



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

Issued by the Chief Inspector

Name of designated centre:	Edencrest & Cloghan Flat
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	10 October 2022
Centre ID:	OSV-0005487
Fieldwork ID:	MON-0036792

About the designated centre

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

Edencrest and Cloghan flat provides full-time residential care and support to adults with a disability. The designated centre comprises of a six bedded bungalow and a one bedroom flat located within a campus setting operated by the provider. Residents in the bungalow have their own bedroom and have access to a small kitchenette, dining room, two sitting rooms, clinic/visitors room and bathroom facilities. Cloghan flat provides self contained accommodation with a bedroom, bathroom, kitchen and living room. Meals are prepared and cooked in a centralised kitchen on the grounds of the campus and delivered at specific times throughout the day. The centre is located in a residential area of a town which is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported on a 24/7 basis by a staff team of both nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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 10 October 2022	09:00hrs to 16:50hrs	Stevan Orme	Lead

What residents told us and what inspectors observed

This centre is run by the Health Service Executive (HSE) in Community Healthcare Organisation Area 1 (CHO1). Due to concerns about the management of safeguarding concerns and overall governance and oversight of HSE centres in Co. Donegal, the Chief Inspector undertook a review of all HSE centres in that county, including a targeted inspection programme which took place over two weeks in January 2022 and focused on regulation 7 (Positive behaviour support), regulation 8 (Protection) and regulation 23 (Governance and management). The overview report of this review has been published on the HIQA website. In response to the findings of this review, the HSE submitted a compliance plan describing all actions to be undertaken to strengthen these arrangements and ensure sustained compliance with the regulations. Inspectors are now completing a programme of inspections to verify whether these actions have been implemented as set out by the HSE, but also to assess whether the actions of the HSE have been effective in improving governance, oversight and safeguarding in centres for people with disabilities in Co. Donegal.

At the time of the inspection the provider had implemented a number of actions to strengthen governance and management arrangements (regulation 23). In addition, actions relating to positive behaviour support (regulation 7) and protection (regulation 8) were in progress or completed with positive impacts on the care and support provided to residents. However, some improvements were still required at Edencrest and Cloghan flat to build upon improvements to date and also to ensure sustained compliance with the regulations, these will be described later in this report.

On the day of inspection, the inspector was only able to meet with the residents at Edencrest due to an outbreak of COVID-19 in the other part of the centre. Only one of the residents was able to tell the inspector about their life at the centre, but they said they were happy with the care and support provided to them and liked living at the centre.

Throughout the day, the inspector observed that residents were both relaxed and happy with the care provided to them by staff, and were facilitated to enjoy a range of activities both at the centre and in the local community. Due to the staffing arrangements and access to the centre's two vehicles, throughout the day residents went on walks to the local garage shop, places of interest such as a local scenic wood and in the afternoon, three residents went out with staff for a meal.

When not enjoying community activities, residents were relaxed and appeared to enjoy their time at the centre, they had access to communal rooms as well as various rooms around the centre which had been designed to offer a private and quiet space. One resident was observed relaxing in one of the quiet rooms playing with their soft toys and listening to country music.

Staff were positive about staffing arrangements and recent changes at the centre, and how these had positively effected residents' care since the last inspection in March 2022. One staff member with the permission of a resident showed photographs of recent activities, the resident had enjoyed. The staff member explained that the resident had previously indicated a fear of water, but with staff support they were now going swimming at a local leisure centre twice a month which they enjoyed. The staff member also showed photographs from recent months were the resident had also had the opportunity to try surfing at a local beach with the aid of a specially adapted wheelchair.

The inspector observed that Edencrest was homely in appearance and was both clean and spacious and suitably adapted to the needs of the residents. However, some improvements to the condition of the building were required, although these did not pose a risk to the welfare of residents. The inspector observed that damage to the work surfaces in the centre's kitchen which had been observed at the last inspection was still to be addressed by the provider. In addition, although not impacting on its function, the kitchen's fire door showed damage due to the effects residents' wheelchairs. The inspector further observed peeling paintwork on walls surrounding a skylight in one of the centre's communal bathrooms. Damage to flooring was also observed in various areas of the centre.

In addition to some rooms within the centre being set aside as quiet spaces for residents, the inspector also observed that residents had been supported to personalise their bedrooms through the use of items such as county flags, photographs, posters and personal ornaments.

While being shown around the centre, staff highlighted the changes since the last inspection, they also pointed out that the centre's Jacuzzi bath had not being operational for the last two months, and how this was due to be replaced in December 2022. They also spoke about how they had supported several residents who enjoyed the bath while waiting for the replacement, explaining how residents had been happy with alternative arrangements put in place and had therefore not wished to access their right to make a complaint.

Residents also had access to a large rear fenced garden, which had access to garden furniture and was well maintained.

In summary, the inspector found residents' needs were supported in a dignified and respectful manner at the centre and care and support was provided to a good standards although further improvements were required to build upon previous improvements and sustain compliance with the regulations.

Capacity and capability

In addition, to reviewing the actions taken by the registered provider in response to the targeted inspection programme in January 2022, this inspection also reviewed

actions in response to the findings of the centre's previous inspection in March 2022. Actions taken by the provider in response to the March inspection were also reviewed in the context of the provider's improvement plan for all designated centres within the Ard Greine Court campus submitted the Chief Inspector in April 2021.

The inspection found that governance and management arrangements at the centre had improved since the last inspection. Following the last inspection, a new person in charge had been appointed in July 2022, and although responsible for a second designated centre within the campus, they were supported in the day-to-day management of both centres by a Clinical Nurse Manager (CNM1). The management structure ensured that support and oversight was consistently available, with staff commenting positively on the accessibility and approachable nature of the management team throughout the inspection. The person in charge also spoke about arrangements they had in place for regular monthly staff meetings and staff spoke about how they felt confident in being able to bring issues to the meeting and raise any issues which concerned them about the centre or supports provided to residents. A review of practices, documentation and discussion with the new person in charge also provided assurance that appropriate supports were in place to ensure that they had effective oversight of the two centres under their responsibility.

Since the last inspection, the provider in response to the targeted inspection programme in January 2022 had reviewed the effectiveness of their schedule of management audits. A new schedule of management audits had been introduced subsequently which covered all aspects of care and support practices in the centre and were completed by either the CNM1 or person in charge. From discussions with the person in charge it was apparent that although all of the audits completed, they had a clear view on which audits were the most relevant to ensure the effectiveness of care provided to residents at Edencrest and Cloghan flat. The person in charge explained that they would be using the monthly accident & incident reporting audit to review and enhance practices to more effectively manage risks associated with residents' mobility needs such as unexplained bruising.

The outcome of management audits along with provider unannounced visits and HIQA inspection findings were also captured and monitored through the centre's Quality Improvement Plan (QIP). The QIP was updated weekly by the person in charge and then submitted to their line manager for review. The QIP content was comprehensive and provided detail on work achieved to date in line with agreed deadlines. However, further improvements were required as not all actions had been recorded on the QIP such as maintenance works which had been either identified by the previous HIQA inspection report or were being addressed currently at the centre such as the replacement Jacuzzi bath.

The person in charge spoke with the inspector about further improvements in governance since the last inspection. In response to the targeted inspection programme in January 2022, the person in charge spoke about the Donegal Person in Charge Meetings which they attended every two weeks, and how these were a good opportunity to be updated about changes in practice, share learning with other colleagues and also raise issues of concern. The person in charge gave examples of

where they had used the meeting to raise questions relating to staff concerns and progress relating to the development of organisational policies.

The person in charge also spoke about other meetings they did not attend such as senior management meetings and the Human Rights Committee, and how through the availability of circulated meeting minutes they were updated on changes across the organisation and actions they needed to implement in their centres.

Furthermore, discussion occurred on meetings which had been developed since the last inspection which gave the person in charge direct access to the support multi-disciplinary professionals in areas such as quality, service improvement and the review of safeguarding concerns. The person in charge spoke about the positive impact of these meetings in ensuring that appropriate care and support was provided at Edencrest and Cloghan flat.

A review of staffing arrangements at the centre showed that residents were supported by both a team of nurses and health care workers. Due to residents' needs at Edencrest, five staff were available throughout the day to provide care and support, and on occasions during the week this would increase to six with the inclusion of a 'twilight shift (15:00 - 23:00).

Individualised staffing arrangements were also in place for the resident living in Cloghan flat who had their own dedicated staff member for a set time each day.

In addition to the centre's designated staff team, the provider had also ensured that arrangements were in place in the event of unplanned absence, with the centre having access to a core group of regular temporary workers. The inspector had the opportunity to speak with two temporary workers during the inspection, they spoke positively about the centre, working with residents and how they had been inducted when they started at the Edencrest and Cloghan flat. A further review of staff induction arrangements also showed that all temporary workers had completed the centre's induction checklist on commencement.

Throughout the inspection, staff spoke about the positive impact of staffing arrangements on the opportunities for residents to enjoy activities both within the centre, but more importantly in their local community. Staff spoke how the staffing ratios allowed for residents to enjoy both individual and group activities, which was further assisted by the availability of the centre's two vehicles.

The person in charge also spoke about arrangements in place for one-to-one meetings with their line manager and how these were beneficial for their development and gave them an opportunity to gain clarity on issues and feel supported. The person in charge also showed how they had started supervisory support meetings with staff through the commencement of the 'Professional Management Development System' (PMDS).

Staff development and knowledge was also reinforced through access to a comprehensive range of training, with a training matrix in place to ensure that staff training was up-to-date and indicating when refresher training was due. However, reviewed record showed that not all staff had completed the required online refreshers training courses, with 50% of staff member still to complete online

safeguarding training. In addition some staff members were also still to complete online refreshers in areas such as the use of personal protective equipment (PPE) and Children First.

Following the last inspection in March 2022, the provider had reviewed its arrangements for the conducting of six monthly unannounced provider visits as required under the regulations. Records showed that visits had occurred every six months and examined all aspects of the care and support provided including canvassing the views of residents on their experiences at the centre. As stated previously, the outcome of these unannounced visits were incorporated into and monitored through the centre's QIP.

In summary, the inspector found that the actions taken following the last inspection in March 2022, had strengthened the governance and management arrangements at the centre leading to an improved quality of life for residents, providing them with greater choice and care and support appropriate to their assessed needs. However, improvement was required in the area of staff training to ensure staff knowledge and practices were up-to-date.

Regulation 14: Persons in charge

The provider had engaged a suitably qualified and experienced person in charge. The provider had also ensured that structures were in place to enable the person in charge to have effective oversight of both Edencrest and Cloghan flat and another designated centre within their responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place at the centre to support residents' assessed needs. Where unplanned absences occurred, the centre had access to a core team of familiar temporary workers who were aware of residents' needs. However, although the person in charge maintained both an actual and planned rota for all parts of the centre, the rota for Cloghan flat did not consistently provide information on the worker required and times be worked.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Although staff had access to training and were knowledgeable about residents' needs, the provider had not ensured that all staff had completed required online training to ensure their practice was up-to-date. Records showed that 50% of the staff team had not completed the online refresher training in safeguarding. In addition some staff were still to complete further online refresher training in areas such as;

- Donning and Doffing of PPE
- Children First

Judgment: Not compliant

Regulation 23: Governance and management

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 11 actions aimed at improving governance arrangements at the centre. At the time of the inspection all 11 actions had been completed. The provider had established a range of governance meetings which were attended by the person in charge or they had access to circulated meeting minutes to inform their practice and implement improvements at the centre. In addition, a recent review of management audits at the centre ensured that all aspects of the care and support provided to residents were monitored to ensure their effectiveness.

However, although governance and management had improved at the centre actions were required to enhance this further and ensure sustained compliance with the regulations. These included:

- Improvements to the centre's Quality Improvement Plan to ensure it contained all areas for improvement required at the centre
- Improved arrangements to ensure that staff completed all online refresher training to ensure their practices were up-to-date and in line with the provider's policies
- Improve arrangements to ensure the ongoing condition and state of repair of the centre's premises

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had ensured that systems were in place to ensure that all notifiable events were reported to the Chief inspector in accordance with the regulations.

Judgment: Compliant

Quality and safety

The inspector found that care and support provided to residents at Edencrest and Cloghan Flat was of a good quality and promoted their health and well-being. However, some improvements were required to premises to ensure it was in a good state of repair and condition.

A review of resident's personal plans showed that residents' needs were comprehensively assessed and supports in place were subject to regular review to ensure their effectiveness. Personal plans as well as being reviewed every three months by a named key worker, were also subject to an annual review involving the resident, their representative, centre staff and invited multi-disciplinary professionals. Annual reviews ensured that all aspects of care provided to a resident were effective and met their needs. Also where recommendations were identified through the review process to improve supports further this was documented in the updated personal plan. Reviews looked at progress made to enable residents to achieve their personal goals, which related to the development of daily skills and participation in activities of choice in the community.

Reviewed personal plans were detailed in nature and clearly guided staff on how care and support should be provided in line with residents' needs in a range of areas such as health, communication, and intimate & personal care. Where residents required supports with behaviours of concern, this was also included in the care plan along with a detailed 'Behaviour Support Plan'. Care and support in this areas was subject to regular review by a senior clinical psychologist and clearly described the resident's behaviour and both the proactive and reactive supports to be provided by staff in response. In addition, staff knowledge on positive behaviour management supports was further reinforced by their attendance on regular training programmes.

The inspector also reviewed restrictive practices in use at the centre to support residents' assessed needs, the majority of such related to security at the centre such as locking the kitchen door at times of minimal staffing such as at night-time. Restrictive practices were subject to regular review by the person in charge and staff were guided on their use by clear protocols, staff also recorded every occasion the practice was used and its duration. The person in charge spoke about how they had commenced a review in conjunction with the centre's occupational therapist on restrictive practices used when residents accessed the centre's vehicles, with the hope that these could be modified or removed in the future.

Where incidents of challenging behaviour occurred as well as accidents at the centre, these were recorded through the provider's accident & incident reporting system. A review of completed records showed that in addition to a description of the event and supports provided at the time, a review was also undertaken by the centre's management to assess if alternative supports could have been provided to

ensure the effectiveness of care for the affected resident or residents. As stated previously, all accident & incidents were audited monthly, and the person in charge explained how through the provider's governance and management meetings, any identified trends were discussed with relevant multi-disciplinary professionals in order to improve upon or develop effective care and support interventions.

Accident & incident reporting was a fundamental part of the centre's risk management arrangements. The inspector had the opportunity to review both the centre's risk register and associated risk assessments and found these to be comprehensive in nature. Risks were identified in relation to both the residents' needs and the environment at the centre, with clear interventions in place to mitigate any risks. In addition, risk assessments were subject to regular review by the centre management to ensure their effectiveness. The inspector did however note that the provider was still to complete the development of its policy on the provision of safe Wi-Fi usage as stated in its compliance plan response to the targeted inspection programme in January 2022. However, both staff and management at the centre told the inspector that residents' did not use personal computer devices or smart telephones, and also in the interim while the policy was being developed, the centre's management had completed a risk assessment which included detailed supports to be given to residents to keep themselves safe if they wished to access the Internet.

Safeguarding arrangements for residents against the risk of abuse had improved since the previous inspection in March 2022. Safeguarding plans for residents had been reviewed and were now specific to resident's individual risks, clearly detailing the risk and the recommended responses required from staff. On the day of inspection there were no current safeguarding risks at the centre. A review of previous safeguarding concerns showed that these had been reported and managed in line with the provider's safeguarding policy with preliminary screenings and interim safeguarding plans being completed. In addition, the centre's management had corresponded with the local safeguarding and protection team to ensure all appropriate measures were in place and effective.

Staff were knowledgeable on how to report safeguarding concerns and also about previous events which had occurred at the centre and were now closed. Staff were also aware of the contact details for the centre's three designated safeguarding officers and had attended training in this area. However, training records as referenced earlier in this report, showed that not all staff had completed the online refresher training in the area of safeguarding.

In summary, improvements in response to the findings of targeted inspection programme in January and the centre's last inspection in March 2022 had resulted in improvements to care and support provided to residents. However some improvements were required to ensure the ongoing condition of the centre's premises and completion of safeguarding training refreshers.

Regulation 10: Communication

Following the previous inspection in March 2022, the provider had ensured that residents with communication needs had access to a Speech and Language therapist. All residents had been reviewed at Edencrest and Cloghan Flat, and where additional supports were required this was being arranged.

Judgment: Compliant

Regulation 17: Premises

Although in general the premises were in a good state of repair and condition, further action was required in the following areas:

- Damage to the kitchen work surface had not been addressed since the inspection in March 2022
- Although not impacting on the function of the fire door into the kitchen, damage had occurred due to contact with residents' wheelchairs
- Peeling paint was observed to the surrounding walls of a skylight in one of the centre's the communal bathrooms
- Damage to the flooring in various parts of the centre such as the lounge and rooms which had been converted into quiet areas

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements at the centre were comprehensive, clearly identified the risk and measures to mitigate its effect. Staff were knowledgeable on risk interventions in place at the centre, and implemented measures were reviewed regularly to ensure they were the most appropriate and effective response.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were supported through detailed personal planning arrangements which were kept up-to-date to reflect any changes in need or multi-disciplinary recommendations. Plans were subject to regular review to assess their effectiveness in consultation with residents, their representatives, staff and

associated professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

In response to the targeted safeguarding inspection programme and previous inspection of the centre in March 2022, the provider had committed through its compliance plan to complete seven actions aimed at improving governance arrangements relating to positive behavioural support at the centre.

At the time of the inspection, the inspector found that all seven actions had been implemented, with residents having access to a range of multi-disciplinary supports including the assistance of a senior clinical psychologists for the development of behaviour support plans. In addition, the combination of behaviour support plans and access to positive behaviour training ensured that staff knowledge and practice was up-to-date and meet residents' needs.

The inspector also found that arrangements had been put in place to ensure that all staff including temporary workers had an appropriate induction on the care and support needs of residents to ensure the consistency of care at Edencrest and Cloghan flat.

In addition, the inspector found that the use of agreed restrictive practices at the centre was subject to regular review to ensure clear guidance to staff on its use and that it was the most appropriate response to the identified need.

Judgment: Compliant

Regulation 8: Protection

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 13 actions aimed at improving governance arrangements relating to protection at the centre. At the time of inspection, the provider had commenced and completed 11 of the actions.

Actions completed by the provider involved the development of governance meetings to review safeguarding risks and identify any trends of concern across Edencrest and Cloghan flat and the provider's other designated centres in Donegal. In addition, the provider had completed training in the centre relating to 'Sexuality awareness in supported services'. In addition, the revised auditing processes at the centre ensured that safeguarding concerns were regularly reviewed to ensure they were effective and in line with the provider's policy requirements. Furthermore, the provider had ensured arrangements were in place in relation to access of and

support to designated safeguarding officers (DSOs), with Edencrest and Cloghan flat having access to 3 DSOs if required. In addition, staff were knowledgeable on safeguarding arrangements at the centre and had access to relevant training.

However, the provider had not completed the development of a policy on safe Wi-Fi usage to ensure residents were protected from all forms of possible risk, although the centre's management team had completed a risk assessment in the interim to keep residents safe if they wished to access the Internet.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Edencrest & Cloghan Flat OSV-0005487

Inspection ID: MON-0036792

Date of inspection: 10/10/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. The Person in charge has reviewed the rosters for Cloghan Flat to ensure that it reflects the grade of staff and the exact times that the individual is working - Completed 17/10/22	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The Person in charge has completed a further review of the training matrix – Completed 31/10/22 2. The Person in charge will schedule all staff for refresher training in relation to safeguarding of vulnerable adults – Date for completion: 21/11/22 3. The person in Charge will schedule all staff for outstanding training with emphasis on donning and doffing of PPE and children's first - Date for completion: 30/11/22 4. The person in charge will continue to monitor the training matrix on a monthly basis and schedule training as required - Date for completion 31/10/22	
Regulation 23: Governance and	Substantially Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. The Person in charge will ensure that all improvements required within the centre will be included on the centres Quality Improvement Plan (QIP) – Completed 25/10/22 2. The Person in charge in liaison with the director of nursing will review the centres QIP on a weekly basis and submit to the regional director of Nursing for weekly review – Completed 25/10/22 3. The Person in charge has completed a further review of the training matrix – Completed 31/10/22 4. The Person in charge will schedule all staff for refresher training on in safeguarding of vulnerable adults – Date for completion: 21/11/22 5. The person in Charge will schedule all staff for outstanding training with emphasis on donning and doffing of PPE and children’s first - Date for completion: 30/11/22 6. The person in charge will continue to monitor the training matrix on a monthly basis and schedule training as required - Date for completion 31/10/22 7. The Person in charge has completed a review of the premises and has escalated outstanding works to the maintenance manager – Completed 10/10/22 8. The person in charge in liaison with the maintenance manager will ensure that any outstanding works are completed within the centre – Date for completion 31/12/22 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The Person in charge has completed a review of the premises and has escalated outstanding works to the maintenance manager and these include the kitchen work top, painting, flooring and the fire doors – Completed 10/10/22 2. The person in charge in liaison with the maintenance manager will ensure that any outstanding works are completed within the centre – Date for completion 31/12/22 3. The Person in charge will monitor these actions through the weekly quality improvement plan – Date for completion 31/12/22 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. The provider is currently developing a Safe Wifi Usage Policy for the Service. A request for an extension for this specific action has been sought by the Head of Service Disability Services on the overall Donegal Disability Services Compliance plan. – Date for 	

completion 31/12/2022

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	17/10/2022
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	30/11/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and	Substantially Compliant	Yellow	31/12/2022

	internally.			
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.	Substantially Compliant	Yellow	31/12/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2022
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	31/12/2022