Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. John of God Kerry Services - Beaufort Campus Units Area 1
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	07 November 2019
Centre ID:	OSV-0003630
Fieldwork ID:	MON-0027953

About the designated centre

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

The designated centre provides residential full-time care to 28 male and female adults, on a large campus, in a rural setting. Residents have a range of moderate, severe and profound intellectual disability with complex medical care needs including dual diagnosis and high physical support needs. Accommodation is in four separate premises. Between six and eight residents resided in each premises. All accommodation is at ground floor level. Most bedrooms are single occupancy bedrooms, with the exception of one premises that had two shared bedrooms, one accommodating three residents and one accommodating two residents. A clinical nurse manager managed each premises and the staff team comprised of nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28

How we inspect

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 7 November 2019	09:00hrs to 14:30hrs	Michael O'Sullivan	Lead
Thursday 7 November 2019	09:00hrs to 14:30hrs	Niall Whelton	Lead
Thursday 7 November 2019	09:00hrs to 14:30hrs	Lucia Power	Support

What residents told us and what inspectors observed

The inspectors met with 16 residents on the day of inspection. Many residents had complex care needs and significant communication difficulties. The residents from one premises were off site attending day services and day programmes or were involved in external activities during the course of the inspection.

The inspectors observed meaningful interactions between residents and staff. Staffs focus was person centred and three of four premises had current activity boards in place which reflected the planned activities that residents were engaged in. The current menu and food choices for the day of inspection were also reflected accurately on three of four notice boards.

It was evident that staff had a very good understanding of residents' needs and it was apparent from staff that were spoken to, that advocacy on behalf of residents' needs was to the forefront of what they did. Residents appeared to be happy with the support of staff and this was evident through gestures and sound. The inspectors noted that the engagement between staff and residents to be warm and considerate.

Capacity and capability

This was a follow up inspection to determine the level of compliance with the previous inspection of May 2019 and the registered providers compliance plan to address regulatory breaches.

A number of improvements were noted by the inspectors since the previous inspection. Overall the provider had taken some measures to address staff shortages that included the recruitment of additional staff, as well as a review of all staff within the designated centre for the purposes of best matching staff and skill mix to the assessed needs of the residents. A comprehensive action plan to bring the designated centre into regulatory compliance was actioned and reviewed monthly through all levels of management.

The current staff rosters reviewed on the day of inspection reflected less movement of staff between designated centres on the campus. The registered provider had made representation and business cases for additional staffing with the recruitment of one staff member since the last inspection. The roster did however reflect a continued reliance on relief and agency staff. The roster structure for one premises alternated the post of a staff nurse and a care assistant on night duty. When the care assistant was on night duty, nursing input was required from a separate designated centre that was adjacent. Residents activation and access to the wider

community was subject to and limited by staff availability and numbers.

The provider had put in place an accelerated training schedule to make sure all staff were trained in the areas of fire and safety, managing behaviours that challenge and safeguarding vulnerable adults. Staff yet to complete refresher training had allocated training dates for 2019 / 2020.

Governance and management improvements were observed and readily identifiable through staff meeting records and information sharing as well as local management's involvement implementing change and improvements in each premises.There was documentary evidence demonstrating meetings and representations locally and nationally within the organisation as well as externally with the Health Services Executive (HSE). These meetings and documents outlined areas of performance management, resources, finances and compliance with the regulations, with any identified issues escalated locally through sub committees to the executive committees and the national board of the organisation. The organisation had also applied additional focus to staff training in relation to transforming lives. The registered provider had made improvements to the management systems in place in the designated centre; however, the provision of services appropriate to residents' assessed needs required continued oversight to ensure actions and follow up were advanced. Furthermore, consultation with families and service users in relation to the annual review of the quality and safety of the service provided to residents was limited to family questionnaires. Despite improvements, planned works for premises, fire and safety and the lack of community access for residents remained in breach of the regulations.

The systems of governance and management in relation to fire safety required improvement to ensure that the service provided was safe. While inspectors noted many examples of good practice in relation to fire precautions and there was a programme of fire safety works in place, the inspectors were not assured that the fire safety arrangements in place were fully adequate to ensure the safety of residents as outlined in Regulation 23 and Regulation 28 of this report.

This inspection included review by a specialist inspector in Estates and Fire Safety from the Chief Inspector’s office. At the last inspection on the 14 May 2019, concerns were raised regarding fire doors and the effective evacuation of residents. On foot of the last inspection's findings, the Chief inspector requested the provider to arrange and submit a fire safety risk assessment for the designated centre. In response to the fire safety risk assessment of the centre, the provider’s architect prepared a schedule of fire safety works, which included the upgrading and replacement of fire rated doorsets, provision of appropriate door closing devices and fire sealing of recessed light fittings in ceilings.

At this inspection, fire precautions was assessed with a particular focus on the progress made on fire safety works identified at previous inspections, fire safety management practices in place; including the physical fire safety features in the building, and the outcome of the fire safety risk assessments. Inspectors spoke with, and reviewed the buildings in the presence of the facilities manager, the health and

safety coordinator and architects retained by the registered provider. Inspectors were shown a schedule of proposed works to be completed by March 2020 to address all previously identified fire safety works.

Inspectors noted that fire safety registers were well laid out, accessible and kept up-to-date. The provider had made the necessary arrangements for fire safety training to be provided to staff. Inspectors spoke with staff who were knowledgeable of the evacuation procedures to be followed and of their role.

The person in charge had updated the statement of purpose to include all required information and the statement was available to residents. The directory of residents was current and all required information was up to date.

The registered provider had a complaints policy that was clearly displayed in all premises in an easy to read format. Inspectors noted that previous complaints had been addressed appropriately and the registered provider had nominated external staff members as designated complaints officers.

Regulation 15: Staffing

The registered provider did not ensure that the number, qualifications and skill mix of staff was appropriate to the numbers and assessed needs of the residents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, however, some staff had yet to undertake training that they were booked on.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had made improvements to the management systems in place in the designated centre, however, the provision of services appropriate to residents assessed needs required additional oversight and actions to advance. Service user involvement in the annual review process was limited to family questionnaires.

The systems of governance and management in relation to fire safety required review and improvement to ensure that the service provided was safe. While inspectors noted many examples of good practice in relation to fire precautions and there was a programme of fire safety works in place, the inspector was not assured that the fire safety arrangements in place were fully adequate to ensure the safety of residents in the event of a fire. This was evident in the following:

- The processes for identification and management of fire safety risk was not adequate
- a fire door to a staff office was observed to be propped open
- oxygen cylinders were observed in locations where they could be damaged by a doors swing and within rooms containing combustible materials
- storage enclosures along escape corridors were not adequately enclosed in fire rated construction.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place which contained all necessary schedule 1 information.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints procedure in place that clearly demonstrated that complaints were appropriately responded to and outlined the appeals process.

Judgment: Compliant

Quality and safety

The inspectors noted that there was some improvement in the quality and safety of services to residents since the last inspection. Some premises had been decorated and remedial works and renovations were nearing a state of completion.The registered provider demonstrated a commitment to addressing ongoing building works to come into compliance with the regulations, particularly in respect of privacy and residents' rights to suitable premises. While the registered provider had taken actions to address many of the issues pertaining to fire and safety, planned works to address fire door issues relating to door closure devices remained outstanding. Improvement was noted in relation to residents rights through the review and reduction of restrictive practices.

From a fire safety perspective, the main issue of concern to inspectors was that an inner room in one unit was being used as a bedroom. Inner rooms should not be used as bedrooms. Proposals were included in the schedule of works shown to inspectors to address this issue.

Inspectors found that precautions against the risk of fire required improvement. In this regard, the arrangements for the storage of oxygen cylinders required review. There was a number of hoist batteries on charge within a protected escape route, some of which were not secured to the wall. A risk assessment for the hoist batteries and the storage of oxygen was not available when requested.

In general the building was laid out in a manner that provided an adequate number of escape routes and fire exits. However, inspectors noted an inner room was being used as a bedroom. This means that if a fire started in the access room to that bedroom, the resident was not afforded adequate means of escape and staff may not be able to gain access to the room to assist the resident to evacuate. It is noted that the schedule of work included proposals to provide further fire separation of the escape route from this room.

The inspector noted that each building was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system. The fire safety risk assessment for the designated centre identified that the system for summoning staff to assist in evacuation was cumbersome and recommendations included a paging type device to be installed as a matter of urgency. It was explained to inspectors by the health and safety coordinator, that a system has been finalised and was on order. This was due to be implemented within a few weeks of the inspection date. The proposed system includes an application installed on mobile phones, customisable to ensure any fire alarm activation would be notified to staff in each unit.

The fire detection and alarm system provided within the designated centre met the required L1 standard. Adequate emergency lighting was provided throughout the designated centre, enhancing the means of escape in the event of a fire.

Documentation furnished to inspectors showed that the fire detection and alarm system and the emergency lighting system throughout were serviced at the appropriate intervals.

In the main, each building was subdivided with construction that would prevent the spread of fire and smoke through each building. However, there were fire doors which were identified as requiring replacement, sealing to complete fire barriers was required in some instances where building services penetrated fire rated construction. Inspectors noted in a number of instances where bedroom doors were fitted with devices which allowed the door to remain open and automatically shut when the fire alarm was activated. This meant that fire doors would not impede day-to-day circulation for residents within the building.

Each resident had a Personal Emergency Evacuation Plan (PEEP). These were sufficiently detailed. The person in charge had introduced an easy to read format based on residents assessed needs

Inspectors reviewed documentation in terms of regular in house fire safety checks in the centre and while there were some minor omissions in these checks, they were noted to be completed. However, there was no record of regular checks of fire doors in terms of maintenance requirements.

The premises were observed to be better maintained following the last inspection and one premises that had required internal painting and decoration had been attended too. Double doors to a sun-room had been repaired, but the kitchen and food preparation facilities in this premises remained too small to afford residents the opportunity to take part in food preparation. The kitchen area was also not wheelchair accessible or designed with the needs of wheelchair users in mind. A project to deliver two additional single bedrooms for residents was almost at a stage of completion. All other premises were decorated and cleaned to a good standard.

One resident with significant sensory loss and sensory needs continued to be accommodated in a bedroom that was insufficient in size and separated from the main unit. The provider had prioritised this resident for transition to the next alternative bedroom within the designated centre. Inspectors also noted that a visitors room that had been utilised by staff as a locker room had reverted to its primary function as a room for visitors. New and additional furnishings had been secured since the last inspection. The registered provider had also taken action to put in place a radiator cover on a corridor radiator that posed a risk to residents. Inspectors noted that a radiator in the stairwell / corridor required the same level of protection to prevent harm to residents. The floor covering in one bathroom area required replacing.

There was evidence that residents continued to share bedrooms impacting on individual dignity and choice. Three residents shared one bedroom while two residents shared another bedroom. Residents' files were stored securely in cupboards that had been provided since the last inspection. Historical resident information pertaining to feeding regimes were on display in a dining area within one premises.

The person in charge ensured that each staff member had the necessary knowledge and skills to respond to behaviours that challenge and to support residents manage their behaviour, however, one resident who persistently removed their shirt was observed on a number of occasions to be shirtless, in the presence of other residents. Staff recorded the periods that this occurred, however there was no evidence that an assessment or support was provided to the resident to reduce or prevent this behaviour, which staff also considered may be due to boredom. Inspectors also observed that the family of this resident had complained to the registered provider in relation to the lack of activities for their family member. The provider had referred the family to the Health Services Executive without addressing the entirety of the complaint as the provider responsible for service provision.

The registered provider had undertaken an extensive review of residents' rights since the last inspection. Each resident had in place a rights awareness checklist and all documentation and referrals to the provider's human rights committee had also been reviewed. This report recorded additional community activities, the referral of some restrictive practices and the closure of others by the human rights committee. It was evident that all residents had unrestricted access to toilet areas and toiletries, had sufficient and proper storage space within their living areas and bedrooms, as well as laundry baskets to promote person centred care. Inspectors were of the view that while significant improvement had occurred, residents rights were not upheld. While some improvements were noted since the last inspection, residents personal and living space as well as freedom to exercise choice and control of their daily life remained limited.

A sample of resident's individual care plans were reviewed by the inspectors. It was evident that the plans that were reviewed were up-to-date. Resident goals had been achieved. The individual care plans were provided to residents in an easy-to-read format and staff had evidence of progress in this area which involved the use of residents' electronic tablets. There was also good evidence of health care plans and follow up in relation to residents. Staff had begun a prioritisation of referrals to an outside contractor for the purposes of behaviour support.

There was evidence of residents accessing the community and the registered provider had acquired an additional minibus, however recreation and occupational activities remained limited. The greater proportion of activities for residents remained house or campus based. Activity schedules indicated greater staff involvement in planning and recording activities as well as recording the reasons for non fulfilment when activities were cancelled due to staff shortages.

Regulation 11: Visits

The person in charge ensured that a suitable and private place was available to receive visitors in the designated centre.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and control over their personal property, where reasonably practical.

Judgment: Compliant

Regulation 13: General welfare and development

While the registered provider had made improvements to ensure residents access to facilities for occupation and recreation in line with residents interests, capacities and developmental needs, the necessary staff supports to develop and maintain these links required further resources.

Judgment: Not compliant

Regulation 17: Premises

The registered provider had made some progress since the last inspection in regards to some residents bedrooms, however the design and lay out of the designated centre did not meet the needs of residents who continued to share bedrooms as well as one resident who remained in a bedroom of insufficient size.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety management systems in the designated centre required improvement to ensure the safety of residents.

The inspector was not assured that adequate precautions were being taken against the risk of fire in the following respects:

- Inspectors observed a fire door to a staff office propped open and were told this was due to air quality and the temperature of the room.
- The arrangements for the storage of oxygen cylinders required review. Some

were observed to be located in the path of a doors swing, potentially causing damage to the cylinder concerned. They were located with rooms containing combustible material. When requested, risk assessments for the use and storage of oxygen cylinders were not available.
- Hoist batteries were observed on charge, some of which were loose and not appropriately secured in place. A risk assessment for hoist batteries on charge was not available when requested.

The inspector was not assured that adequate means of escape was provided, for example;

- An inner room was being used as a bedroom in one unit
- An Exit sign was missing above a door leading to a designated escape route identified as the escape route for bed evacuation.

Adequate arrangements had not been made for containing fires;

- Inspectors observed penetrations for light fittings through the fire rated ceilings in some units.
- Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery). While there was a programme of works for the replacement of identified deficient fire doors, some doors along escape routes were observed that were not fitted with cold smoke seals which would be expected to be replaced/fitted in the interim. Fire doors to bedrooms in some units were not fitted with devices which would close the door when the fire alarm system is activated. In the main, staff spoken with confirmed that fire doors were required to be kept closed, but in one unit inspectors were told that fire doors were left open at all times.
- Some storage presses along escape corridors were not adequately enclosed in fire rated construction.
- Some fire stopping was required where building services penetrated fire resisting construction.

Inspectors were not assured that adequate arrangements had been made for evacuating all persons from parts of the centre in a timely manner:

- In one unit, drill records indicated an evacuation time of five minutes and twenty six seconds to evacuate the unit. This evacuation time is considered excessive and the registered provider should strive to reduce this time to ensure the safety of residents.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident had an individual care plan

that was subject to assessment and effectiveness and reflected changes in circumstance.

Judgment: Compliant

Regulation 6: Health care

The registered provider had in place appropriate healthcare for each resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that each staff member had the necessary knowledge and skills to respond to behaviours that challenge and to support residents to manage their behaviour; however, one resident who persistently removed their shirt was observed on a number of occasions to be shirtless. There was no evidence that an assessment or support was provided to the resident to reduce or prevent this behaviour, which staff also considered may be due to boredom.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While some improvements were noted since the last inspection, residents personal and living space as well as freedom to exercise choice and control of their daily life remained limited.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St. John of God Kerry Services - Beaufort Campus Units Area 1 OSV-0003630

Inspection ID: MON-0027953

Date of inspection: 07/11/2019

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:
The Registered Provider is engaged with the Statutory Funding Agency to address the legacy issues relating to staffing levels within the congregated setting and has submitted a comprehensive proposals on funding required to the Statutory Authority. The Registered Provider has submitted an updated proposal to the Statutory Funding Agency for additional staffing to ensure the numbers of staff are appropriate to the assessed needs of residents and is in ongoing communication to progress same. Proposal submitted on the 13th August 2019.

15 (1) 15 (2)
• The recruitment drive will continue to be implemented to fill existing vacancies in the complement and the Programme Manager, in consultation with the PIC, will review the recruitment strategy quarterly to preempt and respond to leavers as they arise.
Complete : 30/03/2020

• The HSE have approved the business case submitted by the Registered Provider for an increase in staffing to develop a community integration programme to support residents on campus (3 Posts)
Completed :30/01/2020

• The above posts will be advertised in February 2020 and subsequent interviews will take place with a planned start date for these three additional posts scheduled for June 2020 pending a successful recruitment campaign.

Complete : 30/06/2020

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
16(1)(a) 7 (1)
• One location in the DC has been identified as a priority for behavior training in this location where there is a potential for behaviours that challenge. One staff member is currently completing a nine month longitudinal course. The Practice Certificate in Multi Element Behaviour Support (MEBS).
Complete : 28/02/2020

• The PIC, in conjunction with the Unit Manager, will allocate staff identified on the training log for behavior training in line with the planned schedule to ensure all staff in the DC are availing of same through workshops or MEBs on line. Currently 40 staff have completed MEBs Training and 23 staff have completed MEBs on line.

Complete : 30/11/ 2020

• The PIC, in conjunction with the Unit Manager, will allocate the remaining one staff for Fire Safety Awareness Training with a competent person to bring all staff up to date.
Complete : 30/03/2020

• The PIC and the Unit Manager will review the implementation of Safe Administration of Medication and identify any barriers to implementation of Service Policy to support resident's access to community in one location.

A strategy will be put in place to support staff in addressing any identified barriers and provide additional training/mentoring where required.
Complete : 30/03/2020

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
23(1)(a)
• The Programme Manager and the PIC will continue to review the staffing compliment

described in the Statement of Purpose for each location, quarterly, including the current breakdown of the skill mix, to monitor same and ensure any potential gaps and skill mix change are preempted and addressed based on residents' needs.
Complete : 30/03/2020

23(1)(c)

• The Registered Provider has consulted with the Oxygen supplier and new holders for Oxygen bottles have been installed in all units. The holders have been relocated as necessary.
Completed : 31/12/2019

• The Registered Provider has engaged with a competent external contractor to complete a professional risk assessment for Oxygen storage and to provide training on Oxygen handling and the completion of Chemical Agent Risk Assessment training to the Health & Safety coordinator on site.
•
Complete : 29/02/2020

• The Registered Provider has reviewed the charging points for the Hoist batteries and any loose chargers have been fixed to the walls.
Completed 31/12/2019

• The Registered Provider will change the location of hoist charging locations as required following receipt of the independent fire safety consultant's report.

Complete : 20/03/2020

23(1)(e)
• The PIC will include consultation with residents through the support of keyworkers to complete questionnaires to capture how the resident views his/her life in the Designated Centre as part of the Annual review process.

Complete : 30/03/2020

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
13 (2)(a)(b)(c)

• The HSE have approved an increase in staffing to develop a community integration

programme to support residents on campus (3 Posts)
Completed : 30/01/2020

• The above posts will be advertised in February 2020 and subsequent interviews will take place with a planned start date for these three additional posts scheduled for June 2020 pending successful recruitment.
Complete : 30/06/2020

• Using Your Environment assessment and goals are used to enhance residents independence and skills teaching based on the individuals assessed needs.

• The CNM2 Managers in consultation with residents and their Keyworkers will review and monitor the implementation of goals arising from Using Your Environment assessments for each resident.

Complete : 30/06/2020

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: 17(1)(a) 17(7)
• The Registered Provider in partnership with the Parents and Friends Association will complete the construction of two additional bedrooms in one residential area.

Complete : 30/03/2020

17(1)(a)
• The PIC will prioritise the resident in the room of "insufficient size / inner room" for transfer to a single room once a suitable vacancy becomes available.

Complete : 30/11/2020

• The Registered Provider in consultation with the Architect will review the house where the kitchen area is too small for food preparation and wheelchair accessibility to determine the feasibility of any potential building modifications in this location.
Complete : 31/10/2020

• The Registered Provider implements a planned schedule of maintenance on an annual basis. The service will continue to prioritise and plan maintenance in consultation with the Capital Expenditure Committee on a quarterly basis with the schedule for 2020 to be finalised in February 2020.
Complete : 29/02/2020

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: 28(1) 28 (2)(a) 28(2)(b)(i) 28(2)(c) 28(5)

• On receipt of the Independent Fire Risk Assessments within the DC the Registered Provider has prepared a tender document to complete all identified works.

Completed : 30/11/2019

• The registered provider completed the tender process in December.

Completed: 20/12/2019

• The Registered Provider is engaged in negotiations with the HSE on funding for the project. The HSE as part of the process has required an additional independent Fire Safety consultant to review the scope of works and the risk assessments. The independent Fire Safety consultant has completed their inspection in January.
Completed: 22/01/2020

• The findings from the above mentioned inspection are due to be submitted to the Registered Provider in February
Complete : 28/02/2020

• The Registered Provider will review the current scope of works based on the HSE Inspection Report in consultation with the Architect, the HSE, the Registered Provider's independent Fire Consultant in order to agree a schedule of works.

Complete : 30/03/2020

• The agreed scope of works will address the specific issues highlighted in the body of this report in relation to Fire Safety i.e. fire stopping, recess lights, door closures, fire doors on storage areas on escape corridors.

Complete : 30/09/2020

• The Registered Provider following completion of consultation with the HSE will implement the agreed schedule of works to reach compliance.

Complete : 30/09/2020
28(3)(a)
• All door stops have been removed from the Offices.
Complete : 29/11/2019
28(1)(a) 28(4)(a)
• The Registered Provider has consulted with the Oxygen supplier and new holders for Oxygen bottles have been installed in all units. The holders have been relocated as

necessary.
Completed : 31/12/2019

• The Registered Provider has engaged with a competent external contractor to complete a professional risk assessment for Oxygen storage and to provide training on Oxygen handling and the completion of Chemical Agent Risk Assessment training to the Health & Safety coordinator on site.

Complete : 29/02/2020

• The registered provider has reviewed the charging points for the Hoist batteries and any loose chargers have been fixed to the walls.

Completed : 31/12/2019

• The Registered Provider will change the location of hoist charging locations as required following receipt of the independent Fire Safety Consultant's report.

Complete : 20/03/2020
28(5)
• The exit sign mentioned will be installed to reflect the direction of bed evacuation.

Complete : 29/02/2020

28(4)(a)
• The PIC will prioritise the resident in the room of "insufficient size / inner room" for transfer to an alternative room once a suitable vacancy becomes available. This time scale will be reviewed if required pending receipt of the independent Fire Safety consultant's Report .
Complete : 30/11/2020

• In the location where Fire Drill records indicated an evacuation time in excess of five minutes, the Registered Provider has provided significant support and external training in relation to Fire Evacuation procedures. The most recent evacuation time for the location is 2 minutes 22 seconds.
Completed : 23/01/2020

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
07(5)(a)(b)(c)

The resident mentioned in the report "who persistently removed his shirt" was reviewed by the Positive Behaviour Support Team.

Completed : 20/11/2019

The PIC in conjunction with the Unit Manager has commenced the implementation of recommendations from the Positive Behaviour Support Team. These recommendations will be monitored by the Unit Manager to ensure progress.

Complete : 30/09/2020

The Independent Advocate has been in place since 20th May 2019 and is supporting the resident to explore Community Day Service options.

Complete : 30/09/2020

The Keyworker, in conjunction with the Unit Manager and the resident`s family, is reviewing the resident's choice of community activities to enhance his Meaningful Day activities.

Regulation 9: Residents' rights	Not Compliant

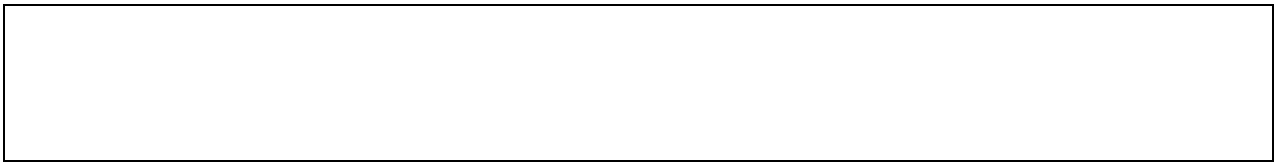
Outline how you are going to come into compliance with Regulation 9: Residents' rights: 09(2)(b)
Two new accessible vehicles have been purchased for two locations to support increased access to community based activities.

Completed : 15/01/2020

09 (3)
The PIC, in conjunction with the Unit Manager, Keyworkers and families will support two residents to transition to individual bedrooms on the completion of the planned extension in one location.
Complete : 30/03/2020

The personal information of a resident displayed in a dining area has been removed.

Completed : 08/12/2019



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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	30/06/2020
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	30/06/2020
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with	Not Compliant	Orange	30/06/2020

	their wishes.			
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	30/06/2020
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	30/06/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/03/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs	Not Compliant	Orange	30/11/2020

	of residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/03/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	20/03/2020
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	30/03/2020
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/09/2020

Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	30/09/2020
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/09/2020
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	10/02/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/11/2020

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	30/11/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/02/2020
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	29/02/2020
Regulation 7(5)(a)	The person in	Substantially	Yellow	30/09/2020

	charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Compliant		
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	30/09/2020
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/09/2020
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to	Not Compliant	Orange	15/01/2020

	exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/03/2020