scuffed from wear and tear and required painting. The provider themselves had identified some of the above premises issues in their audits however there was no plan in place on how this would be addressed. The person in charge since commencing her role in this centre has continued to advocate for improvements to be made to the premises with limited success.

From a review of residents' personal plans it was apparent that a number of residents required behaviour support. Behaviour support plans were required and in place for six residents, four of which had recently been reviewed and updated. Two of the six plans were overdue a review and the person in charge had these reviews confirmed for a few weeks following the inspection.

There was also six safeguarding plans in place which were found to be up-to-date and comprehensive. They were completed in conjunction with the staff that knew the residents and the national safeguarding office. From a review of these safeguarding plans and the accidents and incidents it was apparent that there were regular negative interactions between residents. The safeguarding plans clearly state and identify that the residents are not compatible in terms of living together and the negative consequences of this can result in residents being harmed by one another. One of the plans noted that the resident would prefer a quieter environment with less people. The person in charge stated that the safeguarding plans were effective as the number of incidents had been reducing, the transition of one resident from the centre also accounted for this.

Restrictive practices were in use in the centre, when required, and these were seen to be used for the shortest duration possible and it was demonstrated that alternative practices had been trialled. The restrictive practices in use were reviewed with the staff that knew the residents well in tandem with the providers' restrictive practice review committee and there was an up-to-date restrictive practice protocol in place.

The inspector reviewed a sample of residents' personal plans which were maintained online. The inspector found that residents had annual medical reviews, good access to their general practitioner (GP) and good access to allied health professionals and a multi-disciplinary team. Appropriate assessment tools such as MUST were used to measure key health indicators and national screening programmes were also

accessed where appropriate. The inspector reviewed a resident's file who was at risk of falls and noted the staff team responded appropriately to an increase in falls with referrals made to their GP, occupational therapist (OT) and subsequently put additional staff in place to support the resident as well as supportive mechanisms such as manual handling equipment. A shower chair had also been acquired following an OT assessment.

Overall while the plans in place were robust there were some discrepancies noted. For example, a resident's feeding regime was documented differently in two different plans which may pose as a risk to the resident in terms of ingesting food and liquids. The inspector also noted that some care plans, two, were not in place to support specific health needs which had been identified in the residents' health indicators. This required a review to ensure that residents' health care needs were being met appropriately ensuring best possible health.

There were systems in place to manage risk. A recently reviewed risk register was in place that detailed generic risks for the centre such as slips, trips and falls, the risk associated with behaviours of concerns in addition to COVID-19. The inspector also reviewed a sample of individualised risk assessment for residents which were sufficiently detailed and recently reviewed.

The inspector reviewed matters in relation to infection prevention and control in the centre. The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. A specific risk assessment had been developed to capture the provider's response should there be suspected or confirmed cases of COVID-19. The contingency plan in relation to the isolation of residents was detailed however it required a review to demonstrate what the provider's staffing contingency was for this centre. The person in charge had some arrangements in place in terms of staff such as consistent relief staff, however if all the staff team became affected by COVID-19 it was not clear how the centre would be staffed. The risk register and the COVID-19 specific risk assessment did not contain the most up-to-date detail in terms of the provider's COVID-19 nurse response team and their revised availability. It had also not been updated in relation to the COVID-19 status of the centre.

The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre and the inspector found that this was updated in line with the most recent versions of the public health guidance. Personal protective equipment (PPE) was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. The person in charge told the inspector there was plentiful supplies of PPE and that this was not a concern. Each staff member and resident had their temperature checked twice daily as a further precaution. The person in charge had also identified an area for staff to don and doff PPE and isolate should they become unwell while on duty.

Due to COVID-19 the residents were impacted in terms of their ability to socialise

and carry out their day as they would have in more recent times. The day service for residents was not operational however an activity staff member had been seconded to support residents Monday through to Friday. Residents engaged in activities such as walks, having foot spas and relaxation treatments and creative activities related to the season or most pertinent festivity at that time. It was evident that prior to the pandemic staff were supporting residents to a greater capacity to engage in new and meaningful activities such as going on a holiday. Residents were supported to contact family and friends with the aid of a tablet and telephone.

Regulation 13: General welfare and development

Considering the public health guidelines that the provider was strictly adhering to residents were being supported well. Residents were engaged in activities and were supported by staff to do so. It was evident that staff were being creative with residents and supported them during this time away from their day service and regular activities.

Judgment: Compliant

Regulation 17: Premises

Significant improvement was required to the premises to ensure that it was not institutional in nature, homely, adequately maintained and decorated, and met the needs of the residents. It failed to meet all the requirements of Schedule 6 as outlined in the Regulations.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was a local risk register which detailed associated generic risks. Risk assessments were also completed and reviewed regularly for risks pertaining to each resident. However the risk register and risk assessments for COVID-19 required updating to ensure that the most up-to-date information was outlined within such as the provider's nurse response team and the COVID-19 status of the centre.

The provider's contingency plan in relation to COVID-19 also required further detail to ensure the contingents for staff, should the team become unwell.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Arrangements were in place for the protection against infection. The inspector found that there were appropriate facilities for hand hygiene, including hand gels and the person in charge stated there was plentiful supplies of PPE.

Staff were seen to wear appropriate PPE and were kept updated on the changing guidance related to COVID-19 as seen in the relevant information folder and also detailed in daily handover notes.

Temperatures for staff and residents were checked daily and enhanced cleaning schedules were in place.

A contingency plan was also in place although as outlined under risk management procedures further detail was required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which had recently been reviewed however improvements were required to ensure that;

- plans were updated to reflect the most relevant information such as feeding regimes

- plans were in place to meet specific healthcare needs.

Judgment: Substantially compliant

Regulation 6: Health care

Each resident had a healthcare plan in place. From a review of sample healthcare plans it was evident that residents were well supported to achieve best possible health and were linked in with their GP and allied health professionals.

Residents received screening, where appropriate, in line with the National Screening programme.

Judgment: Compliant

Regulation 7: Positive behavioural support

For the most part staff had up to date training to support residents with behaviours of concern. behaviour support plans were in place, four of the six plans had recently been updated and the remaining two support plans were due a review 09 March 2021.

Judgment: Compliant

Regulation 8: Protection

Whilst there were up-to-date and comprehensive safeguarding plans in place and staff were adequately trained the high number of residents living together and their incompatibility with one another did not ensure that residents were at all time free from harm.

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 - 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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 9 OSV-0005838

Inspection ID: MON-0032082

Date of inspection: 16/02/2021

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. The staffing level during the day will be maintained at 1 nurse and 4 HCA. The permanent vacancy for day activation staff will be filled by HR within 3 months. 2. An additional HCA has been allocated to night duty with immediate effect.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The Education and Training department completed an Audit of staff training requirements on 23rd February 2021 for all staff allocated to the DC. This audit will be completed monthly and sent to the PIC for review. The PIC will use this audit to highlight staff training requirements to individual staff members during supervision and house meetings. 2.All core competency training will be completed by all staff by 30/06/2021	
Regulation 23: Governance and	Not Compliant

management	

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. A Transitions team has been formed, chaired by the Director of Nursing to review the Providers plans for de-congregation. The commitment remains that there will be no more than 6 residents living in the DC by the end of 2021.

2. The Programme manager and the PIC will review the compatibility of the residents and identify the most appropriate person to transition from the DC in line with their identified needs and wishes. The team will commence the discovery process and transition planning immediately with residents in the Designated Centre.

3. The PIC and the Technical services manager completed a review of the premises in DC9 on 10th March 2021 Drawings have being completed and this is awaiting costings from the builders that have being asked to tender for the works.

4. The Annual Review of Care has been revised and will be amended to take into account the National standards, commencing with the 2020 review.

5. The Programme Manager has put in place a schedule of monthly meetings for 2021 with the Person in Charge, where all relevant issues in relation to the Governance of the Designated Centre will be reviewed.

6. The Programme Manager will collate a governance report for the Care Management Team on a monthly basis in 2021 where issues relating to the Designated Centre are discussed.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The Technical service manager visited the premises on the 10/03/2021 and reviewed the accommodation with the person in charge with a view to extensive improvements being made to the designated centre to meet the needs of the residents who live there .Drawings have being completed and this is awaiting costings from the builders that have being asked to tender for the works.

2. The programme manager will submit a business case for funding for this work to HSE CHO7 once the costs of works are submitted to the Technical Services manager and the provider.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
1. The Risk assessment for Covid 19 has been updated to reflect the most up to date information and the person in charge will continue to update the Covid19 risk assessment for the Centre as updates are required.

2. The provider's contingency plan for staffing has being updated with further detail re planning for supports for the residents should the staff team become unwell.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
1. The changes have been made to the personal plans as discussed on the day of inspection and as outlined in the report and will continue to be updated and reviewed on an ongoing basis.

2. The Person in charge has given guidance to the staff on the residents feeding regime and has ensured the appropriate documentation in place for all staff to follow. All residents' health needs that are identified in the health indicators have Person centered care plans in place.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1. There will be no new admissions to the DC.

2. An Application to Vary Condition 3 of Registration will be completed by 31/04/2021 to reduce the number of residents in the Centre to 8.

3. A transitions team has been formed, chaired by the Director of Nursing to review the

Providers plans for de-congregation. The commitment remains that there will be no more than 6 residents living in one home in the Designated Centre by 31st December 2021

4. The Programme manager and the PIC with keyworkers will review the compatibility of the residents and identify the most appropriate person to transition from the DC in line with their identified needs and wishes and needs. The team will commence the discovery process and transition planning immediately.

5. The PIC will continue to review Long term safeguarding plans for the residents on a regular basis and update as required.

6. All Behavioral Support Plans will be completed by 30/04/2021.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	01/05/2021
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	30/06/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	30/09/2021

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/09/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/06/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and	Substantially Compliant	Yellow	31/03/2021

	safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/02/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/02/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2021