



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

## Issued by the Chief Inspector

Name of designated centre:	No. 1 Woodview
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0008269
Fieldwork ID:	MON-0037620

## About the designated centre

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

No. 1 Woodview is a large detached dormer bungalow located in a housing development in a town that is within a short driving distance to nearby city. The centre can provide full-time residential care for a maximum of three residents of both genders, over the age of 18. The centre can support residents with intellectual disabilities and Autism. Support to residents is provided by the person in charge, a team leader, a nurse, social care workers and care assistants. Each resident has their own individual bedroom and other facilities in the centre include living rooms, a kitchen, a dining area, bathrooms and staff rooms.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

3

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
Wednesday 18 January 2023	09:15hrs to 17:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Residents had been provided with a clean, spacious and well-presented house to live. Staff members on duty were seen to support residents in an appropriate and caring manner. While residents did not engage verbally with the inspector, it was noted that residents had been supported to maintain contact with their families while a family member had complimented the care provided.

On arrival at the centre, the three residents living there were all been supported by staff. One of the staff members present was provided with a 'Nice to meet you' document by the inspector to help explain to the residents who the inspector was and why he was in the centre. This staff member was soon overheard talking through this document to the residents. Some of the residents were seen to move between the centre's living rooms at this time but none engaged verbally with the inspector. Shortly into the inspection though one of the residents guided the inspector to a couch in the larger living room. While there the inspector had an opportunity to speak with staff members supporting the residents and to observe interactions between residents and staff.

It was indicated by a staff member present that the residents living in this centre had previously lived together on a campus setting operated by the same provider before moving out to their current home in August 2022. Staff spoke about how previously some residents had gone for walks around the grounds of the campus where they lived but were now going for more walks in the community in areas such as parks. Later on when reviewing a rights assessment for one resident reference was made to this resident not having full access to the community due to transport availability. However, it was indicated by multiple staff that a vehicle was always available for the centre and it was suggested by the person in charge that the information in the rights assessment related to the resident's previous home.

A vehicle was seen to be present during this inspection and later in the morning two residents left the centre with some staff to go for a drive before returning early in the afternoon for lunch. One staff member informed the inspector that when these residents previously lived in the campus such meals would be delivered from a central kitchen whereas in their current home, more meals were prepared and cooked in the residents' home. It was observed that the current centre was provided with suitable facilities to store and prepare food while there was an awareness amongst staff as any specific diets that the residents required with relevant documentation about these seen to be readily available. A staff member spoken with also indicated how they would be able to determine residents' choice as to the type of drinks residents wanted to have with their meals

While the lunch was being prepared it was noted that the doors to kitchen were locked, something which the provider had previously notified to the Chief Inspector as being a restrictive practice in the centre. Once lunch was ready to serve the inspector observed that each resident was brought into the smaller living room

individually to have their lunch with the support of staff. Once one resident had finished their lunch then they would be supported to leave the smaller living before the next resident was brought in to have their lunch. While this was happening though the inspector noted that when two of the residents were having their lunch, the door to the smaller living room was locked from the inside by the staff supporting the residents at that time. The inspector was later informed that this was done to prevent the third resident living in the centre from impacting the meals of the first two residents.

After residents had finished their meals some residents spent time in the larger living room with staff present. The staff members on duty at this time, and throughout the inspection, were overheard and observed to interact with residents in a caring and positive manner. For example, at one point a resident wanted to turn on the television in the larger sitting room so that they could hear some music and got a television remote from a cabinet indicating that this is what they wanted. A staff member on duty understood that this is what the resident wanted and the television was then turned on. This staff member then encouraged the resident to return the remote to the cabinet and praised them afterwards when the resident did so. It was also noted when reviewing records in the centre that one compliment had been logged from the parent of a resident who wanted to congratulate staff on the standard of care provided to their relative.

Other records reviewed indicated that residents had been facilitated to maintain contact with their families either through visits to their family away from the centre, telephone call or video calls. It was also indicated by some staff members spoken with that residents' families had visited residents in the centre and it was noted that sufficient space was available for residents to receive visitors in private if they wished. Each resident also had their own individual bedrooms on the ground floor of the centre while on the first floor were further rooms available which the provider was intending to use as a sensory room and an arts room for residents. The inspector did observe that a stair gate was present on the ground floor preventing residents from accessing the first floor. Staff indicated that residents did not have a stairs in their previous home but that an assessment had been completed to determine if residents could use the stairs.

Following this assessment, staff informed the inspector that one resident had not participated in the assessment, one resident had been assessed as being able to use the stairs and it had been determined that it was unsafe for the third resident to use the stairs. As such the stairs gate had been in use since residents moved into the centre and remained in use at the time of inspection. Given that the assessment findings indicated that all not residents could use the stairs to avail of the sensory and arts rooms on the first floor, the inspector was informed that relevant items from those rooms would be brought downstairs for residents to use when required. Aside from the stair gate it was also seen that there were some key pads in use on the front door of the centre and on one internal door on the ground floor. Again the inspector was informed that these key pads had been in use since the residents first moved into this centre.

In order to access the laundry facilities available for the centre, which were located

in a garden cabin to the rear of the centre, residents and staff would have to pass through this internal key padded door. It was indicated though that residents did not tend to be involved in doing their laundry but it was observed that residents' bedrooms were equipped with storage space to store their personal belongings such as their clothes. Overall, it was found that the premises provided for residents to live in was clean, spacious and well-presented on the day of inspection. Residents generally appeared calm and content within the centre while the inspector was present and in the afternoon of the inspection it was again seen that some staff members supported residents to leave the centre to go for another drive. By the end of inspection all residents had returned to the centre with two seen to be in the larger living room of the centre in the company of staff.

In summary, residents had been visited in their home by their family with residents also being supported to visit their families away from the centre. The centre was generally seen to be presented in a homely and clean manner. The inspector observed the staff members present on this inspection engaging appropriately with residents.

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

Overall, residents were found to have been well supported in this centre since they had come to live there. Some improvement was found to be required though relating to restrictive practices and contracts for the provision of services.

The provider had applied to register this centre in May 2022 with the primary purpose of supporting three residents to de-congregate from a campus based setting operated by the same provider. Following a site visit conducted by the Health Information and Quality Authority later that month, the centre was subsequently registered by the Chief Inspector until August 2025 with no restrictive conditions for a maximum capacity of three residents who all moved into the centre shortly after its registration. Given the length of time that the residents had been living in the centre, it was decided to carry out the current inspection to assess the supports provided to residents and the compliance levels with relevant regulations.

Under the regulations when residents are admitted to a centre, contracts for the provisions of services should be agreed between the provider and residents (or residents' representatives). Such contracts are important in setting out the services to be received by residents and the fees to be paid. On this inspection the inspector requested the contracts for the three residents living in this centre. The inspector was provided with contracts for two residents but these from 2018 when the residents lived in a different designated centre. While the person in charge indicated

that all three residents had updated contracts, these could not be located on the day of inspection. In light of this the inspector afforded the provider additional time to clarify the status of the contracts but the day after this inspection it was confirmed that the contracts could not be located.

Taking this into account the inspector was not assured that contracts for the provisions of services had been put in place and were agreed to upon residents moving to this centre in keeping with the requirements of the regulations. The regulations also require specific records to be kept around the use of any restrictive practices in use in a centre and for such use to be notified to the Chief Inspector on a quarterly basis. Since the centre had opened quarterly notifications around restrictive practices had been submitted to the Chief Inspector but they did not include all environmental restrictions observed by the inspector on the day of inspection while the inspector was also informed that records were not being maintained for some of these restrictions such as the locking of the smaller living room. It was also noted that some assessments completed for residents since they moved into this centre did not identify all environmental restrictions in use.

It was indicated by the person in charge that a full review of restrictive practices in use in the centre was awaited. The day following this inspection, the person in charge re-submitted a notification for restrictive practices used in the centre for the last quarter which included the additional restrictions observed by the inspector. At the time of this inspection the person in charge was responsible for a total of four designated centres but early into the inspection, staff spoken with indicated that a new person in charge had been appointed. Management of the centre later informed the inspector that this change was in the process of being finalised. In accordance with the requirements of the regulations, the provider would need to ensure that any changes in person in charge are notified to the Chief Inspector in a timely manner.

The person in charge oversaw the staff team provided to support residents. As referenced earlier in this report, staff members on duty were seen to interact appropriately with residents while records available indicated that staff had undergone relevant training, to ensure that they were equipped with relevant skills and knowledge. It was indicated though that some staff were overdue refresher training in areas such as fire safety, positive behaviour support and safeguarding. Staff rosters were being maintained in the centre and these indicated a good continuity of staff with staff working in this centre having previously supported residents before they moved into this centre. Such staff continuity is important in promoting consistent care and professional relationships.

From speaking with staff and management, alongside reviewing relevant documentation, staffing arrangements in place were generally in keeping with residents' needs. It was highlighted though that there had been some evenings when staffing levels would be lower than required. This could pose some challenges from a supervision perspective given the assessed needs of some residents. While this was an area that needed some improvement, it was noted that the provider had facilitated staff to raise concerns relating to the services provided in the centre. For example, it was indicated that staff feedback had been taken in account in finalising



the layout of the centre. In addition, when speaking with staff members on this inspection, it was noted that they demonstrated a good understanding of residents' needs and how to provide for these.

This contributed to overall good compliance levels and good supports provided for residents in areas such as personal finances, health care, personal plans and medicines as will be discussed elsewhere this report. To support this it was found that the provider had monitoring systems in operation to monitor the quality and safety of the care and support provided in this centre. For example, a report on key events in the centre was provided to the person in charge on a weekly basis while regular audits in areas such as infection prevention and control were also being completed. The regulations required annual reviews and six monthly unannounced visits to the centre by a representative of the provider to be completed but given the length the centre had been operational, no such reviews or visits had been completed at the time of this inspection. The provider was aware though of its responsibilities in this area.

### Regulation 15: Staffing

While staff rosters were maintained and a continuity of staff support was provided, there had been some evenings when staffing levels would be lower than required. Staff files were not reviewed on this inspection.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Some staff were overdue refresher training in areas such as fire safety, positive behaviour support and safeguarding.

Judgment: Substantially compliant

### Regulation 21: Records

Records relating to some environmental restrictions in use in the centre, such as details of when used and duration of use, were not being maintained.

Judgment: Substantially compliant

## Regulation 23: Governance and management

In general residents were found to be well supported in this centre with monitoring systems in operation.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The inspector was not assured that contracts for the provisions of services had been put in place and were agreed to upon residents' move to this centre in keeping with the requirements of the regulations.

Judgment: Not compliant

## Regulation 31: Notification of incidents

Not all restrictive practice in use in the centre since residents were first admitted had been notified to the Chief Inspector on a quarterly basis as required.

Judgment: Not compliant

## Regulation 34: Complaints procedure

A complaints log was maintained in the centre but it was noted though for one complaint that the log did not record the outcome of this complaint.

Judgment: Substantially compliant

## Quality and safety

Residents were found to be well supported in areas such personal finances, health care, personal plans and medicines.

During this inspection no safeguarding concerns were identified and it was found

that, when required safeguarding plans were put in place with appropriate referrals made. Measures were also in operation to ensure that residents' personal finances were adequately safeguarded. Such measures included the provision of a safe in the centre to store residents' wallets and the maintenance of individual transactions logs. The inspector reviewed a sample of such logs and noted that the vast majority of transactions using residents' money were signed for by two members of staff with receipts maintained for such transactions and balance checks completed. The transaction logs reviewed were seen to be well maintained and when comparing the most recent balance recorded in one resident's transaction log it was found that it matched the actual amount of money that was present in the resident's wallet that was kept in the safe.

Residents also had bank accounts but it was indicated that the provider was in the process of changing the nature of these accounts to give residents more control over their finances and was engaging with relevant stakeholders around doing this for all residents. Aside from resident's personal finances it was noted that records were being kept of residents' personal possessions. Such records were contained within residents' personal plans. Such plans are required by the regulations and from a sample of these reviewed by the inspector it was seen that they had been informed by an assessment of needs, had been reviewed regularly and also had multidisciplinary input. The intended purpose behind personal plans is to identify and set out the health, personal and social needs of residents while also providing guidance on how to meet these needs. From the sample of personal plans reviewed it was seen that they contained a good level of information on how to support residents' needs.

For example, there was specific guidance in place around supporting residents with their assessed health needs. It was also found that residents were facilitated to access health and social care professionals such as general practitioners, dentists and physiotherapists while there was regular monitoring of residents' health needs. In addition, support was provided to residents to receive any prescribed medicines that they needed in response to their health needs. The inspector viewed a sample of documentation related to residents' medicine. Such records were found to be of a good standard and contained all of the required information such as when residents were to receive their medicine. From recent medicine administration records reviewed, residents were receiving their medicines as prescription. Appropriate secure storage facilities were provided for within the centre which were also reviewed by the inspector. This storage was found to be well-organised while a sample of medicines reviewed were in date and appropriately labelled.

Aside from medicines storage, the centre was also equipped with appropriate fire safety systems including a fire alarm, fire extinguishers, emergency lighting and fire containment measures. Each resident had their own individual personal emergency evacuation plan (PEEP) provided for. Such PEEPs had been reviewed since residents had moved into the centre and outlined any particular supports that residents required to evacuate the centre in the event of a fire taking place. There was evidence that the contents of such PEEPs were being taken into account. For example, in one resident's PEEP they were indicated as requiring certain food to encourage the resident to evacuate the centre if required with this food seen to be

in place and readily available. In addition, since the residents had moved into the centre multiple fire drills had been conducted involving all residents with low evacuation time recorded.

### Regulation 11: Visits

It was indicated that residents had received visitors to the centre while space was available for residents to receive visitors in private.

Judgment: Compliant

### Regulation 12: Personal possessions

Facilities were provided for residents to store personal belongings and for their money to be stored securely within the centre. Relevant records were being maintained regarding residents' money held in the centre. Residents also had bank accounts but it was indicated that the provider was in the process of changing the nature of these accounts to give residents more control over their finances and was engaging with relevant stakeholders around doing this for all three residents.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were facilitated to maintain contact with their families and to avail of community amenities.

Judgment: Compliant

### Regulation 17: Premises

The premises provided was seen to be clean, well-presented and generally homelike.

Judgment: Compliant

### Regulation 18: Food and nutrition

Appropriate facilities were provided for food to be stored in. Guidance was available for residents who needed particular diets with staff aware of such diets.

Judgment: Compliant

### Regulation 27: Protection against infection

Cleaning supplies, hand gels and personal protective equipment were present in the centre. Some gaps were noted though in cleaning records provided.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Appropriate fire safety systems were in place. Fire drills conducted indicated low evacuation times and all residents had PEEPs in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Secure medicines storage was provided for in the centre while a sample of medicine documents reviewed were all in order.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were informed by assessments, regularly review and subject to multidisciplinary input.

Judgment: Compliant

## Regulation 6: Health care

There was regular monitoring of residents' health needs while specific guidance was in place around supporting residents with their assessed health needs. Residents were being supported to access health and social care professionals such as general practitioners, dentists and physiotherapists.

Judgment: Compliant

## Regulation 7: Positive behavioural support

While residents had been living in this centre since August 2022, a full review of restrictive practices had not been carried out at the time of inspection while some assessments completed had not identified all restrictions present in the centre.

Judgment: Substantially compliant

## Regulation 8: Protection

No safeguarding concerns were found during this inspection. Residents were provided with guidance around intimate personal care.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for No. 1 Woodview OSV-0008269

Inspection ID: MON-0037620

Date of inspection: 18/01/2023

## 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 registered provider has ensured that</p> <ul style="list-style-type: none"> <li>• residents receive continuity of care and support. The staff team moved with the residents to their new property to ensure a smooth transition took place.</li> <li>• A planned and actual staff roster is in place and is completed 1 month in advance.</li> <li>• The Person in Charge completes staff skills mix audits on a quarterly basis to ensure the skill mix of staff is appropriate to the number and assessed needs of the residents.</li> <li>• The person in charge has provided a list of relief staff members and contact details to the Social Care Leader to contact when required to ensure that any gaps on the roster can be addressed and minimizing the risk of staff operating on levels below that required for the Centre</li> <li>• There are no permanent vacancies in the designated Centre at this time.</li> <li>• The PIC will send a recruitment request to replace a nurse due to retire from this Centre in April 2023.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p>	

The Person in Charge will ensure that

- specific training requirements to meet the needs of the residents are identified and planned for. This will include planning for training requirements identified during staff supervision.
- Any change in need for the persons residing there will be identified at the Annual Multi-Disciplinary review of the Personal Plan meeting scheduled for 01/03/23 any training requirements as a result of change in need will be documented at this meeting.
- The Person in Charge will notify any trainings identified as required to the training Department for planning and delivery and will ensure that the Training Matrix log is kept updated.
- Staff members will be allocated time off the roster to complete online trainings.
- Staff due refresher training on fire safety, positive behaviour support and safeguarding are scheduled to complete this training by 01/03/2023

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:  
The Provider will ensure that

- Records relating to some environmental restrictions in use in the Centre previously not maintained will be collected and recorded in the Centre [18/01/23]. The record will include details of when they are used and duration of same.
- Rights Assessments in relation to the residents previous home are archived.

Regulation 24: Admissions and contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  
The Person in Charge has ensured that each resident and their families were provided with an opportunity to visit the designated Centre prior to admission.

The Registered Provider will ensure that its admissions procedures are fully completed in relation to ensuring that a written Service Agreement, setting out the terms on which that resident resides in the Centre, is issued to the Resident and their Representatives prior to Admission.

The Provider has updated its Residential Agreement and issued this to all residents and their representative [15/02/2023]

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 Person in Charge will ensure that all restrictive practices sanctioned in the Centre are notified to the Chief Inspector at the end of each quarter.</p> <p>The PIC has re-submitted Form NF39A on the 19/01/23 to reflect all restrictive practices in use in the Centre.</p> <p>A Sanctioning meeting is scheduled for 25/04/23 to include all restrictive practices in use in the Centre.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The registered provider has ensured that an effective complaints procedure for residents which is in an accessible and age appropriate format.</p> <p>A complaints log is maintained to include compliments and complaints. This log has been updated to include the outcome of one complaint which was resolved via email communication, previously omitted from the log.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Provider will ensure that any gaps on cleaning records are explained and addressed by the staff team on a timely basis and that current systems ICP systems which work efficiently are maintained including</p> <ul style="list-style-type: none"> <li>• Cleaning supplies, hand gels and Personal protective equipment is provided in the designated Centre.</li> </ul>	

- All staff members have up to date training records regarding Infection Prevention and Control.
- The designated Centre was provided with an Infection Prevention and Control folder including index for auditing purposes throughout the year.
- The PIC signs off on monthly infection control audits and completes the HIQA self-assessment tool for the premises which is reviewed quarterly or more regularly if required.
- The social care leader will audit the cleaning records on a weekly basis as part of their administration duties.

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Provider will ensure that the PIC and the Staff Team continue to work to identify and alleviate the cause of a resident’s behaviour and ensure all alternative measures are considered in the sanctioning process before a restrictive procedure is used.</p> <p>Relevant Multi-Disciplinary members will be in attendance at the RP Sanctioning meeting scheduled for 25/04/23 including a member of the Positive Behaviour support team.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/01/2023
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.	Substantially Compliant	Yellow	01/03/2023
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as	Substantially Compliant	Yellow	18/01/2023

	specified in Schedule 3 are maintained and are available for inspection by the chief inspector.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	15/02/2023
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	07/01/2023
Regulation 31(3)(a)	The person in charge shall 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	Not Compliant	Orange	25/04/2023

	the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	07/02/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	25/04/2023