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:	Peamount Healthcare ID Community Based Service
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	24 March 2021
Centre ID:	OSV-0003504
Fieldwork ID:	MON-0031658

About the designated centre

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

This designated centre is comprised of two separate apartment type buildings in suburban areas of West County Dublin. It provides 24 hour residential support services to persons with intellectual disabilities. The centre accommodates residents in a variety of units which range from single residency to three persons sharing a unit. The staff team is comprised of a person in charge, a clinical nurse manager, a social care leader, a social care worker, staff nurses and health care assistants. There is a total staff team of 23.32 full time equivalents in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21

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
Wednesday 24 March 2021	09:20hrs to 18:00hrs	Thomas Hogan	Lead
Wednesday 24 March 2021	09:20hrs to 18:00hrs	Erin Clarke	Support

What residents told us and what inspectors observed

From what residents told us and from what the inspectors observed, residents were reasonably happy living in this centre and felt safe, however, there was evidence available to demonstrate that this centre was not effectively managed and there was limited oversight of the care and support being delivered. This inspection identified significant levels of non-compliance with the regulations and these findings are outlined in the body of this report in detail.

The inspectors met with 18 residents on the day of the inspection and spoke with four residents in detail. Overall, there was mixed feedback from residents with some describing the centre as being a supportive environment while other were not satisfied with the service they were in receipt of. The inspectors received 20 completed resident questionnaires which had been provided to the registered provider in advance of the inspection. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was mixed feedback on the satisfaction of residents with the services and in some cases residents included statements such as: "sometimes I feel lonely", "I would like to go out more", "the staff are very kind and look after us very well" and "I am not happy with the [pandemic] restrictions".

In addition to speaking with residents who were availing of the services of the centre and receiving the completed questionnaires, the inspectors spoke with five family members. Overall, the family members reported mixed experiences of the centre and described their observations of the services as requiring improvements. One family member stated that it was "not clear who is in charge of the service" while another family member described themselves as being "very frustrated" with the registered provider. Other family members told the inspectors that the care was good but reported that there were ongoing issues with "...the under staffing of the centre". Another family member told the inspectors that the rights of some residents were not respected or promoted and decisions about care were being made "...about [the resident] instead of with [the resident]". They also outlined concerns about limited contact and engagement from the management team.

The centre is made up of two separate living areas located approximately five kilometers apart. One area currently provides services for up to 14 residents while the second area supports up to 10 residents. The first setting is comprised of apartment style accommodation with the sizes of those apartments varying from one bedrooms to three bedrooms. The majority of the apartments provide two bedrooms and allow for residents to share the accommodation. In the second setting, services are provided in three detached houses (containing three bedrooms each) and a one bedroom apartment. In all cases, residents have their own

bedrooms and the facilities were modern in nature, decorated in a homely manner and provided for a comfortable living environment.

Throughout the time of the inspection residents were supported by staff members to attend medical appointments, use the centre's transport vehicles, supported with collections of prescriptions from the local pharmacy and supported to plan activities. The staff team were observed to be attentive, kind and respectful towards the resident group. The inspectors observed that residents were enjoying some activities on their own in their apartments and had little input from the staff team for the majority of the time of the inspection, however, despite this, staff were observed to be very busy with little time to spare. They told the inspectors that despite an increase in the needs of residents, that staffing levels had reduced significantly. This was confirmed through a review of rosters completed by the inspectors and through speaking with residents and their families.

The inspectors found that while the basic care and support requirements of residents were being met, the centre was not adequately resourced to meet the needs of the resident group and there was a lack of clarity on the part of the registered provider as to what the assessed needs of this group were. Compounding these issues was a lack of understanding of the type of service being provided in the centre and the need for good robust governance arrangements.

While the inspectors observed that there were notices on display throughout the centre promoting residents' rights and the UN Convention on the Rights of Persons with Disabilities (UNCRPD), there were some concerns about the level of inactivity of the resident group and the amount of unoccupied time some individuals were spending on their own. Some residents told the inspectors that they would like to be more active and would like "to get out more". This was also a theme which emerged from the discussions held with the family members of the residents. One family representative told the inspectors "the centre is so short staffed that they can't get out for walks most of the time now" while another person said that there was "a lack of opportunity and activities for the residents to engage in". Another family member told the inspectors that their loved one "...doesn't get out enough" and there regularly "...was no one available to drive the minibus".

The inspectors were informed that there were monthly resident forum meetings and each resident had been appointed a key-worker who met with them on a weekly basis. While there was information on display about independent advocacy services, the clinical nurse manager informed the inspectors that there was no current need for referrals or input in place for the resident group from these services. It was clear to the inspectors that the rights of some residents were not promoted or upheld. For example, in the case of one resident who was dissatisfied with their placement in the centre there had been no referral to advocacy services and in another case, a family member told the inspectors that there had been no follow up to request for the transfer of a resident to a more suitable location. The inspectors found that overall, the absence of appropriate arrangements for the governance and management of the centre was impacting negatively on a number of key areas

including residents' rights, opportunity for engaging in meaningful activities, staffing and admissions to the centre.

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

Given the level of non-compliances identified during the course of this inspection, it was clear that significant improvements were required in the development and implementation of robust and effective management arrangements to ensure good governance and oversight of services being provided in this centre. The inspectors found that the registered provider had failed to ensure that high quality services were being provided and that a human rights based and person centred approach to the provision of care and support was embedded in the practices of this centre.

The inspectors met with the person in charge of the centre at the time of the inspection. The person in charge had been appointed a number of months prior to the inspection while the previous person in charge was on long term leave. From speaking to staff members and with residents, the inspectors found that the person in charge was not present in the centre on a regular basis and had other significant management commitments within the organisation. As a result, the person in charge had not ensured effective governance, operational management and administration of the centre during this period.

While there were clear management structures in place, the inspectors found that oversight arrangements were not effective and were not identifying concerns or areas of non-compliance. For example, while there had been a six monthly unannounced visit to the centre by the registered provided completed in November 2020 this did not identify many of the areas of non-compliance found during this inspection. In addition, six monthly unannounced visits were not completed in the centre within the required time frames and an annual review of the centre for 2020 failed to engage with any resident representatives. The inspectors also found that many of the actions arising from the centre's 2018 annual review had not been completed or followed up on by the registered provider. No annual review had been completed for the centre for 2019.

The inspectors also found that the registered provider was in breach of a condition of registration for this centre. The provider had admitted a resident to the centre and their assessed needs were not in line with those outlined in the statement of purpose. The registered provider was not aware of this condition of registration or the potential offence of breaching the condition as outlined in The Health Act 2007.

In addition to the issues identified relating to poor oversight of the centre on the part of the registered provider, the inspectors found that the centre was not adequately resourced. A review of staffing found that there had been a significant reduction in the number of staff employed in the centre in the time since the centre was last registered in 2018. The inspectors found a reduction of 5.9 full time equivalents or 230 hours per week when the 2018 staffing levels were compared to those in place at the time of this inspection. The inspectors also found that the assessed needs of the resident group had increased in this time frame and the registered provider was unable to outline a clear justification for the reduction in staffing numbers. Furthermore, the inspectors found the the skill mix of the staff team employed in the centre was not appropriate to meet the assessed needs of the resident group and had reduced in this period, despite an inspection in August 2019 identifying this as an issue of non-compliance.

Regulation 14: Persons in charge

The person in charge of the centre at the time of the inspection was found to have significant competing demands within the organisation and was not present in the centre on a regular basis and as a result was not ensuring effective governance or operational management and administration of the centre.

Judgment: Not compliant

Regulation 15: Staffing

There were insufficient staff members employed in the centre to meet the assessed needs of the resident group. The skill mix of the staff team was also not appropriate to meet these needs. For example, due to the low numbers of nursing staff employed, the inspectors found that staff nurses from the provider's campus setting were attending the centre to administer medications such as insulin on a regular basis. This practice was also found to take place during periods where a staff nurse was on leave or not rostered. A review of a sample of four staff files found that all required documentation had been maintained as per the requirements of the regulations. Staff duty rosters were reviewed and these were found not to clearly outline the start and finish times of shifts, identify the grades of staff members employed in some cases, explain a number of codes used in the documents, or identify who was the shift leader when a manager was not on duty.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors found that there were a number of deficits in staff training courses described as being mandatory by the person in charge. These included the management of behaviours of concern, open disclosure and medication management. A number of staff training courses outlined as being required by the provider in annual reviews and six monthly unannounced visits to the centre were found not to have been completed by a significant number of the staff team. The arrangements in place for the supervision of the staff team were found not to be satisfactory. For example, only two staff meetings had taken place in the centre in the time since September 2020 and only a total of eight staff members attended these meetings.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured that there was appropriate oversight of the care and support being delivered in this centre. The registered provider was not aware of the conditions of registration for this centre and as a result was not aware that they were in breach of one condition. The governance and management arrangements in place were not satisfactory. The care being provided to residents was not in line with the centre's statement of purpose. There were insufficient resources in the centre to meet the assessed needs of the resident group.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The inspectors found that the registered provider had not considered the centre's statement of purpose when admitting individuals. The registered provider was in breach of a condition of registration as a result of a recent admission to the centre. Despite requesting evidence of signed contracts of care and tenancy agreements, the registered provider was unable to provide the inspectors with this information.

Judgment: Not compliant

Regulation 3: Statement of purpose

A revised statement of purpose (dated 25 March 2021) was submitted to the inspectors post inspection and this version was reviewed and found to contain all the required information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the Office of the Chief Inspector in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was a complaints policy in place in the centre, the inspectors found that it was not guiding practice in the management of some complaints. A number of complaints communicated to the inspectors by a resident had not been logged as complaints by the management team and there was ambiguity on the part of the registered provider as to what constituted a complaint. As a result, a number of incidents of residents expressing dissatisfaction with the services they were in receipt of were not identified as complaints or followed up on as per the organisation's policy.

Judgment: Not compliant

Quality and safety

The inspectors found that, overall, residents were living a reasonably good quality of life in this centre, however, there was a clear need for improvements to be made in a number of key areas and regulations to ensure that the standard of the care and support was enhanced. This was particularly relevant to the personal rights of residents and ensuring that appropriate consideration and promotion of the rights of individuals was taking place. Despite the clear need for improvement in some areas, the inspectors found that residents were adequately protected from experiencing abuse while living in the centre. The told the inspectors that they felt safe and knew what to do if they ever experienced or witnessed abuse occurring. Additional quality improvement was required by the registered provider in the areas of fire management, infection prevention and control, and premises.

There was a need for the registered provider to urgently review their fire safety arrangements and the manner in which residents were evacuated from one area of this centre in the event of a fire. The inspectors were not assured that the needs of all residents had been considered in the completion of fire drills. In addition, there was a need for the fire containment measures to be reviewed. Some areas of the centre did not have fire doors installed where required, while other areas had fire doors but no self closing devices fitted to them.

The arrangements to support residents with their rights were reviewed by the inspectors. As previously mentioned the inspectors found that centre was not operated in a manner which respected the concerns raised by some residents. There was a clear need for the provider to foster a culture where human rights and person centredness formed the underpinning values in the approaches to the provision of care and support to residents. There was no input from independent advocacy services despite the on-going complaint made by one resident in relation to their tenancy. The inspectors received conflicting information regarding the arrangements in place for residents to meet with families during the pandemic and there was clear evidence to demonstrate that the freedom to exercise choice and control was limited for some residents.

Regulation 17: Premises

The inspectors found that centre provided for a comfortable, warm and homely environment for residents to live. The spaces were tastefully decorated, each resident had their own bedroom which were furnished in line with the requirements and wishes of each resident. There were sufficient numbers of toilets, baths and showers to meet the needs of residents. Although the interior spaces of the apartments and houses were clean and well maintained, the inspectors found that in one setting the public spaces shared amongst the apartments were visibly dirty particularly on central stairwells.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide in place in the centre which contained the information required by the regulations. This document was available to residents and their representatives.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and respond to risk in the centre. There was a risk policy in place which contained information required by the regulations. A risk register was maintained and incidents that occurred in the centre were reviewed and responded to in an appropriate manner. The risk register was comprehensive in nature and appeared to include all presenting risks and hazards. A sample of control measures cited in risk assessments and in the centre's risk register were reviewed and were found to be in place at the time of the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The inspectors found that there were local policies and guidance documents in place to inform infection control practices. There were hand sanitizing stations throughout the centre and staff members were observed to be wearing personal protective equipment (PPE) as required by public health guidelines. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place. The inspectors found, however, that there was ambiguity with regards to the requirements for the cleaning of the centre and when cleaning records were reviewed there were discrepancies in the levels of cleaning completed each day.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with emergency lighting. While there were fire doors in place in one setting, in the majority of cases where they were required there were no self closing devices fitted to these doors. In this location the inspectors observed a fire door being wedged open. In the second setting there were no fire doors in place in the majority of cases. While there was some evidence to demonstrate that residents could evacuate the centre in the event of a fire, the inspectors were not satisfied that all scenarios or the needs of all residents had been considered during the completion of fire drills. For example, one resident who required very specific and technical supports when evacuating the centre had not been included in a fire drill and as a result the inspectors were not assured that completed fire drills were reflective of potential emergency evacuations of the centre. When this issue was raised with the registered provider, assurances were provided to the inspectors that construction works had been completed in the centre to reduce the risks associated with this

matter. However, when the inspectors checked this the works had not been completed.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were encouraged to have responsibility, where appropriate, for the administration of their own medications. Where this was taking place, self administration assessments had been completed. In other cases, residents were supported by the staff team with their medication management. Medications were clearly prescribed and records were maintained by the staff team for the administration of medications.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that staff members spoken with had a good understanding of the various types of abuse and the actions required if they witnessed, suspected or had an abusive incident reported to them. Residents told the inspectors that they felt safe living in the centre. There was a safeguarding policy in the centre and the inspectors found that this was informing practice. A number of incidents of a safeguarding nature had occurred in the centre and these were found to have been appropriately followed up on and managed by the registered provider.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that some residents had not been supported to exercise their personal rights. The inspectors found that some residents were inappropriately placed in the centre which impacted on their dignity. In this case, the provider had not referred residents to independent advocacy services for their input and support. Some residents were not clear on what their rights and entitlements were and felt disempowered as a result.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Peamount Healthcare ID Community Based Service OSV-0003504

Inspection ID: MON-0031658

Date of inspection: 24/03/2021

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A new person in charge was appointed to the Centre. The person in charge has the necessary skills, qualifications, and experience to execute the role. The Person in charge is whole time permanent in the Centre. The person in charge is appointed for this Centre only.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Register Provider and the DON&SC have conducted a review of the Centre. This included a review of the dependency levels of the residents. The staffing will reflect the needs of the Centre to include appropriate skill mix to meet the assessed needs of the residents. There will be a staff nurse on duty each day in the Centre to meet the assessed needs of the residents. The roster has been amended to clearly outline staff on duty during the day and night and this will be maintained appropriately. The shift leader is clearly identified on the roster.	

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
The person in charge will ensure that all staff receive supervision in line with local policy. A formal supervision schedule for the Centre has been developed.

Staff have been scheduled to complete mandatory training as per the training tracker. The training tracker has been reviewed, and mandatory and non-mandatory training will be separated to two different data records for monitoring.
The person in charge is responsible for the maintaining, monitoring, and updating of the training tracker and will ensure it is reviewed on a regular basis.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Centre has a supernumerary person in charge who will monitor the service being provided. The PIC will be supported by a deputy in each location who will oversee the Centre. An appropriate skill mix of staff will be rostered to reflect the needs of the residents.

The registered provider will ensure that the Annual review of the Centre will include consultation with the residents and their representatives, and their views will be reflected in the report.

The registered provider will ensure that the six monthly unannounced visits to the Centre will be completed and the service provided is effectively monitored to ensure the safety of the service provided is aligned to the assessed needs of the residents.

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
The internal transfer criteria to the Centre will be reviewed and the statement of purpose amended to ensure each application for an internal admission to the Centre is in

accordance with the statement of purpose.

A tenancy agreement and contract of care is signed by residents on admission or with their representative if required. This tenancy agreement includes where appropriate the fees to be charged.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
All staff will receive educational updates on the complaints policy with particular emphasis on the complaints log.

The complaints log has been changed to reflect feedback, raise issues, or make a complaint. This will be completed each time a resident/ family member wishes to provide feedback to the PIC/Registered Provider.

Complaints will be discussed at weekly resident meetings and any complaint made by the resident at those meetings will be logged and followed up as per policy.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The provider will ensure there are weekly checks by the PPIM of all areas to ensure they are clean and adhere to standards. The Household manager will conduct audits monthly and action as appropriate.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The cleaning logs have been changed to reflect daily, weekly, and monthly checklists to monitor levels of cleaning. These records will be reviewed monthly by the Person in Charge.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has made adequate arrangements for evacuation of all residents including completion of works to facilitate the needs of a specific resident.

A fire drill is scheduled to take place to include all residents on Tuesday April 27th 2021. The resident PEEPS will be updated to reflect construction changes in the Centre. The self-closing mechanisms will be installed in the Centre in line with fire regulations.

All staff will undertake refresher fire safety training to ensure all staff are aware of the procedure to be followed in the event of a fire.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider will continue to ensure the Centre is operated in a manner that respects each resident's dignity, privacy and promotes the residents wishes and preferences.

Residents will be supported and encouraged to exercise their rights. Weekly resident meeting will continue to occur. The agenda for the weekly resident meetings has been updated. The PIC will ensure weekly minutes are accessible to all residents. There are three types of resident meetings arranged in the Centre, this includes:
• Weekly resident key worker meetings-
• Weekly resident house planning meetings
• Monthly resident house meetings
These meetings will ensure the resident can exercise his/her choice and control of their daily life.

Residents will be referred to independent advocacy services as per their need in accordance with the residents wishes.

The registered provider will establish a service user forum on a quarterly basis with representation from residents and families.

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	01/04/2021
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of	Not Compliant	Orange	01/04/2021

	the designated centres concerned.			
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.	Not Compliant	Red	31/05/2021
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.	Not Compliant	Orange	31/05/2021
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.	Not Compliant	Orange	01/04/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/07/2021

Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/05/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/08/2021
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	Red	31/05/2021
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	Red	31/05/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in	Not Compliant	Orange	31/12/2021

	accordance with standards.			
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	01/05/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	30/06/2021
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Red	31/05/2021

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	30/04/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/04/2021
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	30/04/2021

Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/04/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2021
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	Red	19/04/2021
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.	Not Compliant	Orange	30/04/2021
Regulation 34(1)(b)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-	Not Compliant	Orange	30/04/2021

	appropriate format and includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after admission.			
Regulation 34(1)(c)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure the resident has access to advocacy services for the purposes of making a complaint.	Not Compliant	Red	31/05/2021
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Red	31/05/2021
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	Not Compliant	Orange	30/04/2021

	the resident was satisfied.			
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Not Compliant	Orange	01/05/2021
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	01/05/2021
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 exercise choice and control in his or her daily life.	Not Compliant	Orange	01/05/2021
Regulation 09(2)(d)	The registered provider shall	Not Compliant	Orange	01/05/2021

	ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.			
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	01/05/2021