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:	Comeragh Residential Services Kilmeaden
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	09 January 2024
Centre ID:	OSV-0005094
Fieldwork ID:	MON-0040910

About the designated centre

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

In this centre, a full-time residential service is available to a maximum of five adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. This centre provides support for residents with high support needs. The number of days and number of hours each resident attends day service varies according to the individual needs and preferences of each of the five residents presently living in the designated centre. The house is staffed on a full time basis, which allows for flexibility around whether or not a resident goes to day service on any given day. Transport to and from this service is provided. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. The premises is a two storey residence. Each resident has their own bedroom and share communal, dining and bathroom facilities (two bedrooms are en-suite). The house is located on the outskirts of a village and a short commute from all services and amenities. The staff team is comprised of nurses and social care staff under the guidance of the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 (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
Tuesday 9 January 2024	08:40hrs to 17:40hrs	Tanya Brady	Lead
Tuesday 9 January 2024	08:40hrs to 17:40hrs	Sinead Whitely	Support

What residents told us and what inspectors observed

This was an unannounced inspection completed by two inspectors over the course of one day. The purpose of this risk based inspection was to review progress by the provider against their stated actions which they put in place following the last inspection of the centre in July 2023.

The previous inspection of the centre found non-compliance against all Regulations reviewed which resulted in a formal cautionary meeting held with the registered provider following the inspection. The provider subsequently submitted a written action plan to the Chief Inspector of Social Services and this plan was reviewed as part of this inspection.

This centre comprises a large two storey property set in a large site close to a village in Co. Waterford. The centre is registered for a maximum of five residents and is currently at full capacity. Inspectors had the opportunity to meet and spend time with all five residents over the course of the day. Residents were observed coming and going from the centre either to planned activities such as their day service or unplanned activities such as going for a coffee with a peer. The atmosphere found in the centre on the day of inspection was generally relaxed and sociable and the residents spoken with indicated that they liked living in the centre. Staff and management were found to be pleasant, kind and respectful to the residents.

On arrival to the centre one resident came out a side door to greet inspectors when they rang the doorbell. This resident was getting ready to leave for their day service and greeted inspectors when they introduced themselves. The resident was supported to engage in a craft activity while waiting for their lift to the day service. Later in the day, on their return they were observed in one of the communal rooms relaxing with some of their peers also present. A second resident during the morning spoke with inspectors in the living room. They stated that they liked the house and would change nothing, that they were happy living here and had no complaints or concerns. This resident was observed moving through their home and later left to go to their day service.

Over the course of the day the inspectors observed staff engaging with residents. Residents were offered opportunities to have a lie in or to engage in preferred activities. Residents were informed by the staff that inspectors were in their home and they were offered the opportunity to meet and speak with inspectors if they wished. All residents spoke to or engaged with the inspectors either in their personal rooms or with staff support in communal areas.

Inspectors observed two residents going out for a cup of coffee together in the morning and returning for their lunch. Some residents ate together at the table in the dining area and others had a meal in their room. One resident liked to eat on their own in the dining room watching television and this was facilitated at a

different time to the other individuals.

Residents outlined that they liked to listen to audio books, to engage in art and craft, to watch films, with one resident commenting that they loved horror movies. Residents were observed moving through their home or relaxing in their bedroom or communal areas. The staff team had all completed training in the area of human rights. In speaking with inspectors the staff outlined how their increased awareness of human rights had supported them in providing individualised supports to residents and informed their interactions. For instance one resident due to attend day service decided when they woke that they would prefer to have a 'lazy day', the staff commented that they respected this decision and facilitated it.

Inspectors gathered information on what it was like to live in this centre by spending some time with residents or staff and speaking with them. Inspectors were based in an unoccupied room upstairs to review documentation. Inspectors moved throughout the premises over the course of the day and observed that the premises was presented in a clean and homely manner with substantial decoration and repair having been completed since the last inspection in July 2023. Residents told the inspectors that while they did not like the drilling and noise that the repairs had caused they liked the changes to their home.

Throughout the inspection the staff members and management present in the centre were seen and overheard to be very pleasant, respectful and warm in their interactions with residents. This contributed to the atmosphere encountered by the inspectors as that of being very sociable and relaxed while they were present. The staff team comprised of nursing staff and support workers. All staff were found to be suitably qualified to provide the care and support that the residents required. Staff had completed specific training secondary to the residents individual needs including training in catheter care, epilepsy management and diabetes management.

Despite this there were some indications that residents living in this centre could negatively impact one another. Some of the residents did not enjoy living together and this meant that daily schedules and meal times were altered and tailored to prevent some residents from meeting or being in contact regularly. One resident had vocalised on a number of occasions that they did not like living with their peer and spent extended periods of time in their bedroom.

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

During the current inspection, there was evidence of improved oversight and management presence in the centre. This was a change to that found on the

previous inspection completed in July 2023. Although additional staff had been put into the centre in recent months, inspectors were not given assurances that the staffing complement or arrangements were based on resident assessed needs.

Overall this inspection found that there had been improvements in a number of areas since the July 2023 inspection. These included increased numbers of staff on duty at key times, premises works completed or under review, updated risk assessments, enhanced oversight by management and review of restrictive practices. Such findings indicated that the provider had responded to the concerns previously identified by the Chief Inspector. A number of areas continue to require improvement however, including the assessment of actual staffing requirements, some fire safety arrangements and management of medication.

Regulation 15: Staffing

Inspectors acknowledge that the registered provider had implemented a change in their staffing allocation, with additional staff now present to cover twilight hours up to 23:00. A review of the staffing resources required, based on residents' assessed needs had not yet been completed. It was unclear for example, whether the allocation of a single staff member at night from 23:00 until 07:30 was in line with the five resident's assessed needs as an assessment of this had not taken place.

When inspectors requested information on what the whole time equivalent (WTE) staffing requirements were for the centre and whether there were any current vacancies, this information could not be accurately provided due to the reasons outlined above. The provider and person in charge stated there was one WTE vacancy from the current staffing compliment with additional gaps in the roster also arising from both unplanned and planned leave. The provider has self identified gaps in their relief staffing arrangements resulting in some shifts being covered by agency staff, although the inspectors found the person in charge endeavoured to ensure these were consistent staff.

Inspectors reviewed the centre roster and found it to be reflective of the current position. The format of this roster was found to be unclear at times, however this was currently under review by the person in charge and management team and this was an outstanding action on the centres quality improvement plan.

Judgment: Not compliant

Regulation 16: Training and staff development

Marked improvements were noted in the area of staff training and development

since the centres most previous inspection. A number of staff had recently completed mandatory and refresher mandatory training. Training was completed in areas including fire safety, safeguarding, medication management, manual handling, infection control and hand hygiene, first aid, human rights and positive behavioural support. Some centre specific training had been completed by some staff in areas including diabetes care, epilepsy management, and catheter care.

Following a review of staff training records, it was noted that a small number of staff were still outstanding in refresher fire safety training and refresher manual handling training.The inspectors acknowledge that these staff had completed an online element to these refresher training sessions and the practical training sessions were scheduled to be completed later in the month.

The person in charge since commencing in the role had begun formal staff support and supervision and a plan for this was now in place going forward. The inspectors found that records of induction for new staff was also now present and there was evidence that support was offered to agency staff when they worked on the roster. While there were some gaps in the supervision of staff due to a period of change in the role of person in charge supervision arrangements were now in place.

Judgment: Substantially compliant

Regulation 23: Governance and management

There had been some changes to the management team in the centre since the last inspection and there was an enhanced presence in the centre with an active focus on oversight and monitoring of the quality of care and support. The centre management team and quality officer had completed a number of audits in the centre since the previous inspection in July 2023. This included a six monthly unannounced inspection which had appropriately self-identified all areas in need of improvements in the centre. The provider had developed a quality improvement plan following this audit to guide them in completing any actions identified. A number of these actions had been completed including some premises work, staff shift changes, and reviews of residents finances. A small number of actions remained in progress and this included some minor premises works. However, while some areas had corresponding actions developed they had not been followed up, such as a safeguarding incident not notified to the Chief Inspector. This is referenced later in the report. An annual review of the care and support provided in the centre in 2023 was still in progress on the day of inspection.

There was a new person in charge in place since the centres previous inspection who had taken on the role in October 2023 and who was found to be suitably qualified for the role. The gaps in actions completed as stated above and gaps in documentation such as staff meeting minutes available could be directly attributed to this gap in oversight in the period July to October 2023. Inspectors acknowledge the substantial work completed by the current management team in implementing

the providers' systems and in the enhanced levels of oversight evident in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspectors reviewed the centre accident and incident log and noted two peer to peer safeguarding incidents had occurred in August 2023. This was also noted during the centres own six monthly unannounced audit. The provider had failed to notify these incidents to the Chief inspector through the notification process as required by Regulation 31. This was an outstanding action on the centres quality improvement plan.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place that was effective and available in an accessible format for the residents and for their representatives to use. There was a nominated complaints officer and systems to log and show follow ups on complaints made. It was evident that where residents had complained that the nominated person met with the resident to explain what would happen next and again to explain the outcome of investigations. Where residents stated they were not fully satisfied with the outcome of a complaint this was acknowledged and further intervention carried out. The inspectors found that a significant number of resident complaints related to the compatibility issues within the centre and this matter is reflected under Regulation 8. The complaints process however, was effectively used and responded to.

Judgment: Compliant

Quality and safety

The quality and safety of the care and support provided to the residents had been a focus in the centre since the previous inspection in July 2023 and the inspectors noted that levels of compliance with the regulations had largely improved. However a number of outstanding actions remained following this inspection. It was found that the provider was aware of these and was working towards completing any outstanding actions.

Despite identified compatibility issues in the centre the provider had not as yet completed a formal assessment of compatibility. This meant that areas such as personal space, sharing common spaces, enjoyment of activities and interactions were being reviewed via the incident review process as a retrospective overview rather than via implementation of proactive systems. Management of compatibility concerns remained, such that cohorts of residents could not be left unsupervised or that some residents had to travel at different times.

Regulation 17: Premises

The inspectors found that substantial works had been completed in the premises since the last inspection in July 2023. The inspectors observed new flooring in a number of areas in the house and a new kitchen had also been installed, painting had been completed in some areas and rooms that had been cluttered had been cleared. Some minor outstanding premises works were still in progress including some paintwork and addressing exposed pipes, these are detailed under Regulation 27. In general, the inspectors noted a clean and homely environment. Residents all had their own rooms which were personalised and decorated in line with their personal preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. There was an up-to-date safety statement in place with a centre specific ancillary statement.

The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Service records and maintenance plans were in place for the equipment present in this home, such as hoists or specialist beds. The provider had a system in operation for recording and reviewing any incidents occurring in the centre. When reviewing a resident's daily notes the inspector noted that there were some instances recorded in these that were not recorded as incidents despite these appearing to be similar in nature. Some risk assessments had been developed in response to changes for residents such as transitioning back to their home from a period in hospital, these assessments detailed control measures including staff or equipment to be in place, while inspectors acknowledge the positive changes for the resident the risk assessment had not been reviewed to reflect the changes.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, the inspectors found there were suitable arrangements in place in the centre for infection prevention and control. The centre was visibly clean on the day of inspection. Cleaning schedules were in place for regularly cleaning all areas of the centre and these were adhered to by staff daily. Appropriate arrangements were in place for the disposal of waste and hazardous waste. Some residents required regular medication via regular injections and sharps bins were in place in the centre for the disposal of these which had been marked with opening dates

Some residents required support with catheter care. All staff had received up-to-date training in catheter care. Residents had comprehensive care plans in place to guide staff appropriately in supporting them with the management of their catheters. Both residents were under the care of specialist healthcare professionals and their catheter care plans were regularly reviewed and changed as required. One resident also required support with wound care. This was also appropriately managed by staff in the centre and referrals and reviews were carried out with relevant specialist healthcare professionals.

Some outstanding premises works were still to be completed in the centre on the day of inspection. While a number of improvements were noted in this area the remaining works to be completed continued to affect the deep cleaning of certain areas. For example, chipped paintwork, exposed pipes and rusted radiators.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. However, improvement was required relating to containment measures in place. The inspectors found that significant work had been completed to ensure that this centre met fire compliance requirements. Damage to fire doors identified previously had been reviewed and some new fire doors had been fitted throughout. A suitably qualified external agency was present in the centre on the day of inspection to review these doors and identified further work was required to door frames as some were damaged. Where the external laundry room was not linked to the fire panel the works had created holes between floors thus lessening containment other areas were noted with through floor works requiring review.

In addition, accurate documentation of arrangements in place for the safe evacuation of all persons in the event of a fire required review, particularly at night time. At night-time the five residents were supported by one staff member on a

waking-night shift, the times for full evacuation were not documented due to inclement weather however, a partial evacuation was recorded as having the same time as a waking drill completed with four residents supported by two staff in the day.

The centre evacuation plans were current and regularly reviewed. There was a discrepancy noted between two documents in place to guide staff on the order of residents to be supported to leave the centre, the emergency evacuation plan and the fire evacuation plan (night). Each resident had a personal emergency evacuation plan which was up-to-date and outlined supports they may require.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

In general, good practices were observed in relation to medication management in the centre. Residents all had an individual drug kardex which was signed by their GP and regularly reviewed. All medications were stored in a locked press and a locked fridge was in place for the storage of any medicines which required refrigeration. The temperature of this fridge was checked regularly. Some residents required regular medication via injections and sharps bins were in place in the centre for the disposal of these which had been marked with opening dates. The inspector observed safe practices during medication administration times. The person in charge was completing quarterly audits on medication management in the centre.

The inspector reviewed a sample of residents medication administration records and found that there were some gaps in these records where staff had not signed if a medication had been administered to residents at the correct date and time. Furthermore, it was noted that some staff had not signed the administration records signature bank. This meant it was not clear who had administered the medication. The person in charge had noted these gaps during their own audits and further action was being taken to address the issue.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider and person in charge had ensured that where required there were behavioural support arrangements in place. Behavioural support assessments and plans were reviewed by the inspectors and found these gave a clear account of the arrangements to support a resident in regards to their needs with behaviour that challenges. Following the last inspection of the centre these plans were found to be reviewed and amended to reflect the residents' current presentation. There was

evidence that the providers' behaviour support specialist had prioritised support to the centre and was present on a regular basis to support the residents and the staff team.

Staff who met with the inspectors understood these recommendations and were endeavouring to create an environment which reduced the likelihood of behaviours that challenge occurring.

There were a number of restrictive practices in place in the centre which were assessed for and implemented in line with national policy and best practice. The staff team had received training to manage behaviour that challenges and this had included specific training on restrictive practices in use in the centre. The provider ensured that all restrictive practices were reviewed in their restrictive practice committee and referral to the providers' human rights committee was found to have taken place.

Judgment: Compliant

Regulation 8: Protection

Improvements were noted in the area of safeguarding the residents in the centre. All staff had completed up-to-date training in the safeguarding and protection of vulnerable adults. All residents had safeguarding plans in place where appropriate, which were subject to regular review. However, compatibility of residents continued to be an issue in the centre at times. Some of the residents did not enjoy living together and this meant that daily schedules and meal times were altered and tailored to prevent some residents meeting or being in contact regularly. One resident had vocalised on a number of occasions that they did not like their peer. The centre staffing whole time equivalent was not clear on the day of inspection and this was an outstanding action to be completed on the providers own quality improvements plan. It was unclear for example, whether the allocation of a single staff member at night from 23:00 until 07:30 was in line with the five residents' assessed needs. This posed some potential safeguarding risks at night time and the centres accident and incident log had demonstrated that one safeguarding incident had occurred early in the morning, when reduced staffing was in place.

As identified under Regulation 31, two safeguarding incidents had occurred in August 2023 that had not been followed up in line with the provider's own safeguarding policy and national safeguarding policy. This was an outstanding action on the provider own quality improvement plan.

The previous inspection had found that improvements were required in the management of residents' finances. The inspectors found that the provider had completed substantial work in this area. Enhanced collaboration with residents and their representatives had taken place and new systems were adopted. Residents were supported to engage with financial institutions and with relevant Government

departments with respect to management of their finances. While not all actions were complete they were found to be in progress on the day of inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The residents choice and control was regularly considered by staff in the centre. All staff had completed Human Rights training and staff spoken with were knowledgeable regarding learnings from this. Inspectors observed records of choice being offered daily at meal times and variety with daily activation. One resident indicated that they would like a lie-in on the morning of the inspection and this choice was respected by staff. Compatibility issues continued to impact residents at times as noted under regulation 8.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Comeragh Residential Services Kilmeaden OSV-0005094

Inspection ID: MON-0040910

Date of inspection: 09/01/2024

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The format of the roster has been adjusted to facilitate clarity of staff team on shift and this is now implemented. • The current whole time equivalent of staffing has been established as 8.75 WTE. Currently there are no vacancies. We are seeking to recruit a staff to cover planned leave of permanent employees. • An assessment of need is in progress for each resident to determine required staff resources to support identified needs. This information will be shared with regional services manager to inform them should additional resources be required. A meeting will be scheduled with regional services manager and DOS to address any potential gaps in resources.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Four staff require practical Fire training and it has been scheduled for completion on 1/03/2024. • Three staff require manual handling and patient lifting. One staff is scheduled for 13/03/2024 and remaining two are booked for 25/05/2024 or sooner should cancellations arise.	

• Three staff require first aid training which will all be completed by 08/05/2024 or sooner should cancellations arise.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Annual review will be completed by the 31/03/2024.

• Quality improvement plan continues in place with oversight from Service Manager and Compliance Manager. Actions identified continue to be completed, followed up and monitored effectively.

• Management systems continue in place to ensure oversight of consistent and safe services in line with residents assessed needs.

• Provider to review governance systems currently in place across region in particular contingency planning for when a member of management is absent.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• The Person in charge will ensure that notification are submitted in line with regulations with oversight from service manager.

• PIC will retrospectively submit NF06 notifications in respect of aforementioned incidents outlined above.

• Provider to review governance systems currently in place across region in particular contingency planning for when a member of management is absent.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• The person in charge will ensure all incidents of concern will be logged on providers own incident management system and reviewed with the multi-disciplinary team.

• The risk register will subject to quarterly reviews by the person in charge going forward.

• Risk assessment around hospital discharge has now been reviewed and control measures in place around same.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• Identified remedial works for completion in the designated center have been identified and the person in charge will liaise with buildings manager to ensure work is completed at the latest by 30/05/2024.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Work on the doorframes to provide effective containment against fire will be undertaken as outlined in most recent report by fire specialists.

• An assessment of remedial works required for the centre will be undertaken by a competent person to ensure fire containment is effective on completion of refurbishment works.

• Night time fire drill will appropriately reflect the full evacuation of the designated centre. Regular night time fire drills will continue with monitoring of same by person in charge.

• Night time fire evacuation plan will be reviewed upon completion of works to install overhead tracking hoist in bedroom of one resident.

• The discrepancy noted in relation information in the emergency plan for night time evacuation has been rectified to comply with personal emergency evacuation plans.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• Medication will be administered in line with organisational policy. Person in Charge has addressed with staff team at staff meeting issue of gaps in signing MPARs and the same will be closely monitored going forward. PIC will take further action should non compliance continue within staff team.

• Signature bank is under review to reflect all staff currently administering medication within the centre.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• Daily schedules and meal times are currently under review and will be completed in line with individuals preferences.

• An assessment of need is in progress for each resident to determine required staff resources to support identified needs. This information will be shared with regional services manager to inform them should additional resources be required. A meeting will be scheduled with regional services manager and DOS to address any potential gaps in resources.

• Provider to review governance systems currently in place across region in particular contingency planning for when a member of management is absent.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	01/05/2024
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	25/05/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/05/2024

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2024
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	31/05/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	29/02/2024

	extinguishing fires.			
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.	Substantially Compliant	Yellow	14/02/2024
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	04/02/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other	Substantially Compliant	Yellow	06/02/2024

	resident.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	29/02/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	29/02/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/03/2024