



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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 3
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	17 July 2023
Centre ID:	OSV-0004830
Fieldwork ID:	MON-0031567

About the designated centre

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

Goldfinch No 3 is a residential service providing full time care for up to ten adult men and women, with intellectual disabilities. The centre comprises of three residences located in the environs of a large town. The three houses are located in residential areas with access to local shops and amenities. The houses are two-storey with gardens at the rear of each house. The houses have been adapted to suit the needs of the current residents. Two residents live in one house with staff support. Three residents live in another house with the support and space required for their assessed needs. The third house supports four residents and has a self-contained area downstairs to support the needs of one resident. Residents have access to transport and the service is provided through a social care model of support. All residents regularly attend day services outside of the designated centre. Residents are not usually present in the centre between 9am – 4pm Monday to Friday. Residents are supported by social care staff during the day, with a sleep over staff at night time in each of the houses. The multi - disciplinary team are available to support the needs of the residents. Individuals are supported to access other services such as GP, consultant services and chiropody as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Monday 17 July 2023	08:10hrs to 18:30hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed and from speaking to staff and management, residents who received supports in this centre were offered a good quality service tailored to their individual needs and preferences. While overall, the service provided was seen to be safe and effective this inspection found that some improvements were required. For example, there were fire safety works required in two out of the three premises that made up this designated centre. There were advanced plans in place for these works to be completed at the time of this inspection in one house and plans for the residents of another house to transfer to a new fire safety compliant premises and this will be discussed further in this report.

The centre was comprised of three premises located in urban housing developments on the suburbs of a large city. Residents had access to local amenities such as shops, cinema and recreational facilities. Residents had their own bedrooms and some residents had access to downstairs bedrooms to support specific mobility needs. Ordinarily this centre provides full time supports to ten adults. However, at the time of this inspection, four residents from one premises had transferred to another designated centre to facilitate premises and fire safety upgrades in their home. Another resident had transferred to a nursing home as self advocated for. It was this resident's own will and preference not to return to the designated centre. While there were no plans for them to return at the time of this inspection, they had not been formally discharged and were in receipt of some supports from the centre.

There were five residents living in this designated centre at the time of the inspection. The inspector had an opportunity to meet with all five residents and to visit all three houses and also an additional premises that was in the process of being added to the footprint of this centre. On arrival to the first house a resident welcomed the inspector warmly to their home. Two residents were up and getting ready to attend day services. They spoke with the inspector and consented for the inspector to view their bedrooms. Another resident got up later in the morning and came downstairs for their breakfast and also spoke with the inspector. The inspector met with two residents in another house that was part of the designated centre also. The third property attached to this centre was vacant at the time of the inspection and the inspector walked around this premises and saw that it was unoccupied and significant refurbishment works were taking place.

Residents told the inspector about life in the centre and some residents spoke about some of their achievements while living there. For example, one resident told the inspector about their upcoming graduation in a local university having attended a further education course. Another resident spoke about successfully taking part in a weight loss programme for their health and showed the inspector certificates they had displayed on their bedroom wall. One resident showed the inspector their new hairstyle and communicated with the inspector about a visit to the hairdresser. Residents spoke about life in the centre and all residents confirmed that they liked living in the centre and that staff working in the centre were good to them. Some

residents spoke about how they liked to walk to the local shopping centre. Some residents were supported by staff to do this, and others were independent in this area. One resident preferred to spend time alone in the house at times rather than attend day services and this was facilitated according to their preference.

Residents spoke of their likes and dislikes and communicated freely with staff and the inspector on the day of the inspection. They appeared to be comfortable in the presence of staff. Staff working in the centre on the day of the inspection demonstrated a strong awareness of individual communication and support requirements. Residents told the inspector that they felt safe in their home and about who they speak to if they had a concern. Some residents spoke about an upcoming planned move into a new premises. They told the inspector that they had visited this house and were really looking forward to moving to their home and had recently selected furniture for their bedrooms.

The inspector also viewed some questionnaires completed by residents and on behalf of residents and saw that overall these provided a positive overview of the care and support provided in the centre. For example, one resident wrote "I go out every day" and residents also provided positive feedback about the staff working in the centre and about the other people they shared a home with.

Residents in both houses were seen interacting with staff and also independently attending to activities of daily living. Some residents who availed of staff supports for some elements of personal care were seen to be well presented and took pride in their appearance. Pictures were displayed throughout the two open units of the centre and in residents' bedrooms of residents taking part in various activities and of past occasions in the residents' lives and people that were important to them. Throughout this inspection residents were observed to be comfortable and content in their home and in the presence of the staff supporting them.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this meant that residents were being afforded safe and person centred services that met their assessed needs. 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

There was a clear management structure present and this centre was found to be have management systems in place that would ensure that overall the service provided was safe and appropriate to residents' needs.

This announced inspection was carried out to inform the decision relating to the

renewal of the registration of this centre. The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame. The provider was also in the process of submitting an application to vary a condition of registration of this centre prior to the renewal of registration. The purpose of this application to vary was to add an additional premises to the footprint of the centre. This was to facilitate the transfer of some residents living in the centre into a newly built premises that was more appropriate to their needs. This was also part of an overall plan in place for the provider to come into compliance with an additional condition of registration that specified the provider must come into compliance with Regulation 28: fire precautions. At the time of this inspection it was seen that the provider was making progress with the actions required to come into compliance with Regulation 28.

The person in charge reported to an area manager and this individual was also a named person participating in the management of this centre (PPIM) who had recently commenced this role. At centre level, the person in charge was also supported in their role by social care workers. The inspector met with both the person in charge and the PPIM on the day of the inspection and also spoke with residents and staff working in the centre. The inspector was satisfied that the management team had good oversight and maintained a strong presence in the centre. An on call management rota was in place to provide staff with additional support if required out of hours, and this was prominently displayed for staff in the premises' of the centre. Visits to the centre by management were taking place and the inspector saw that the person in charge was familiar to all of the residents of the centre and was familiar with the support needs of these individuals. The person in charge told the inspector that although their role was supernumerary they did work occasional shifts in the centre and this helped to ensure that they were aware of any issues and remained familiar with the assessed needs of residents in the centre. Staff reported that they were supported in their role and received formal supervision on a regular basis.

An annual review of the quality and safety of care and support had been completed in respect of this centre and was made available to the inspector. Staff spoke positively about the management systems in place and told inspectors they felt well supported and were comfortable to escalate any concerns they had. Six monthly unannounced visits reviewing the safety and quality of care and support provided to residents were occurring. Local management and team meetings were taking place and there was an appropriate audit schedule in situ.

This centre was staffed by a core group of dedicated staff with a skill mix appropriate to the assessed needs of the residents living there. One staff member, a social care worker, was on duty in each of the occupied premises' in this centre in the evening and at weekends and at night each premises had a sleepover staff member on duty. Residents were independent in many aspects of daily living and these staffing levels were seen to be sufficient to meet the needs of the residents. The person in charge told the inspectors that a regular relief member of staff was assigned to cover specific planned leave in the centre and that agency staff were not employed in this centre. This provided continuity of care for residents.

Staff members spoken to were found to be knowledgeable and respectful in how they spoke of residents and it was clear to the inspector that they were strong advocates for the residents. The inspector viewed a staff rota that showed that most days there was an identified staff member "on call" across a specific area. In the event that staffing was reduced due to for example, an unplanned absence, this meant that there was staff available at short notice that would be familiar with the residents. Residents in this centre did not require full-time nursing supports as per their assessed needs but nursing input was available to residents if required.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an appropriate application to renew the registration of this centre and this was submitted within the required time frame

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. This person possessed the required qualifications, experience and skills and was seen to maintain very good oversight of the centre. The person in charge was full time in their role as is required by the regulations

Judgment: Compliant

Regulation 15: Staffing

Staff had the knowledge and skills required to support the residents of this centre. and continuity of care was evident. There was a planned and actual staff rota in place. The staffing arrangements in place were appropriate to the the number and assessed needs of the residents when they received a service in this centre.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management systems in place were ensuring that good quality and safe services were being provided in this centre. The centre was adequately resourced and there were appropriate auditing and oversight systems in place to ensure a safe and consistent service. An annual review had been completed in respect of the centre and the residents living in this centre were consulted with about the running of the centre.

There was ongoing non compliance in relation to Regulation 28 in this centre. However there were advanced plans in place to bring the centre into compliance with this regulation. It is acknowledged however, that the provider was actively working to bring the centre into compliance with the regulations and actions were underway for the required works and premises upgrades and changes to be completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that contained all of the information as specified in the regulations.

Judgment: Compliant

Quality and safety

Good quality, safe services were provided to the residents living in this centre. The well being and welfare of the residents living in this centre was maintained by a good standard of care and support that promoted each resident's well being, and encouraged independence and community involvement. A good level of compliance with the regulations was found and where non compliance was identified, the provider had plans in place to address this.

Residents' individual files including, health care support plans and personal care plans, were viewed. Residents had personal plans in place that outlined their support needs and goals. These were found to be comprehensive, easy to navigate, and provided sufficient information to guide staff. Consultation with residents and their representatives was evident in most of the personal plans in place, and overall plans were reviewed annually and updated as required. The information contained

in these plans indicated that residents were being supported on an ongoing basis to set and achieve individualised goals that were meaningful to them. One resident's personal centred planning meeting had not taken place in over a year and had been rescheduled to take place shortly after the inspection. The person in charge told the inspector that this resident was continuing to set and achieve goals and that their support plans were up-to-date and reviewed as required. The inspector saw that this was the case. There was evidence that work had been completed to prepare for this review meeting and the inspector saw that support plans and documentation about the resident's goals were up-to-date. Staff spoken to were familiar with personal plans that were in place for residents and the goals that residents had.

There was evidence that residents had accessed numerous multidisciplinary supports as required, including appropriate medical and allied health input. Plans were in place to support residents to transfer to acute services, should the need arise. A sample of support plans viewed showed that these provided good guidance to staff.

Fire fighting equipment in the three houses that made up this designated centre was regularly serviced and plans were in place for the safe evacuation of the centre in the event of an outbreak of fire. Fire drills were taking place regularly and these were simulating different potential events. A review of a sample of checklists in place for staff showed that fire safety systems in place were regularly reviewed and considered. There was appropriate signage and emergency lighting in situ in all parts of the centre.

However, as mentioned earlier in this report, two of the three premises that made up the centre at the time of the inspection were not compliant with fire safety regulations and did not have any fire doors in place. The provider intended to replace one of these premises with a newly built premises. The provider had identified this new premises for residents to move into and completed any necessary works, and plans for this transition were at an advanced stage, as discussed in the previous section of this report. The inspector had an opportunity to view this new premises on the day of the inspection and saw that it would offer an enhanced facilities to residents, was spacious and modern, and that there were suitable fire safety measures in place in this premises to protect residents in the event of an outbreak of fire.

Prior to the decision to move residents to this new premises, this had been discussed with residents. Multidisciplinary team meeting minutes showed that consideration had been given to the suitability of the new premises for the identified residents, taking into account factors such as location and resident preferences. Residents had been communicated with about the transition to their new home and there was ongoing consultation and discussion with residents about this. For example, residents told the inspector that they had chosen their own furniture for their bedrooms recently and had been to visit their new house. Consideration had been given to maintaining residents' independence following the move to a different location. For example, some residents currently enjoyed walking to a local shopping centre independently from their present home. They told the inspector that they had begun to learn the route to shopping centre that was close to their new home in

preparation for the move and that staff were supporting them with this.

Four residents had moved out of another premises that was part of this centre into another designated centre. This was to allow refurbishment and upgrading works to take place in that premises, including upgrading of the fire containment systems in place. The premises was vacant at the time of the inspection and the inspector was told that residents would not occupy this premises until it was fully compliant with fire regulations. The inspector viewed documentation, including detailed transition plans that showed that these residents had been consulted with about this temporary change in their living arrangements and that this move had taken place in a planned and considered way. Residents had moved to a part of another designated centre that was under the remit of the person in charge of this centre and the staff team had transferred with the residents to maintain continuity of care.

An infection prevention and control (IPC) inspection had taken place in this centre in February 2022 with a number of actions identified. Overall, the provider had taken action to address the non compliance found during this inspection. An outbreak review had been completed following an outbreak of an infectious disease in the centre, and cleaning schedules were in place. Overall, the two occupied houses of the centre presented as clean and were maintained to a reasonable standard. Food was observed to be correctly stored and labelled in a fridge. The inspector saw that the refurbishment of one area of the centre and the newly identified premises referenced earlier in this report would provide for more effective IPC measures to be put in place. For example, all kitchen and bathroom surfaces were new and could be easily sanitised and the centre was spacious and would not be as cluttered as the current premises these residents were living in.

The provider had systems in place to ensure that residents were safe. These included risk identification and control, individual risk assessment logs and a risk management policy. Arrangements were also in place to safeguard residents from other forms of harm. These included safeguarding training for all staff, a safeguarding policy and personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. Staff spoken to in the centre had a very good awareness of the safeguarding procedures that were in place in the centre and were able to tell the inspector what they would do if they had a concern. Safeguarding was discussed during management and local team meetings and residents in this centre told the inspector that they felt safe in their home. Some minor incidents that had been appropriately addressed by the person in charge but were not reported as safeguarding concerns were discussed during the feedback meeting at the end of this inspection as it was not clear if the providers policy was at all times adhered to.

While the finance systems in place were seen to have strong controls in place to safeguard residents from financial abuse, they were seen to be restrictive at times. Residents who consented to support from the provider to manage their finances did not have access at all times to their own monies. The providers policy set out that supported resident's had their own 'person in care' deposit and current accounts with an identified financial services provider. As a safeguard withdrawals from residents' current accounts required the approval and signature of the person in

charge or area manager of the centre. In the event that neither of these individuals was available at a time when a resident wished to withdraw a sum of money they would be required to request a "loan" from the provider until they could access their own money. In the event that a resident wished to make a large purchase or withdrawal using their deposit account, this required two signatures from a specified list of members of management. This was discussed during the inspection and the inspector was told that while this would not prevent a resident from making purchases or spending their money, larger purchases could be delayed by this process. For example, a resident could not choose to spontaneously purchase a new mobile phone or item of furniture for themselves if it cost more than a specified amount.

Regulation 12: Personal possessions

Some residents were limited in the amount of storage space available to them in the other unit but this was to be addressed by a change in premises that was planned. Residents retained control over their own possessions and could bring their own furniture and furnishings into their bedrooms. There was access to appropriate laundry facilities in the centre. Residents had input into furnishing the centre according to their own preferences. Residents were supported to manage their finances and there were strong safeguards in place to protect the resident's monies. While residents did consent to the supports provided to manage their financial affairs, the systems in place to manage their finances were restrictive and did not allow residents full access to their own money at all times.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support, having regard to their assessed needs and their wishes. Residents had access to facilities for occupation and recreation and had opportunities to participate in activities in accordance with their wishes, capacities and developmental needs. Residents were supported to develop and maintain personal relationships and links with their family and with people important to them in their lives.

Judgment: Compliant

Regulation 17: Premises

The two occupied premises' of the designated centre were overall clean, adequately maintained and decorated in line with residents individual preferences. There was adequate cooking and bathroom facilities and outdoor space was available to residents. One premises attached to the footprint of the centre was undergoing refurbishment works at the time of the inspection and was unoccupied and further works were planned to bring this part of the centre up to the required standard.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured that there was an appropriate resident's guide was in place that set out the information as required in the regulations.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents receive support as they transitioned between residential service. Residents were informed about and consulted with about planned transitions. Residents were provided with training in life-skills required for the new living arrangement.

Judgment: Compliant

Regulation 26: Risk management procedures

Processes and procedures relating to risk were set out in an organisational risk management policy and this had been reviewed as appropriate. The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. There were risk management procedures in place in the centre that identified risks as appropriate and the control measures in place to mitigate against risk.

Judgment: Compliant

Regulation 27: Protection against infection

There was evidence of oversight of infection prevention and control in this centre and measures in place to mitigate against infection in the centre were proportionate and took into account the community based service being offered in this centre. The centre was being regularly cleaned and there was appropriate hand sanitisation facilities available. Staff had received appropriate training in a number of areas such as hand hygiene. An outbreak review had taken place following an outbreak of an infectious disease in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not ensured that effective fire safety management systems were in place in all units of this centre at the time of this inspection. Appropriate containment measures were not in place in two premises. There were no fire doors in two of the premises at the time of this inspection. A new premises to replace one of these units had been identified and the inspector saw that this would be in compliance with Regulation 28. The second premises was vacant at the time of the inspection and works were underway to also bring this premises into compliance with Regulation 28. Works had been completed in the third premises and this was already in compliance with the regulations.

Also one new staff member had not completed mandatory fire safety training at the time of this inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for all residents that reflected their assessed needs. Overall, these were being appropriately reviewed and updated to reflect changing circumstances and support needs. A person centred planning meeting had not taken place for over a year for a resident. Support plans were up-to-date and the resident was continuing to set and achieve goals in line with their preferences.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate health care was provided for residents. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment was facilitated. Support plans were in place to guide staff in relation to the assessed medical needs of residents.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse on the day of this inspection. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Staff and residents spoken to were familiar with safeguarding procedures in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted with appropriately in this centre through a variety of means. Residents were supported to exercise choice and control over their daily lives and participate in meaningful activities. Staff were observed to speak to and interact respectfully with residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy, prepare and cook their own meals in the centre if they wished and there was adequate provision for residents to store food in hygienic conditions. Residents told the inspector that the food provided in the centre was good and that they enjoyed going for a take away and out for meals regularly also. Guidance was available to staff to support residents with specific dietary requirements. Residents were observed to have free access to meals, snacks and refreshments in the centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 18: Food and nutrition	Compliant

Compliance Plan for Goldfinch 3 OSV-0004830

Inspection ID: MON-0031567

Date of inspection: 17/07/2023

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • The Brothers of Charity Services Ireland Limerick Region (BOCSILR) has a Policy (Policy on the Handling of the Personal Assets of Adults Supported by the Services) in place which governs how we support Adults Supported by the Services with the management of their personal assets. • This Policy is necessary to ensure that the rights and entitlements of the People Supported by the Services in relation to personal property and money are respected and protected by all people in the Services and that a safe system of working is provided for staff to ensure that they are not open to allegations of mishandling the monies or assets of the People Supported by the Services. • The first step in the application of this Policy is to discuss it with the Person Supported to allow them to make a decision on whether they wish to have the support of the BOCSILR with the management of their personal assets and, if so, to complete a consent process in respect of same. • In order for BOCSILR staff members to be in a position to support People Supported by the Services there was a requirement to identify a suitable banking product. After much research the only available product identified by the BOCSILR was the Person-In-Care account product offered by Allied Irish Bank. • The Person-In-Care Current Account mandate allows for a maximum of two possible authorised signatories. The mandate does not allow for the Person Supported by the Services to be an authorised signatory on their Person-In-Care account. The Services recognise that some People Supported by the Services may wish to have more autonomy on their bank account, while also wanting to have support, and so have included Appendix 2(a) on the consent process. Where Appendix 2(a) has been agreed during the consent process staff will complete Appendix 2(b), with the Person Supported by the Services, in advance of withdrawing money. The Keyworker will act on this instruction. The authorised signatories on all Person-In-Care Current Accounts within the BOCSILR are the relevant Key Worker and the relevant Area Manager. Only one authorised signatory is required for each transaction and the expectation is that the Key Worker would support the Person Supported by the Services with the majority of transactions 	

with the Area Manager being available in the event that the Key Worker was not available.

- Policy sets out that all People Supported by the Services should have access to set amounts of cash at all times.
- Appendix 10 of Policy provides guidance on the purchase of items for People Supported by the Services. For expenditure over €200 there is a requirement for specific planning and approval in advance. This is necessary to safeguard the money and assets of the People Supported by the Services and is also necessary in the context of a weekly income (in most cases) of €220 and weekly RSSMAC expenditure of a minimum of €74.
- While the current Policy may not be the ideal solution, in terms of the impact on the ability to make high cost spontaneous purchases, the Policy does not prevent People Supported by the Services from using their money to make any purchase they wish to make.
- The BOCSILR believe that, in the context of the banking products available, the policy strikes an appropriate balance between safeguarding People Supported by the Services against fraud, safeguarding staff, ensuring transparency and minimising restrictions. When the Policy is proactively and correctly applied, restrictions to access are only ever temporary and are minimised to the greatest extent possible.
- The Finance Department of the BOCSILR have rolled out significant training for Frontline Managers and Staff on the Policy. Further training sessions, specifically for frontline staff (including keyworkers) have been scheduled for the coming weeks. It is expected that these training sessions will assist Frontline Managers and Staff on the area of supporting People Supported by the Services in respect of larger purchases.
- The Policy is reviewed on a regular basis and any suggestions for changes that would improve the Policy are welcomed. Each suggested change must however take cognisance of (1) the requirement to safeguard the People Supported by the Services from financial abuse, (2) the requirement to provide a safe system of working for staff and (3) the regulations attached to the only available bank accounts (i.e. Person-In-Care Accounts) whereby only authorised signatories can legally operate these accounts.
- In light of the findings from this HIQA inspection the Policy has been forwarded to the Policy Review Group for review on 17th October 2023. A section will be added to the Policy to set out the requirement, where a Person Supported by the Services wishes to be supported by the BOCSILR with the management of their personal assets, for the restrictive practice procedure to be implemented in addition to the consent process that is already embedded in the Policy.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- There are currently three houses in the designated centre.
- One house is fully fire compliant.
- A replacement house has been identified for the second house and once registered the residents of the non compliant house will move to their new home.
- A detailed project plan has been completed in respect of the third house in consultation

<p>with the Brothers of Charity Facilities Management team.</p> <ul style="list-style-type: none"> • This plan details a seven month construction project which will commence in September 2023 and has a completion date of April 2024. • The centre will be fully fire compliant by 30th April 2024. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • There are currently three houses in the designated centre. • One house is fully fire compliant. • A replacement house has been identified for the second house and once registered the residents of the non compliant house will move to their new home. • A detailed project plan has been completed in respect of the third house in consultation with the Brothers of Charity Facilities Management team. • This plan details a seven month construction project which will commence in September 2023 and has a completion date of April 2024. • The centre will be fully fire compliant by 30th April 2024. 	
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> <ul style="list-style-type: none"> • A person centered planning meeting has taken place for resident 22nd August 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 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	30/11/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	30/04/2024

	extinguishing fires.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	30/09/2023
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	22/08/2023