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No 2 Cordyline, OSV-0004594, 02 February 2023

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

Issued by the Chief Inspector

Name of designated centre:	No 2 Cordyline
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	02 February 2023
Centre ID:	OSV-0004594
Fieldwork ID:	MON-0034350

About the designated centre

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

No 2 Cordyline is based on a campus setting located in a rural area but within close driving distance to some towns. The centre can provide full-time or part-time residential support for a maximum of 23 residents, of both genders over the age of 18, with intellectual disabilities and those who present with multiple and complex needs. The designated centre consists of five bungalows, with each having four to five bedrooms, and a separate apartment area specific for one resident only. All residents have their own bedrooms and other rooms throughout the buildings that make up this centre include kitchens, living rooms, bathrooms and staff rooms. Residents are supported by the person in charge, team leaders, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 February 2023	08:50hrs to 18:45hrs	Conor Dennehy	Lead
Thursday 2 February 2023	08:50hrs to 18:45hrs	Deirdre Duggan	Support

What residents told us and what inspectors observed

Positive views on the services provided in this centre were given including feedback in recent resident and family questionnaires. Residents and one family member spoken with during this inspection also provided positive feedback. Staff members on duty were found to interact appropriately with residents throughout this inspection.

This designated centre was comprised of five bungalows, with each having four to five bedrooms of varying size for residents to use, and a separate apartment area specifically for one resident. All of these buildings were located close together on a campus setting. Combined the five bungalows and apartment allowed the centre to have a maximum capacity for 23 residents. However, inspectors were informed that on the day inspection between one and five residents were living in each in building and some resident bedrooms were vacant. In total 19 residents were present during this inspection, eighteen of whom were met by the inspectors with the five bungalows and the apartment all visited during the course of the inspection.

It was seen that the five bungalows were all of a similar size and layout. In general though the bungalows and the apartment were seen to be reasonably clean and homelike on the day of inspection. It was noted that there was some variance between the bungalows in their general appearance with the décor of one bungalow appearing less modern than other bungalows while some maintenance issues were observed in the same bungalow including rusted grad rails. Inspectors were informed that works were soon due to start in this bungalow to create two separate apartment areas for one resident each which would involve a complete refurbishment of the bungalow.

Each resident had their own individual bedroom, some of which were seen by inspectors. These were noted to be nicely decorated and personalised to residents with wardrobes and chest of drawers available for residents to store their personal belongings. Aside from the bedrooms each of the bungalows had a kitchen and a living room with couches and a television. Such living rooms were the only communal space available in each of the bungalow and it was noted that there was no space within some bungalows, other than residents' bedrooms where resident could receive visitors in private if they wished to do. It was indicated that a space was available on the campus grounds for residents to have visitors in private, it was highlighted that this area did not have toilet facilities.

On the day of inspection the family members of two residents were observed by inspectors to make visits to the designated centre. For both of these residents it was seen that they received their visitors in their bedrooms. An inspector met one of these family members who said that the service provided to their relative was "absolutely incredible" and they had "no complaints whatsoever". When speaking about the staff this family member said that they thought the staff were "under a lot of pressure here" but highlighted that staff would usually go to good lengths to

bring a resident home for a few hours if the family requested it. The family member also spoke positively about finances, health services, transport, food and maintaining contact with their relative.

It was read how similarly positive views were contained within family questionnaires that had been completed as part of the 2022 annual review for the centre which the person in charge was in the process of completing. Inspectors were provided with 11 such questionnaires that had been completed in December 2022 and January 2023 which all contained positive views on the areas queried such as care and support, staff attitude and approach, communication and residents' level of choice. As part of the same annual review 17 residents' questionnaires had been completed with positive responses indicated in areas such as safety, privacy and rights. In all 17 resident questionnaires it was read how all residents were indicated as saying they liked living in the centre.

Some of the residents met by inspectors during the day also gave positive feedback. For example, one resident spoken with, who had recently moved from one bungalow of the centre to another, indicated to an inspector that they liked their new home and liked their bedroom. However, most residents met did not engage verbally with the inspectors. As such inspectors related on observations of residents in their homes and in their interactions with staff members supporting them to get a sense of residents' feelings or views on living in this centre. Overall, while inspectors were in the buildings that made up this centre, residents generally appeared calm, content or happy.

One such resident was seen to be working with some beads when an inspector arrived at their bungalow. Shortly after this resident was seen wearing a bead necklace and appeared happy about this with the resident seen smiling at this time. In another bungalow a resident was met by an inspector, they were still in their bedroom and were been supported by staff. While this resident did not engage with the inspector at this time it was seen that they appeared very comfortable and relaxed in their bedroom. The one resident who lived in the separate apartment area also showed an inspector their home and appeared calm while doing so. Shortly after though this resident indicated that they wanted to go a poly tunnel on the grounds of the campus with a staff member supporting them to do this.

A day service was also present on the campus where this centre was located and during the inspection some residents were observed coming and going to day services at their own choosing. One resident was seen to be supported to leave their home during the morning of inspection to attend their day services via a vehicle provided with the staff member supporting them indicating that the resident might go for a coffee later in the day. It was also noted that in the past year some residents had been facilitated to attend different day services while one resident was encouraged to do some jobs around the campus. This same resident had also been facilitated to avail of a job in another campus setting operated by the same provider.

All of the residents met by inspectors throughout the day were observed to be very well presented and smartly dressed. It was also noted that staff members on duty were seen to interact positively and respectfully with the residents they were

supporting. For example, one staff member was overheard asking a resident what they wanted to have for their breakfast. On another occasion a different staff member used a 'Nice to meet you' document provided by an inspector to explain to resident who the inspector was and why they were in their home. Some staff members were also seen to help to prepare meals for residents to have.

In summary, residents were found to be supported by the staff members present in a pleasant, warm and respectful manner during this inspection. Feedback on the services provided in this centre were all positive from questionnaires reviewed and from speaking with residents and a family member. Residents were seen to be well-presented and the homes where they lived were generally homelike although communal space was limited in some bungalows.

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

While this inspection found good evidence of supports to residents in some areas, a number of regulatory actions were identified. The statement of purpose for the centre had not been reviewed in over 12 months.

This designated centre was last inspected by the Health Information and Quality Authority (HIQA) in April 2021 where an overall good level of compliance was found. Following that inspection the centre had its registration renewed until September 2024. One of the conditions of registration applied to the centre as part of the most recent renewal was to ensure that services were provided in line with the centre's statement of purpose. This is an important governance document which set out the supports residents are to receive in various areas such as staffing. The statement of purpose is a specific requirement of the regulations and in accordance with the regulations must be reviewed at least once every 12 months. Given the length of the time since the previous HIQA inspection it was decided to conduct the current inspection to assess compliance with regulations in more recent times.

As part of the inspection a copy of the centre's most recent statement of purpose was requested and inspectors were provided with one that was dated April 2021. While this statement of purpose contained much of the information required by the regulations, it had not been reviewed in over 12 months as required. This statement of purpose contained details of the organisational structure included the person in charge and five team leaders for this centre who supported the running of the centre. While inspectors were informed that one of these team leaders had recently resigned, it was seen that there were formal meetings between the person in charge and the team leaders. However, information provided during this inspection indicated that some staff working at night were line managed by a night coordinator

who supported the entire campus at night. The organisational structure as outlined in the statement of purpose suggested that all staff reported to the person in charge.

The statement of purpose contained details of the staffing arrangements for the centre. In accordance with the regulations staffing must be in accordance with the statement of purpose and the needs of residents with some residents in this centre requiring particular levels of staff support. However, multiple staff spoken with during this inspection highlighted that there were times when certain staff shifts would not be filled, something which was observed by an inspector in one area of the centre shortly after this inspection commenced. Some staff indicated that this could pose challenges to support residents with activities. In addition, an inspector was informed that some assigned nursing shifts would be filled by health care assistants although it was highlighted that a minimum level of nursing staff would always be on duty in the centre overall.

While such staffing challenges were present at the time of inspection, it was acknowledged that there was an ongoing staffing crisis affecting the health and social care sector generally. Active recruitment efforts were being made by the provider in response to this. It was also noted that staff members spoken with on the day of inspection demonstrated a good knowledge of residents' needs and were observed and overheard to interact appropriately with residents. During this inspection information was specifically requested related to staff training and staff supervision with it being indicated that staff were to receive two formal supervisions a year. However, information provided following this inspection indicated that large numbers of staff had not undergone two formal supervisions in accordance with the provider's policies while large number of staff were also overdue refresher training in areas such as infection prevention and control, fire safety and safeguarding

Staffing was an area that was focused upon by the provider's monitoring systems in operation. These included conducting annual reviews, which focused on relevant standards, and a representative of the provider completing six monthly unannounced visits to the centre. Reports of such visits were available for inspectors to review and it was noted that during these visits, all units of the centre were specifically visited. Overall, this inspection found evidence of good supports to residents in areas such as personal planning, healthcare and nutrition as will be discussed elsewhere in this report. It was noted though that there was a notable increase in the amount of regulatory actions from the previous HIQA inspection in April 2021. That inspection had also found that some improvements were required to ensure that all areas of non compliance were addressed. Despite this Regulation 16 Training and staff development, which was found non compliant during the April 2021 inspection, remained in non compliance owing to the refresher training and supervision gaps noted. This indicated that the monitoring systems in operation required improvement to ensure that all issues were identified and responded to promptly.

It was seen though that actions were being taken to ensure that the centre was better suited to meet the needs of existing residents. As mentioned earlier in this report, premises works were to start soon in one bungalow to create two separate

apartment areas for one resident each. It was indicated that these works were being done in response to some previous safeguarding issues between residents of the centre and to provide a setting more suited to the individual needs of some residents. Completion of these works would require the provider to apply to vary the conditions of registration for the centre. In addition, it was indicated that the potential decongregation (a move into the community) of some residents from this centre was being considered and management of the centre were in the process of completing relevant training relating to this.

Regulation 15: Staffing

Some staff shifts were not always filled while some nursing shifts could be filled by a health care assistant.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Based on requested information provided in the days following this inspection, there were large gaps in staff refresher training and supervision. A similar finding was made during the April 2021 inspection of this centre.

Judgment: Not compliant

Regulation 23: Governance and management

The number of regulatory actions for this centre had increased from the previous HIQA inspection in April 2021 while there remained a need for improvement to ensure that all areas of non compliance were identified. This indicated that the monitoring systems in operation for this centre required improvement to ensure that all issues were identified and responded to promptly.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose for the centre had not been reviewed in over 12 months.

Judgment: Not compliant

Regulation 31: Notification of incidents

There was some inconsistency in the notification of some restrictive practices on a quarterly basis. One restriction in use in one bungalow was identified by an inspector on the day of inspection that had not been notified in the most recent quarterly notification submitted at the time of this inspection.

Judgment: Not compliant

Quality and safety

Residents had personal plans in place while their health needs were generally being provided for. Oxygen storage and the location of such storage required review from a fire safety perspective. The use of a restrictive practice in response to the behaviour of one resident also need to be reviewed.

The regulations require all residents to have individualised personal plans which are important for setting out the needs of residents and providing guidance for staff on how to meet these needs. Inspectors reviewed a sample of such plans and found them in general to contain a good level of guidance on supporting residents' needs in various areas including intimate personal care and nutrition. It was noted that personal plans were recently reviewed and were informed by a comprehensive assessment of needs while also being subject to a multidisciplinary review. As part of the personal planning process for residents, specific goals were identified for residents to achieve, such as increasing community interaction and going on holidays. Such goals were to be subject to regular review but when reviewing records in some residents' personal plans it was noted that some reviews had not taken place recently so it unclear how some goals were progressing.

Also within residents' personal plans was information relating to residents' health needs with specific health care plans in place for assessed health issues such as mobility and weight management. Such care plans outlined particular interventions and monitoring of residents to support these health needs. It was noted that some health care plans indicated that residents were to be weight monthly but records reviewed for some residents indicated that this was not happening consistently. Residents though were supported to access various health and social care professionals such as general practitioners, dentists, dietitians and chiropodists while records indicated that residents had also availed of relevant national screening services. Other records reviewed indicated that residents were being provided with their prescribed medicines at the correct times to support their health needs with

residents also being assessed by staff to determine if could self-administer their own medicines.

Staff members on duty were seen to interact with residents in a respectful manner throughout the inspection. However, it was noted that one resident did not have access to food in their home. While there were particular reasons behind this, it was indicated to an inspector that this had not been regarded as a rights restriction for this resident. In addition, an inspector was informed that one of the bungalows of the centre could be left unlocked during the day when no staff or residents were present. While only one resident was living in that bungalow at the time of inspection this had the potential to impact the resident's privacy and the overall security of the bungalow. Upon this being highlighted to the person in charge immediate steps were taken to ensure that bungalow was locked when no one was present. Aside from this bungalow in another bungalow it was observed that the location of the key to the medicine's press require review to ensure security of medicines storage. Secure storage facilities were provided though for residents' money to be stored.

Staff members spoken with indicated that all transactions using residents' money were to be recorded. An inspector reviewed a sample of relevant records and noted that items purchased using residents' own money were recorded in specific log books and receipted. The majority of such transactions were also noted to have been signed for by two members of staff. An inspector checked the balance amount recorded in one resident's transaction records and found that it matched with the actual amount of money in the resident's wallet. While such measures provided assurance around the safeguarding of residents' money held within the centre, it was noted that some residents had their own bank cards but the majority of resident living in this centre had different types of bank accounts which meant they did not have their own bank cards. Having such cards can increase residents' control over their own personal finances and it was particularly notable that the residents with bank cards were those who had been admitted to this centre in the last two years having previously lived away from the campus where this centre was located.

The buildings which made up this centre were provided with fire safety systems including fire alarms, fire extinguishers, emergency lighting and fire doors (which are important in providing a safe evacuation route) although one fire door was seen to have a noticeable gap under it which could impact its intended use. In some of the centre's bungalows oxygen for some residents was being stored. Such oxygen can cause materials to burn extremely rapidly, can also cause some materials to burn that are not normally combustible and can cause an explosion. As such it is important that there is appropriate secure storage of oxygen and that oxygen is not stored in corridors that are designated as routes of escape in the event of a fire. Despite this inspectors saw oxygen stored in some bungalows in corridors which led to evacuation routes. Such oxygen was not stored behind a fire door which could prevent such corridors from being protected evacuation routes although other evacuation routes were present. While there had been risk assessments conducted regarding storage of oxygen in individual bungalows, there was inconsistencies in the means of storage being used.

For example, in one bungalow oxygen was seen stored in an unlocked press and unchained to the wall but in another it was seen chained to the wall but not in a press. In addition to the oxygen that was stored within the bungalows, an inspector also observed 11 large canisters of oxygen stored between two bungalows in close proximity to both. This oxygen was surrounded by a loose fitting chain and while it had some sheltering, it was largely exposed to the elements. It was indicated that this oxygen was for a resident but the manner of storage and location of these 11 large canisters did not appear to be secure. Given its storage in close proximity to two bungalows, the associated risk of oxygen from a fire safety perspective and the observations of inspectors during this inspection related to oxygen, the provider needed to review the management and storage of such oxygen from a fire safety perspective to ensure that appropriate precautions were in place.

It was indicated that staff working in this centre had completed fire safety in addition to training in positive behaviour support. Given the particular needs of one resident, an inspector reviewed relevant information on how this resident was to be supported to engage in positive behaviour. It was seen that the resident had a positive behaviour support plan in place but this had last been reviewed in December 2014 before the resident had moved into their current home in this centre. The resident did though have a psychology support plan which had been reviewed in January 2023 and outlined some measures for supporting the resident with their behaviour. An inspector was also informed that a review of the resident by a behavioural support team had recently taken place with a report and recommendations awaited from this review. However, records reviewed indicated that a particular restrictive practice was being used in response to the behaviour of this resident at certain times. The use of the restrictive practice in this way was not referenced in the resident's positive behaviour support plan or the resident's psychology support plan.

A risk assessment was in place around the use of this restrictive practice but it did not reference its use in response to particular behaviour of the resident which other records indicated that it was being used for. An inspector also saw a recent entry in a communication book indicating that when this restrictive practice was being used in response to specific behaviour of the resident, a particular comment was to be made to the resident. This comment was not person-centred and its use was not referenced in the resident's positive behaviour support plan or the resident's psychology support plan. No other entries of concerning language were noted by inspectors and there was no definitive evidence that this comment had ever been used. However, this was highlighted to management of the centre who undertook to review this matter. An inspector was also informed that a review of restrictive practices in the centre was due to take place in March 2023. Any restrictive practices in use in a centre must be notified to the Chief Inspector on a quarterly basis but it was noted that that had been some inconsistencies around the notification of some restrictive in use in the centre. In addition, one restriction in use in one bungalow, that had been indicated as not being in use, was seen by an inspector on the day of inspection to be in use. This restriction had not been notified in the most recent quarterly notification submitted at the time of this inspection.

Regulation 11: Visits

Visitors to the centre were facilitated but in some bungalows a space was not available for residents to receive visitors in private other than the residents' bedrooms

Judgment: Substantially compliant

Regulation 12: Personal possessions

Residents had storage facilities provided in their bedrooms to store their personal belongings with records of their personal possessions also kept. Logs were being maintained of the use of residents' money but while some residents had their own bank cards, most did not.

Judgment: Substantially compliant

Regulation 17: Premises

While the buildings that made up this centre were seen to be generally well presented, some maintenance was observed to be required in one bungalow while in the bungalows where four or five residents were living at the time of inspection, communal space was limited.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Facilities were provided to store food in the buildings that made up this centre. During the inspection it was indicated that lunches would be delivered to the centre from either a kitchen located on another campus operated by the same provider or by an external company but breakfast and supper would be made in the centre. An inspector was informed that residents would get a choice around the food that was delivered to the centre. Information on residents who required specific diets was contained with residents' personal plans.

Judgment: Compliant

Regulation 27: Protection against infection

Some recent gaps in cleaning records were seen in one bungalow while some expired personal protective equipment was also seen in the same bungalow.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Given its nature, the storage of oxygen required review from a fire safety perspective to ensure that appropriate precautions were in place. One fire door was seen to have a noticeable gap under it which could impact its intended use.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The location of the key for the medicines press in one bungalow required review to ensure the security of medicines storage.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Some reviews of identified goals for residents had not taken place.

Judgment: Substantially compliant

Regulation 6: Health care

Based no records provided there was gaps in the frequency of monthly weights carried out for some residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The use of a restrictive practice for one resident in response to their behaviour was not in keeping with the resident's positive behaviour support plan nor their psychology support plan. Reference to the use of a particular comment to be made when using this restrictive practice was not person-centred and was not referenced in the resident's positive behaviour support plan or the resident's psychology support plan. The positive behaviour support plan in place for the resident was from 2014. One restriction in use in one bungalow, that had been indicated as not being in use, was seen by an inspector on the day of inspection to be in use.

Judgment: Not compliant

Regulation 8: Protection

While measures were being taken to respond to safeguarding concerns between some residents, a notification received in the days following this inspection indicated that a safeguarding incident which happened two days before this inspection had not been reported in a timely manner. Intimate personal plans were in place for residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

One resident not having access to their food in their home had not been initially highlighted as being a rights restriction. One bungalow being left unlocked when no-one was present had the potential to impact the privacy of the resident living in that bungalow.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially 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	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No 2 Cordyline OSV-0004594

Inspection ID: MON-0034350

Date of inspection: 02/02/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider will ensure that the all efforts are made to maintain the staff numbers and skill mix at a level appropriate to the number of residents and their assessed needs and in line with the Statement of Purpose. It will :-</p> <ul style="list-style-type: none"> • Continue to support the PIC and PPIM with access to human resource supports including a local roster coordinator who have ongoing recruitment campaigns in place • Staffing shortages on a given day due to unplanned sickness of either a support worker or a nurse will be covered where possible from the local relief panel or failing that with Agency staff where available. In these cases our clinical nurse management team will need to prioritise safe care and makes informed risk based decisions about how best to allocate staff resources across the houses that are part of this designated centre. • In the case of nurse vacant posts, it may be the case that these hours are completed by support worker while recruitment is ongoing for a nurse replacement. Where this is the case, nursing oversight is provided by the clinical nurse coordinators and Nurse Team Leaders. The PIC and roster Coordinator may also need to source relief nurses from nursing recruitment agencies to complete nursing hours subject to approval by Provider. • If a residents activity needs to be deferred due to staffing shortages this will be rescheduled as soon as possible 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge will ensure that staff have access to training including refresher training in areas such as infection prevention and control, fire safety and safeguarding [31/05/2023] Training requirements will continue to be a standard agenda item at each house team meeting with the team are to discuss their needs for training and refresher training. In addition, each team leader will now carry out a monthly review of their training matrix until full compliance is achieved and thereafter every quarter at a minimum. The Person</p>	

<p>in Charge will engage with the Team Leader regarding this review ensuring that all gaps are closed out.</p> <p>The Person in Charge will ensure that all staff are appropriately supervised in line with organisational policy. A supervision schedule for 2023 will be finalised (14/04/2023) Supervision will re-aligned to Provider policy by 30/06/2023.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider together with the PPIM and PIC have made arrangements to ensure that the current internal control monitoring systems are reviewed and updated to ensure they monitor that the service provided is safe and appropriate to the residents' needs.</p> <p>The person in charge maintains a suite of audit tools and will complete these in accordance with the Provider timelines or more frequently if required. These PIC audits together with the Provider unannounced six monthly and other visits will pay particular attention to key areas such as staffing levels and mix, fire compliance checks, ensuring staff training matrix are kept updated, compliance with the Statement of Purpose is reviewed on a regular basis and any discrepancies addressed in a timely manner, a log of restrictions in the Centre is reviewed and updated each quarter by the PIC and Positive Behaviour Support training and practices are reviewed as part of these monitoring checks.</p>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Provider will ensure that the Statement of Purpose is reviewed on an annual basis or more frequently as required. An updated statement of purpose will be completed [30 April 2023] and will be further updated on completion of the building works in one bungalow to support the Application to Vary the Conditions of Registration of the Centre to the Authority (change to registered footprint). [30/06/2023]</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Provider will ensure that all restrictions in operation in the Centre are identified and notified to the Authority on a Quarterly basis.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <p>The residents currently receive visitors in a spacious living room area or use a nearby building on campus specifically designed for visitors. This has adjacent toilet facilities. This is set out in the statement of purpose. We will further promote the use of this building by residents and their visitors.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal</p>	

<p>possessions: Residents have access to their own bank accounts and are supported by staff to withdraw and lodge funds. Some residents have their own ATM cards and others do not. We will engage with each resident to ensure that their preference for holding an ATM card is recorded in writing and we will engage with their banking provider where they indicate their preference is for an ATM card.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider shall ensure the premises is kept in a good state of repair externally and internally and in particular:-</p> <ul style="list-style-type: none"> • At the time of this inspection, one house was due for renovation shortly following the inspection. This has now commenced and should be completed by the the 30 June 2023. • Each of our houses has a spacious living area however where the numbers in the house is 4 or more we will review options to provide more communal living space including rooms freed up with de-congregation options in the next year, In the interim we will encourage residents to avail of the facility available on campus for them and their visitors. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Provider will ensure that its IPC systems is effective and monitored in the Centre :-</p> <ul style="list-style-type: none"> • The Person in Charge along with Team Leaders oversee the completion of cleaning across the houses and have reminded staff to sign the cleaning record sheet to confirm that the cleaning duties were completed in accordance with the schedule. • There had been a significant amount of PPE equipment stored in each house. The person in charge has set up a central storage system for houses on the campus, accessible 24/7. All expired equipment has been removed. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider has ensured that</p> <ul style="list-style-type: none"> • The storage systems for each oxygen cylinder has been reviewed. Where the cylinder needs to be immediately available and needs to be stored indoors all cylinders are now stored behind a fire rated door. • Stocks that are not required indoors is stored securely for all houses [14 April 2023] • The volume of oxygen stocks has been reviewed having considered the increased level of usage and supplier reorder/delivery lead time with a view to avoiding carrying excess stocks. • The Provider has consulted with the supplier in relation to the update guidance on storage of stocks that are not needed to be held indoors. The supplier guidance for the storage is in a dry secure upright position. There are no specific guidance on the need to hold these stocks indoors. • The Provider has additionally sought the advice of the Services Safety Officer who advises that given the increased requirements to hold stocks it would be prudent to store 	

<p>these in an outside shed unit with appropriate signage secure fittings to ensure cylinders remain upright at all times. A storage shed has been ordered to support this recommendation and will be in place by 30/04/2023</p> <ul style="list-style-type: none"> the fire door identified on the date of the inspection is replaced as was the plan as part of the overall renovations of this house [30 June 2023] 	
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> <p>The keys used to lock medicine cabinets are now secure, in line with organisational policy. Memo has issued to all houses by the Person in Charge reminding all staff of the importance of same.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge will ensure that the personal plan goals are reviewed as part of the Person Centred Planning Process.</p> <p>Keyworkers are tasked with setting out in writing the update of goal achievement. The team leaders will ensure this is carried out. The Person in Charge will monitor same.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The Provider will provide for appropriate healthcare for each resident, having regard to that resident's personal plan, including recording of key health information.</p> <p>There are systems in place to document weight records. These are contained in the residents' personal care plan. There is greater oversight now of same by team leaders. The person in charge audit will further provide oversight of same.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Provider will ensure the following actions are completed to ensure compliance with Regulation</p> <ul style="list-style-type: none"> Where required, residents are referred to our behavioural support services. All behaviour support plans that need revision as indicated by the Periodic Service of the core Positive Behaviour Support Plans will be undertaken as necessary e.g. one resident's core behaviour support plan dated 2014 has been updated yearly through the PSR (periodic service review) process. The date of the most recent Periodic Service Review for this plan was 21 September 2022. Due to the changing and escalated behavioural of a resident prior to this inspection, the Person in Charge submitted a referral to the behavioural support team for a full revision of the original behavioural support plan. The behavioural support plan has now been reviewed by the behavioural 	

<p>support team with an updated report in situ dated 24 March 2023.</p> <ul style="list-style-type: none"> • Behaviour Support Plans will be reviewed going forward through the Periodic Service Reviews unless the function of behaviours changes and warrant a further review of the plan. • The PIC will ensure that the updated reactive strategies in the Behaviour Support Plan and Risk Assessments on specific behaviours, reference any/all restrictions on residents in the Centre. • The PIC will ensure that the Psychology Support Plan is cross referenced to the updated PBS Plan • The PIC will link with each staff Team to ensure that all restrictions in use and those discontinued are identified when completing the quarterly notifications to the Authority [Q1/2023 report due 30/04/2023] • An informal comment placed by a staff member to their fellow colleagues in a staff communication diary regarding the behaviour of a resident has been removed and the Person in Charge has reminded all staff of the correct purpose and use of the staff communication diary. • The Person in Charge has arranged for the staff Teams to receive updated Positive Behaviour Support Training [30/06/2023] 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The registered provider will protect residents from all forms of abuse.</p> <p>The residents have a social work service within the Brothers of Charity. A designated person is also in situ and their photograph clearly displayed in residential homes. There is a national safeguarding policy and easy read version all available in the homes of the residents.</p> <p>The person in charge has reminded all staff that when they (the person in charge) are on leave, planned or otherwise all incidents and accidents that are notifiable to HIQA are escalated to the sector manager for submission to HIQA within the three days allowed.</p> <p>All restrictions in place in the Centre will be reviewed and processed in line with Provider Policy.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Continuing to enhance the review of persons rights through their Persons Centred Planning Systems • Ensuring residents are supported to safely store and have safe access to food and beverages within their own apartment. The Provider has discontinued storage in an adjacent area of the Centre as all safety concerns have now been addressed. • The PIC has make key-holding arrangements for all houses in the Centre to ensure that no unauthorized persons can access the house and that the houses are secure when the residents or staff team are not present. Residents are supported to have keys to their home in accordance with their wishes and keypad access is currently being considered as a possible option to facilitate enhanced security and will be installed if recommended by Provider Safety Officer. [30/05/2023] 	

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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	14/04/2023
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/06/2023
Regulation 15(1)	The registered	Substantially	Yellow	31/03/2023

	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.	Compliant		
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	31/03/2023
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.	Not Compliant	Orange	31/05/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/06/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	30/06/2023

	state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
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	30/06/2023
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 published by the Authority.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre,	Not Compliant	Orange	30/06/2023

	and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/06/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2023
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	30/03/2023
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Not Compliant	Orange	30/06/2023
Regulation 31(3)(a)	The person in charge shall	Not Compliant	Orange	30/06/2023

	ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/04/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	14/04/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Not Compliant	Orange	30/03/2023

	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	30/06/2023
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/04/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/03/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Substantially Compliant	Yellow	28/02/2023

	disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/05/2023