



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

Issued by the Chief Inspector

Name of designated centre:	Gentili
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	24 May 2022
Centre ID:	OSV-0008149
Fieldwork ID:	MON-0034988

About the designated centre

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

Gentili's service is for vision impaired young people, aged 18 plus, both male and female, including young people who are vision impaired with additional disabilities. Gentili offers four residential places. The primary and main aim of a residential placement in Gentili is to facilitate access to appropriate educational and social provision. Gentili provides social care and support consistent with maximising the young person's educational attainment and holistic development. Gentili provides a high quality standard of care which is responsive to the individual social and emotional needs of the vision impaired young people who live in the house. The centre is managed by a full-time person in charge and staffed by a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 24 May 2022	08:45hrs to 16:45hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, the inspector observed COVID-19 information displayed at the front entrance, and hand sanitising facilities were available. The inspector was also asked to complete a COVID-19 declaration.

The residents living in the centre are usually referred to as 'young people' or 'students', but will be referred to as 'residents' in this report. The inspector met all of the residents before they left to attend their education programmes. Two residents spoke with the inspector. The residents told the inspector that they liked living in the centre and enjoyed their college programmes. The residents said they got on well with the other residents and staff. They told the inspector that they chose their meals and were happy with the selection of food available. Both residents told the inspector that they had participated in fire drills and knew how to evacuate the centre in the event of a fire. The residents were satisfied with all aspects of the service provided and told the inspector that they would speak to staff if they had any concerns or complaints. One of the residents said they were happy with their bedroom and en-suite, but preferred the house they previously lived in. The resident advised the inspector on their experiences of the COVID-19 pandemic and were glad that most restrictions had lifted.

Another resident briefly spoke with the inspector. The resident told the inspector that they liked living in the centre and was happy with their bedroom. The resident told the inspector about some of their college programmes and about going on holiday during the summer.

The inspector met and spoke with staff working in the centre during the inspection including the person in charge. The inspector observed staff engaging with residents in a warm and respectful manner and it was clear that they had a good rapport. Staff spoke about residents in a dignified and kind manner, and were knowledgeable on their care and support needs. Staff described the quality of care and support provided to residents as being to a high standard with an emphasis on supporting the residents' rights. Later in the afternoon, the inspector also briefly met a staff member who was visiting the centre to facilitate a yoga class for residents.

The residents moved into the centre in November 2021. The centre is located in a busy Dublin suburb and close to many amenities and services such as shops, eateries, and public transport. There was also a vehicle available to transport residents. The centre is on the ground floor of a large two-storey building operated by the provider. The inspector completed a walk-around of the centre with the person in charge. The front door to the building required a fob to open it from the outside. Residents could open the door from the inside, but were not in possession of a fob to open the door from the outside. The person in charge advised the

inspector that there was no reason why the residents could not have a fob and following the inspection would offer the residents a fob.

There was information on COVID-19 and infection prevention and control displayed on a notice board in the living area. The notice board also had information on menu planning and safeguarding for residents to refer to. Each resident had their own bedroom with an en-suite bathroom and shower. The bedrooms provided adequate space and storage, and were tastefully decorated. There was a spacious dining area and kitchen, and outdoor spaces for residents to use.

From what the inspector was told and observed during the inspection, it appeared that residents were receiving a reasonable standard of care and support, and were being supported in line with their needs and personal preferences. Residents were enjoying a good quality of life where they were supported to be active participants in the running of the centre and be involved in their communities. However, the inspector found that aspects of the quality and safety of the service required improvement such as the upkeep of the premises, safe medication management systems, development of personal plans, and in particular, the fire safety systems and arrangements.

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

Capacity and capability

The registered provider had established good arrangements for the governance and management of the centre and to ensure that the service provided was appropriate to residents' needs, however, some improvements were required to ensure that the arrangements were effectively implemented.

There was a clearly defined management structure with associated roles and responsibilities. The person in charge was full-time and based in the centre. The person in charge was supported in their role by the Director of Care who acted as the person participating in the management of the centre. The inspector met the person in charge and Director of Care during the inspection and found them both to have a rich understanding of the residents' needs and associated supports. They both emphasised and demonstrated a human rights-based approach to care and support of residents. There were good arrangements for communication between the management team and regular meetings took place to discuss the operation of the centre and to escalate any concerns.

The provider had systems for the review and monitoring of the service provided in the centre. A suite of audits had been developed incorporating medication management, fire safety, health care management, safeguarding, support plans, and infection prevention and control. Some of the audits had been carried out and

the others were being scheduled. The provider had also carried out a six-monthly report on the quality and safety of care and support provided in the centre. The report had included consultation with the residents and their families, and their feedback on the service was very positive. The report identified areas for improvement such as upgrades to fire doors which is discussed further in the quality and safety section of the report.

The person in charge attended weekly team leader meetings. The meetings facilitated shared learning from the provider's different centres to drive quality improvement across the organisation, for example, learning from recent infection prevention and control inspections was shared for consideration and implementation in other centres.

The staff skill-mix in the centre consisted of social care workers. There were also nursing and other multidisciplinary professionals working in the organisation that provided support to residents as required. The person in charge maintained planned and actual rotas showing staff working in the centre. A vacancy had been recently filled and the new staff member was due to commence in the centre. The centre used regular relief staff to cover staff leave to ensure consistency of care and familiarity for residents.

Staff completed a suite of training as part of the professional development and to support them in delivering effective care and support to residents. The training included safeguarding of residents, safe administration of medication, fire safety, and infection prevention and control. The person in charge maintained staff training records, and the inspector found that staff were mostly up-to-date with the required training. However, some staff required training in autism, and some required refresher training on the use of personal protective equipment. Furthermore, the training records of relief staff regularly working in the centre could not be furnished by the provider during the inspection to provide assurances that relief staff were appropriately trained.

The inspector spoke with a staff member about safeguarding procedures, infection prevention and control measures, fire precautions, communicating with residents, and residents' rights. The staff member spoke about residents in a professional and warm manner, and was knowledgeable on the topics discussed.

The person in charge provided support and informal supervision to staff working in the centre. In the absence of the person in charge, the Director of Care was available to support staff, and there was also a nurse on-call service for staff to contact outside of normal working hours. Staff spoken with told the inspector that they were satisfied with the level of support and supervision they received, and felt confident in raising any concerns. However, there was an absence of formal supervision as required by the provider's policy. A new staff member had not received any formal supervision since they commenced working in the centre which posed a risk to their development and performance. The absence of formal supervision presented a risk to the quality and safety of care and support provided in the centre.

Staff team meetings took place on weekly basis and minutes of the discussion points and associated actions were maintained. The inspector reviewed a sample of the meeting minutes which were found to be detailed and comprehensive in scope. The team meetings also facilitated staff to raise any concerns or issues about the service in the centre.

The registered provider had prepared a statement of purpose describing the model of care and support delivered to residents. The statement of purpose was recently revised and contained the information outlined in Schedule 1. The statement of purpose was available to residents and their families.

As part of their governance of the centre, the provider had prepared and implemented written policies and procedures on the matters set out in Schedule 5. The inspector reviewed a sample of the policies and procedures and found them to have been reviewed and updated as required and within a three year period. The policies and procedures were available to staff to guide them in the delivery of safe and appropriate care.

Regulation 15: Staffing

The centre was staffed by social care workers, and the registered provider had ensured the number and skill-mix of staff working in the centre was appropriate to the number and needs of the residents. Nursing and multidisciplinary team input was available to residents as required.

There was relief staff working in the centre to cover vacancies and staff leave. The registered provider had ensured that regular relief staff worked in the centre to provide consistency of care and familiarity for residents.

The person in charge maintained planned and actual staff rotas. The inspector reviewed a sample of the staff rotas and found that they accurately showed the staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre completed training as part of their continuous professional development and to support them in delivering effective care and support to residents. The person in charge maintained training records for the permanent staff members working in the centre. Staff completed training in a wide range of areas including Children First, safeguarding residents from abuse, fire safety, safe administration of medication, and management of behaviours of concern. The inspector viewed the training records and found that some staff

required training in autism and infection prevention and control (use of personal protection equipment). Furthermore, the training records for regular relief staff working in the centre were not available and could not be furnished by the provider before the inspection concluded to provide assurances that the staff were appropriately trained.

The person in charge provided support and informal supervision to staff working in the centre. Staff spoken with advised the inspector that they were happy with the level of supervision and support provided. However, there was an absence of formal supervision and the provider's policy on supervision was not being implemented in the centre. The absence of formal supervision presented a risk to the quality and safety of care provided to residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was effectively resourced to meet the care and support needs of residents. There was a clearly defined management structure with lines of authority, accountability and responsibility. There was a full-time person in charge based in the centre. The person in charge was supported by and reported to the Director of Care. The person in charge and Director of Care had effective communication arrangements in place to discuss the operation of the centre and to escalate any issues. In the absence of the person in charge, the Director of Care provided support to the centre, and there was also an on-call nurse service for staff to utilise for guidance and direction.

The registered provider had implemented systems to monitor the quality and safety of care and support provided in the centre. A six-monthly unannounced visit report was completed in February 2022. The report had consulted with residents and their families, and their feedback was positive. The provider had also developed a suite of audits covering infection prevention and control, fire safety, medication management, care and support plans, safeguarding, and health care management. Some of the audits had been carried out and outstanding audits were being scheduled.

There were weekly staff team meetings which provided an opportunity for staff to raise any concerns about the quality and safety of care and support provided to residents. The person in charge also attended weekly team leader meetings which included shared learning from other centres to drive quality improvement across the organisation, for example, findings from recent infection prevention and control inspections had been discussed to be considered and implemented in other centres.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been revised as required and was available to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared and implemented policies and procedures on the matters set out in Schedule 5. The inspector reviewed a sample of the policies including the policies on medication management, food and nutrition, residents' property and finances, provision of intimate care, and safeguarding of residents. The policies viewed had been reviewed and revised as required and within a three year period.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing was maintained by a good standard of care and support. However, aspects of the service were not adequate and required improvement to ensure that the service provided to residents was safe and effective.

The centre comprised the ground floor of a large building operated by the provider. The storey above the centre was vacant. The residents moved into the centre in November 2021. The previous occupiers of the building had left belongings behind which were unused and cluttered. There was an outdoor courtyard and an overgrown garden space, however, the provider was planning to renovate the garden. The residents had their own bedrooms with en-suite facilities. The bedrooms were spacious and decorated to the residents' preferences. One resident used an electric bed, however, it was unclear when the bed had last been serviced. There was a spacious living area and kitchen, and a long and wide corridor that residents also used as a living space. The inspector found that parts of the centre required renovation and upkeep, for example, painting was needed in some rooms and some flooring was damaged. Areas of the centre also required cleaning.

The inspector found that the fire safety systems implemented by the registered provider were not sufficient and posed a risk to the the safety of residents. There

was fire fighting, detection, and containment equipment such as fire extinguishers, blankets, doors, and alarms in the centre. The fire equipment was regularly checked by staff, and the fire extinguishers, blankets and alarms had been serviced. While there was emergency lighting to illuminate exits, there was no emergency lighting in the main corridor used by residents. Furthermore, the fire panel located in the lobby area of the building (outside of the centre's footprint) was not addressable which meant that it did not identify the location of a potential fire. The inspector also observed several fire doors to be wedged open and others which did not close fully when released. A fire safety assessment (issued to the provider 31 March 2022) and the six-monthly report, conducted in February 2022, both identified issues with the fire containment measures.

Staff working in the centre had completed fire safety training and staff spoken with could describe the evacuation plan. Residents spoken with also told the inspector how they would evacuate in the event of a fire. Fire drills took place on a regular basis, however, the inspector found that a drill reflective of a night-time evacuation scenario had not taken place. Furthermore, the fire evacuation plan required revision to accurately reflect the steps to be taken in the event of a fire evacuation.

The registered provider had implemented measures to protect residents from the risk of healthcare associated infections. The registered provider had prepared written infection prevention and control (IPC) policies and procedures which were undergoing review and revision to ensure that they were comprehensive and fit for purpose. Staff also had access to public health information and guidance on IPC and COVID-19. The person in charge had carried out risk assessments on IPC in the centre. The inspector found that some of the COVID-19 risk assessments required updating. There was no risk assessment on the presence of legionella which was a risk as the centre closed outside of school terms, however, controls had been implemented by the provider to reduce the risk.

While the person in charge had completed a COVID-19 self assessment tool and there was guidance from the provider on outbreak management procedures, there was no outbreak management plan specific to the centre to adequately guide staff in such an event. There had also been no infection prevention and control audit, however, the six-monthly report had reviewed aspects of IPC, and a new IPC audit had been developed by the provider to be carried out in the centre. Staff working in the centre had completed training in IPC and were knowledgeable on the matters discussed with the inspector. There was accessible information for residents on COVID-19 and IPC to help them understand the measures implemented in the centre.

Staff working in the centre completed the cleaning in addition to their primary roles. Cleaning schedules were in place and records of completed tasks were maintained. However, it was found that the cleaning schedules required enhancement to include duties such as cleaning of bathroom fans and high dusting.

Residents' health, personal and social care needs were assessed prior to admission to the centre and subsequently on an annual basis at multidisciplinary team reviews. The assessments informed the development of personal plans to reflect the care and

support interventions to be delivered to residents. The inspector reviewed a sample of the residents' care plans and found an absence of detailed care plans in relation to epilepsy, diabetes and autism, which presented a risk to the quality and safety of care and support provided to residents.

The registered provider had implemented practices for the appropriate ordering, receipt, storage, disposal and administration of medicines used in the centre. The practices were underpinned by the provider's policy on medication management. Staff had completed safe administration of medication training including use of emergency medication. Medicines were found to be securely stored. Some residents were prescribed PRN medicine (a medicine only taken as required), however, there were no protocols for most PRN medicines in the centre to inform staff on use of the medication. Instead, the provider's policy required staff to ring the nurse on-call for guidance and approval before administration of PRN medicines.

The inspector checked the residents' medicine blister packs and found discrepancies in one. It was also noted that there had been recent medication errors, however, a risk assessment on medication practices had not been carried out. The inspector also found conflicting information in documentation relating to a resident's emergency medication. The aforementioned issues did not provide assurances that medication practices were appropriately managed or overseen.

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. Some residents required support with their communication and communication passports and strategies had been developed to guide staff in communicating with the residents. Resident had access to media sources including televisions and smart phones. Residents could connect their devices to Wi-Fi and used their devices for communicating with friends and families and for Internet browsing and streaming.

The inspector observed menu plans on the notice board in the living area and the residents spoken with told the inspector that they chose their meals in the centre. The residents were happy with the food in the centre, and the inspector observed a good variety of food and drinks available. Staff cooked the residents' meals but some residents chose to be involved in areas such as baking. Parts of the kitchen required upkeep and cleaning, but generally it was reasonably maintained and well equipped. The oven, microwave, and fridge were observed to be clean.

The registered provider had ensured that the centre was operated in a manner that respected and upheld the rights of the residents. The centre operated a person centred and human rights-based approach to care and support. It was clear from speaking to residents and staff that residents had the freedom to exercise choice and control in their lives. Residents were supported to participate in the running of the centre and had been consulted with through meetings and reviews of the service.

Residents had active lives. They attended education programmes during the day, and in the evenings participated in activities they were interested in such as bowling, shopping, going to cafés, baking, concerts, beauty therapies, and relaxing

in the centre. The centre was close to local amenities and there was also a vehicle available to facilitate community activities.

The registered provider implemented systems to protect residents from abuse. The systems were underpinned by a comprehensive policy on the safeguarding of residents. Staff working in the centre completed training to enable them to respond to safeguarding concerns and staff spoken with were knowledgeable on the procedures to be followed. There was also information available to residents to aid their understanding of safeguarding and protection.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes.

The inspector reviewed the communication passport and strategy for one resident. The documents were up-to-date, however, staff were planning to review the documents and enhance them to provide better guidance for new staff working with the resident.

The registered provider had ensured that each resident had access to media sources. There was Wi-Fi in the centre and residents had smart phones and televisions.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents had access to facilities for occupation and recreation, and opportunities to participate in activities in line with their interests and needs.

The residents attended education programmes during the day. In the evening, residents were supported to engage in activities of their choice such as bowling, shopping, going to cafés, baking, beauty therapies, and relaxing in the centre. During the inspection, a yoga class was been facilitated for the residents to attend if they wished.

The centre was located close to many amenities and services, and there was also a vehicle to facilitate other community activities.

Judgment: Compliant

Regulation 17: Premises

Generally, the premises was found to be maintained to a reasonable standard of repair. However, improvements were required in the following areas:

- There was clutter of unused items and property inside and outside the building.
- Painting was needed in some bedrooms and the dining area.
- The ceiling in an en-suite bathroom was stained from a leak.
- Some flooring was scratched.
- The garden was overgrown and required attention.
- There was no servicing records for an electric bed used by a resident.
- Some bathroom fans were dirty.
- The sofa in the dining area was stained and the armchairs required cleaning.
- The kitchen cupboards were worn and stained in areas.
- The dish washer door veneer was damaged.
- High dusting was required in the kitchen.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook meals if they wished. Resident planned their menu on a weekly basis and there was different options to choose from. The inspector observed a good selection of food and drinks in the centre for residents to avail of. Residents spoken with, advised the inspector that they were happy with the food in the centre.

The kitchen was well equipped and the fridge, oven and microwave were observed to be clean. Staff had completed food hygiene training.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had adopted and implemented procedures and systems to protect residents against infection, however, improvements were required to meet compliance with the standards.

The registered provider had prepared written infection prevention and control (IPC) policies and procedures. The policies and procedures were under review to ensure they were comprehensive and fit for purpose. Staff also had access to public health

guidance on IPC, COVID-19 and PPE. There was also accessible information for residents on these topics to aid their understanding. The person in charge had completed IPC risk assessments. The inspector found that the COVID-19 risk assessment required updating. There was no risk assessment on legionella, however, controls were in place to reduce the risk.

There was a drinking water dispenser in the kitchen that the person in charge advised the inspector was used, however, there was no records indicating the servicing needs of the dispenser to ensure that the water remained safe to drink.

There had been no IPC audit, however, a new audit had been developed by the provider for implementation in the centre. The six-monthly report had reported on regulation 27 and the person in charge had completed a COVID-19 self assessment tool. The provider had procedures for the management of an infection outbreak, however, there was no procedure specific to the centre to guide staff and management in the appropriate response to an outbreak.

Staff working in the centre had completed IPC training. Staff told the inspector about the IPC measures implemented in the centre and were knowledgeable on the matters discussed such as the cleaning arrangements, management of soiled laundry, and COVID-19 precautions.

IPC was a standard agenda item discussed at team meetings to enhance and refresh staff understanding of the IPC measures, for example, in May 2022, the team discussed cleaning requirements, use of alginate bags, and IPC inspection reports from other centres. The person in charge also attended weekly team leader meetings that discussed IPC matters such as policy updates and learning from IPC inspections to be incorporated across the provider's centres.

Staff completed the cleaning of the centre in addition to their primary roles. Generally, the centre was found to be reasonably clean, however, areas such as bathroom fans, a stained sofa, and high dusting areas required attention. Cleaning schedules and records were maintained, but required enhancement to include all required tasks. The centre had a good supply of cleaning chemicals with accompanying safety data sheets. However, the inspector observed one bottle of cleaning solution that was not labelled and staff could not determine what it was. The waste arrangements also required improvement as there was no bin in the utility room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety systems and arrangements implemented by the registered provider were not sufficient to provide assurances that residents were adequately protected from the risk of fire in the centre.

The fire safety panel was located outside of the footprint of the centre, and was not addressable which meant that it could not identify the location of a potential fire either within the centre or elsewhere in the building. The emergency lighting in the centre was found to be inadequate. There was no emergency lighting to illuminate the corridor used by residents as part of the evacuation procedure.

Several fire doors did not have self-closing devices and were observed to be wedged open including bedroom fire doors and the utility room fire door which was an area of high risk of fire. The inspector tested other fire doors and found that they did not close properly when released. A fire safety assessment (issued to the provider 31 March 2022) and the six-monthly report, conducted by the provider in February 2022, also identified issues with the fire containment measures.

While fire drills had been carried out, there had been no fire drill reflective of a night time evacuation scenario to demonstrate that the evacuation plans were effective during night time. The fire evacuation plan was also found to require revision to accurately detail the steps to be taken in the event of a fire evacuation.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had implemented practices for the appropriate ordering, receipt, storage, disposal and administration of medicines used in the centre. The practices were underpinned by the provider's policy on medication management.

Staff working in the centre had also completed training on the safe administration of medication including emergency medication in order to appropriately support residents' with their medicines. Medicines were safely stored and there were records of when medicine was administered. Staff administered residents' medicines, however, residents were encouraged to take responsibility for their medicines if they wished to.

Some residents were prescribed PRN medicines (a medicine only taken as required). There were no PRN protocols in the centre to guide staff on the appropriate use of these medicines, however, the provider's policy stated that these medicines could only be administered after consultation with the nurse manager on-call who would determine if the PRN should be administered and would provide staff with guidance.

A medication audit had been completed in March 2022. It was noted by the inspector that there had been some minor medication errors, however, there was no corresponding risk assessment to determine the level of risk and if additional control measures were required.

The inspector also noted some discrepancies in the documentation related to emergency medicine for one resident. The information in the resident's medical care

plan differed from the directions in a letter from the resident's general practitioner which presented a risk that the resident may be administered an incorrect dose.

The provider had an arrangement for most medicines to be prepared in blister packs for administration. The inspector checked some of the blister packs and found errors in one pack. This was highlighted to the person in charge for immediate rectification.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The health, personal and social care needs of residents were assessed and reviewed at annual multidisciplinary team meetings. Assessments of needs informed the development of personal plans. The inspector viewed the assessments and plans of two residents. The person in charge described some care interventions implemented in the centre, however, some of these were not reflected in a documented care plan. There was found to be an absence of detailed care plans in the areas of epilepsy, diabetes, and autism.

The absence of detailed care plans presented a risk to quality and safety of care and support provided to residents.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had implemented systems to ensure that residents were safeguarded from abuse. Staff working in the centre had completed safeguarding training to enable them to respond appropriately to safeguarding concerns. Staff spoken with adequately described the procedure to be followed in the event of a safeguarding concern.

There was also guidance and information for residents on safeguarding and abuse.

There were intimate care plans in place for residents requiring support in this area to ensure that they were supported in a manner that respected their dignity and bodily integrity.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the centre was operated in a manner that respected and promoted the rights of residents. A person centred and human rights-based approach to care and support was applied in the centre.

Residents had the freedom to exercise choice and control in their daily lives, and participated in decisions about their care and support. Residents were also involved in the running of the centre, and were consulted with through meetings and reviews of the service. Residents advised the inspector that they were happy with the service provided, and it was clear that they were supported to exercise their rights and live their lives as they chose.

Residents privacy and dignity was protected. Residents had their own bedrooms with en-suite facilities, and had their own personal devices to maintain personal communications.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gentili OSV-0008149

Inspection ID: MON-0034988

Date of inspection: 24/05/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Most of the training deficits identified in the inspection have now been addressed, that is, specifically, Children First and Infection Prevention and Control (including donning/doffing of PPE) have now been completed. A 2 day off-site autism training course completed by some members of the team will be extended to all the other members of the team, including relief staff. Subject to availability, this course – or a comparable course - will be completed by the end of September 2022.</p> <p>In respect of supervision, the Person In Charge has now completed a certificate in professional supervision and regular formal supervision will be made available to all staff as of the beginning of September 2022.</p> <p>As of beginning of September 2022, relief staff training records will be available in the centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All of the unused items identified as creating clutter both inside and outside the centre have now been removed and the garden has been attended to. High dusting is now a regular feature of the centre's cleaning regime as are bathroom fans, these having been first disassembled for deep cleaning purposes. Stained tiles in an en-suite bathroom have been replaced.</p> <p>A schedule of renovation is now in place for the coming months and the following will be completed by the end of August 2022 (remembering that the centre is closed from 29th June 2022 – 5th September 2022):</p> <ul style="list-style-type: none"> • bedrooms and dining area will be painted • scratched floors will be treated 	

<ul style="list-style-type: none"> • pre-existing wear to cupboards, including staining, will be rectified as will veneer damage on dishwasher • sofa and seating in the dining area will be steam cleaned. <p>In respect of servicing an electric bed, a suitable professional is being sourced, the intention being that this service will have been completed by the end of August 2022 and provided regularly thereafter.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In respect of a risk assessment on legionella, a template is now in place and is being used in addition to other controls to reduce risk of a legionella outbreak. In addition, an external company will continue to conduct legionella risk assessments in the entire centre twice annually. An IPC protocol, specific to the house, has now been designed and implemented in order to supplement the over-arching IPC organisational policy in place.</p> <p>In addition to those points already addressed in relation to Regulation 17, the cleaning schedule has been amended to include specific reference to additional cleaning and IPC requirements. Only clearly labelled cleaning products are now in use and a bin has been installed as per the Inspector's request.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Evening time fire drills designed to replicate nighttime evacuation scenarios, specifically in relation to ensuring that alternative evacuation procedures are clearly understood, have now commenced and will occur at regular intervals. As per the Inspector's observations, the centre's fire evacuation plan has been revised to accurately detail the steps to be taken in the event of a fire evacuation.</p> <p>Remedial work to be carried out during the summer is as follows, this to be completed by the end of August 2022 (remembering that the centre is closed from 29th June 2022 – 5th September 2022):</p> <ul style="list-style-type: none"> • the fire safety panel will be modernised and moved, ensuring addressability • emergency lighting to be installed • further fire expertise will be engaged to determine the nature of the issues in relation to fire doors not closing properly and this advice will form the basis of appropriate rectification, this rectification to take place by end of August 2022 • alarm activated self-closing devices will be fitted to three doors. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

All medication errors, including minor signing errors or near misses, now feed into the risk protocols and trigger risk assessments to determine the level of risk and whether additional control measures are required. A discrepancy between a medical care plan and the instructions from a young person's GP was immediately rectified post inspection and a packaging error identified by the Inspector was also immediately rectified during the inspection. In respect of this latter issue, a review of packaging was undertaken and additional controls put in place.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The additions to young people's care plans indicated by the Inspector – specifically those referring to certain interventions implemented in the centre – have now been made, these having been agreed by the centre's team and the Clinical Nurse Manager.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/09/2022
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	31/08/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	31/08/2022

	designated centre are clean and suitably decorated.			
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/08/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	17/06/2022

	published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	31/08/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/08/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	01/08/2022
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	31/08/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	31/08/2022

	necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
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	17/06/2022
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	17/06/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which	Not Compliant	Orange	17/06/2022

	reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	17/06/2022