



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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 5
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	27 September 2021
Centre ID:	OSV-0007711
Fieldwork ID:	MON-0034237

About the designated centre

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

Goldfinch 5 is a ground floor duplex apartment located in a housing estate in a city. It provides a full-time residential service for up to four female residents, over the age of 18 with intellectual disabilities and those with physical or mobility support needs. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a living room, a kitchen, a laundry room, bathrooms and staff rooms. Residents are supported by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Monday 27 September 2021	10:40hrs to 19:10hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents spoken with by the inspector generally provided positive feedback about living in this designated centre. Staff members and management present engaged with residents in a positive and respectful manner throughout the inspection. However, there had been some occasions where the vocalisation of some residents had upset peers which led to complaints.

The inspector met all four of the residents living in this designated centre during this inspection. The residents spent most of the inspection day in the centre although it was noted that one resident went for a walk with a staff member while the other residents did go for a drive with staff to a nearby shopping centre where they got some coffee. When the residents were present in the centre, the inspector had an opportunity to observe interactions between residents and staff while also having opportunities to speak with all residents.

The first two residents spoken with indicated that they liked living in the designated centre. When one of these residents was asked by the inspector what they liked to do during the day, the resident told the inspector that they did not do much aside from watch television and going for drives. The resident then went on to say that they did go out for shopping at the weekends which they enjoyed but mentioned that when out shopping the day before this inspection, they had to return to the centre due on account of the weather. Some medical appointments which the resident had recently were also outlined by this resident.

A third resident spoken with also indicated that they liked the designated centre and said that they enjoyed knitting. This resident then directed the inspector to their bedroom so see some of the knitting they had done. The inspector visited this residents' bedroom and saw what the resident had referred to. It was noted during this visit that their bedroom was well furnished and personalised. On returning to this resident, they showed the inspector some family photos and indicated that had made scarves for some of their families members. This resident appeared proud of this.

Later on, when the first three residents had left the centre to go to the nearby shopping centre, the inspector spoke to the fourth resident. This resident also told the inspector that they liked living in the designated centre and that there was nothing they would change about the centre. The resident also said that felt safe living in the designated centre and liked the other people they were living with. When asked what how they spent their days, the resident told the inspector that they knitted and watched television.

The views of residents were also available in some of the documentation reviewed during this inspection. For example, the annual review carried out for this centre included the outcome of consultation with residents and families who had been provided with questionnaires on the services provided in the centre. All four

residents had completed such questionnaires with positive comments made regarding the centre and staff. Three family questionnaires had been returned which contained positive views generally on areas such as residents' rights, staffing and residents' personal plans.

One resident had also contributed their views to the most recent unannounced visit to the centre carried out by a representative of the provider in June 2021. In this, while giving some positive feedback, the resident indicated to the provider's representative that they were bored and missed their day services away from the centre which had not been taking place since the beginning of the COVID-19 pandemic. However, the resident did mention that they had received a letter from the provider's director of services in the Limerick area about the resumption of day services which they appreciated.

It was noted that residents were unhappy about their day services away from the centre being cancelled and in response all four residents were supported to make a complaint about this to the register provider. Although it was hoped that day services away from the centre could resume in October 2021, the complaint remained unresolved at the time of this inspection. However, it was noted that the complaints officer had met with the residents regularly to discuss their complaint and to keep them informed while a person participating in management for the centre had also written to all four residents about this.

Information around the complaints procedures was seen to be on display in the designated centre with records maintained of any complaints made. When reviewing these records, the inspector noted that there had been times when some residents were upset by other residents' vocalisation and had complained about this. Staff spoken with indicated that there were instances when residents bickered and at such times residents were to be separated as much as possible within the centre which multiple communal rooms available for residents' use. The person in charge indicated that such instances had not been helped by residents spending more time together in the centre on account of COVID-19.

However, aside from the times when residents complained about this, the inspector noted other occasions where residents' vocalisations upset peers from incident records reviewed and daily notes relating to individual residents. When reviewing such daily notes the inspector noted that the language used to describe residents was largely respectful but there was some instances where certain phrases used about residents was not person-centred. For example, in the daily notes of one resident they were described as being "really bad all evening".

Despite this residents were seen to be treated respectfully by staff members on duty throughout this inspection. Residents appeared comfortable and relaxed in the presence and staff who were overheard to ask what meals residents wanted or where they wanted to go during this inspection. In addition to taking residents out for a walk or drive, during the inspection staff members were seen to help residents in other activities within the centre such as colouring and knitting. Records reviewed since the beginning of March 2021 indicated that such activities were taking place

regularly in addition to other activities such as music, bingo and mindfulness.

When reviewing such records it was noted that some community based were taking place such as going to the cinema, swimming and visiting the library. However, based on the records provided, it was noted that vast majority of activities provided for residents were based in the centre or were listed as being drives although the inspector was informed that residents would get off the centre's vehicle during such drives. It was seen that a person-centred planning process was followed in this designated centre which allowed goals which were of importance and meaningful to residents to be identified. For example, one resident had goals identified to participate in a flower arranging course and to attend a specific concert.

Throughout the inspection, music was regularly playing and this contributed to a positive atmosphere overall during this inspection. Residents appeared either content or happy while the inspector was present and it was seen that residents appeared to know those involved in the management of the centre. For example, when one person participating in management came to visit the centre, some residents got very excited about this with one resident asking to speak to this person in private which was facilitated.

It was also seen that the premises of the designated centre overall was presented in a very well maintained, well-furnished, homely and clean manner. Sufficient communal space was available within the centre given its size and the number of residents living there while, from seeing two residents' bedrooms, there was sufficient facilities available for resident to store their personal belongings.

In summary, residents were seen to be treated a respectful manner during this inspection in a homelike environment while a positive atmosphere was present throughout the inspection. Residents were supported to raise complaints and some had complained around the shouting of peers and their day services away from the designated 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

Residents were generally found to be well supported with appropriate staffing levels provided. However, other aspects of staffing did require improvement such as the maintenance of staff rosters and ensuring a continuity of staff.

The premises which made up this designated centre was previously part of another centre operated by the same registered provider. After a reconfiguration and some works carried out, this premises was registered as a standalone designated centre

with no restrictive conditions until January 2023 after a site visit carried out by HIQA in November 2019. At the time of registration, the centre was unoccupied and the first resident subsequently moved into the centre in June 2020. The purpose of this HIQA inspection was to assess the supports provided to residents and the levels of compliance with the regulations since then.

Under the regulations the provider must ensure that there are suitable staffing numbers and skill mix in place to support residents. Based on the overall findings of this inspection the inspector was satisfied that the provider was discharging these requirements. It was noted though that the continuity of staff did require some improvement. Maintaining a continuity of staff is important to ensure a familiarity with residents and the operations of the centre. While there was a core staff team in place, from documents reviewed a high number of different individual staff had worked in the centre in the previous six months. In addition on arrival at the centre two staff were present, one of whom indicated they had not worked in the centre in 6 months while the other was working in the centre for the first time. Both of these indicated that there were no safeguarding concerns in the centre despite there being a recent safeguarding incident for which there was an open safeguarding plan at the time of inspection.

Amongst the staff related records reviewed during this inspection were staff rosters. Under the regulations actual staff rosters worked must be maintained which is important to indicate who has actually worked in a centre on a given day. The inspector requested the actual staff rosters worked for the previous 6 months and was provided with rosters. However, differences in the number of different staff who worked in the centre in this period were noted when comparing the rosters with other documentation provided. The inspector was subsequently informed that some short notice changes in staffing might not be reflected on the staff rosters. As such actual staff rosters worked were not being properly maintained.

The inspector also reviewed training records relating to staff members and noted training in various areas was generally provided to all staff members who worked in the centre. It was noted though that all staff had not completed training in wheelchair clamping. This had been highlighted as an area for improvement during the November 2019 site visit and was important given the needs of some residents of this centre. It was acknowledged though that the COVID-19 pandemic had made the provision of such training difficult. In addition to providing staff members with training, arrangements were also in place for staff to receive formal supervision on a regular basis.

Such supervision was one of the means of monitoring the services provided to residents and it was also noted that other monitoring systems were in operation including annual reviews and six monthly provider unannounced visits. Reports of such visits and reviews were maintained that were available for the inspector to review during this inspection. The inspector was informed though that a self-assessment of the preparedness of the designated centre for a COVID-19 outbreak had not been completed at the time of inspection. In addition, while residents were generally found to be well supported, a number of regulatory actions were identified

during this inspection.

Regulation 15: Staffing

Appropriate staffing levels and skill mix were in place to support residents but a high number of different staff had worked in the centre. While rosters were being maintained, they did not always indicate who actually worked in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training was provided to staff in various areas but not all staff had undergone training in wheelchair clamping. Arrangements were in place for staff to receive supervision. Copies of the Health Act 2007 and the regulations were available in the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

An annual review had been completed for this centre which included consultation with residents and their families. Unannounced visits to the centre were carried out every 6 months by a representative of the provider and where any areas in need of improvement were identified, a corresponding action plan was put in place. A self-assessment of the preparedness of the designated centre for a COVID-19 outbreak had not been completed and a number of regulatory actions were identified during this inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Information on the complaints procedure was on display in the designated centre. Residents were supported to raise complaints and records of any complaints made were maintained.

Judgment: Compliant

Quality and safety

Residents had personal plans in place and support was being provided to meet the assessed needs of residents. Improvements were required regarding the logging of incidents occurring in the designated centre and the review of risk.

The designated centre was equipped with fire safety systems including a fire alarm, emergency lighting and fire doors. External contractors were carrying out maintenance checks regularly to ensure that such systems were operating correctly. From records provided most staff had undergone fire safety training but some had not. Fire drills were being carried out regularly and all residents had personal emergency evacuation plans (PEEPs) provided outlining supports they needed to evacuate if required. It was noted though that two residents had recently reviewed risk assessments in place indicating that they might refuse to evacuate the centre but the residents' PEEPs did not reference this.

Various risk assessments were maintained relating to the designated centre overall and individual residents. From the sample of assessments reviewed it was seen that these outlined measures to prevent such risks from happening and were reviewed regularly. It was also noted that reviews of certain risk assessments took account of recent incidents that took place in the centre. Such incidents were logged on an electronic system which the inspector reviewed and noted that a low volume of incidents had been recorded for the centre in 2021. The low level of incidents was also commented upon in the report of the provider's most recent unannounced visit to the centre.

Recording accidents and incidents is important as it forms part of an effective risk management process and helps ensure that risks are reviewed to take account of new developments. However, when reviewing a sample of daily notes the inspector read that there were further incidents occurring in the designated centre which were not being recorded on the provider's incident logging systems which was leading to inconsistency in this area. For example, some instances where residents had been upset by the shouting of peers were logged as incidents but others were not. This limited the potential for these incidents to be considered from a risk management perspective.

In addition, in the daily notes of one resident, reference was made to staff having to speak to the resident on account of their behaviour towards another resident on two recent occasions. No incident had been logged related to these and it was unclear what the nature of this behaviour was or the impact that it may have had on the other resident involved. However, there was no risk assessment in place relating to the impact that this resident could have on the peers they were living with while the inspector was informed that no guidance was currently available on supporting this

resident with their behaviour.

Given the nature of some of daily notes entries reviewed coupled with the incidents that were recorded and some complaints made by residents, the inspector queried with the person in charge and a person participating in management as to whether they were satisfied that all matters of a safeguarding nature potentially occurring in the centre had been identified and responded to as such. Correspondence received from the person in charge following the inspection indicated that the issues raised by the inspector were discussed with the provider's designated officer (person responsible for reviewing safeguarding concerns) who was of the opinion that there not of a safeguarding nature. This post inspection correspondence received emphasised the importance of regularly reviewing incident records to identify possible safeguarding concerns but, as highlighted by this report, there were inconsistencies in the recording of incidents in the the centre which lessened the possibility for such reviews to be effective.

While these were areas in need improvement, the inspector did note that practices were in operation to protect residents from being directly impacted by COVID-19. Regular cleaning was carried out in the centre while the residents and staff were being monitored for symptoms throughout the day. Staff members were observed to use personal protective equipment (PPE) while records reviewed indicated that staff had received relevant training. Logs were maintained of any visitors to the designated centre with any visitors (including staff) asked to check their temperature before entering. On reviewing this log though, the inspector did note some instances where it had not been correctly maintained. For example, some staff had signed in to the visitor log but were not recorded as signing out when leaving.

In addition to the infection prevention and control measures that were being followed in the centre, residents had individual risk assessments in place related to COVID-19 which were contained within their individual personal plans. The inspector reviewed a sample of such plans and noted that they had multidisciplinary input and contained a good level of guidance on supporting the assessed needs of residents. There was also evidence that residents' needs were being adequately supported. For example, residents with particular health needs were being supported to attend various health and social care professionals such as general practitioners, dentists and opticians while residents were also facilitated to participate in national screening services.

Regulation 13: General welfare and development

Residents were supported to engage in various activities such as arts, music and knitting. While some community based activities were provided, records provided indicated that he majority of activities were based in the centre or drives. A resident also indicated to the inspector that they did do not much aside from watch television and going for drives.

Judgment: Substantially compliant

Regulation 17: Premises

The premises provided was seen to be clean, homelike, well maintained and well-furnished with suitable communal space, storage facilities and bathrooms available.

Judgment: Compliant

Regulation 26: Risk management procedures

There was inconsistencies in the logging of incidents occurring in this designated centre which limited the potential for these incidents to be considered from a risk management perspective.

Judgment: Not compliant

Regulation 27: Protection against infection

Infection prevention and control measures being followed in the centre included staff training, regular cleaning, the use of PPE and symptom monitoring. It was noted though that a visitors log sheet detailing when people arrived at and left the centre was not always correctly maintained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place but some staff had not undergone fire safety training. Fire drills were carried out regularly and residents had PEEPs in place but it was noted that two residents' PPEPs did not reference recently reviewed risk assessments around these residents refusing to evacuate.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which used a person-centred planning process to involve residents. Goals for residents were identified through this process which were reviewed regularly. Personal plans had multidisciplinary input.

Judgment: Compliant

Regulation 6: Health care

Guidance on support residents with their health needs was available in residents' personal plans. Residents were being supported to attend various health and social care professionals while also being facilitated to participate in national screening services.

Judgment: Compliant

Regulation 7: Positive behavioural support

Given the entries in one resident's daily notes, consideration was required to determine if guidance for staff on supporting this resident to engage in positive behaviour was required.

Judgment: Substantially compliant

Regulation 8: Protection

Residents had intimate personal care plans in place which outlined the supports they needed in this area. Records provided indicated that all staff had received relevant safeguarding training. Two staff members spoken with indicated that there were no safeguarding concerns in the centre despite their being an open safeguarding plan in the centre following a recent safeguarding incident. It was noted though that these staff did demonstrate a general knowledge of how incidents of a similar nature were to be responded to.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were consulted through weekly house meetings and were seen to be treated in a respectful manner during this inspection. However, the inspector did note some use of language in daily notes that was not person-centred.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Goldfinch 5 OSV-0007711

Inspection ID: MON-0034237

Date of inspection: 27/09/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The recruitment process for a vacancy within the centre is currently in progress. The vacancy will be filled by 30/11/2021. • To ensure continuity of staffing one relief staff member has been deployed to the centre to fill the vacancy until the recruitment process has been completed. • It is usual practice for all new staff to shadow a regular staff in the centre as part of their induction so that they are fully aware of all aspects related to the centre and the residents. However, as a result of staffing constraints on the day of the inspection deploying a new staff member to the centre was unavoidable. • If a new staff member is deployed to the centre without shadowing the Person in Charge or the Area Manager will meet with the staff member to provide a local induction. • The Person in Charge will complete a risk assessment in relation to staffing within the centre, outlining the controls in place to ensure staff take part in induction in advance of working in the centre. • The roster will be reviewed and amended to indicate changes as they occur. The Person in Charge will review the roster at the end of each pay period to verify that short notice changes are reflected, ensuring proper maintenance of the roster. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All core staff have completed Wheelchair Clamping Training. • All regular relief staff have completed Wheelchair Clamping Training. <p>Dates for Wheelchair Clamping Training are currently being arranged by the training</p>	

department. When training dates become available all relief staff working in the centre will be scheduled to attend.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The HIQA Self-Assessment Tool (Preparedness planning and IPC assurance framework for registered providers) has been reviewed by the BOCSILR COVID Steering group and organizational level controls have been set out.
- The Tool will be updated to reflect controls in place at the level of the designated centre and this will be reviewed and updated as required every 12 weeks.
- The Person in Charge also completes a monthly IPC Quality improvement tool. Any issues identified through this process are either resolved by the Person in Charge or escalated as appropriate to Senior Management.

Regulation 13: General welfare and development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:

- During Covid 19 pandemic restrictions residents were supported to engage in activities within the centre. Since the easing of Covid 19 restrictions residents are supported to engage in activities such as going to the hairdressers, the library, the cinema, personal shopping, swimming and going for dinner.
- Residents are consulted with in relation to weekly activities every Monday.
- Residents are consulted with in relation to weekend activities on Friday evenings.
- Residents are supported to take part in activities of their choosing every week.
- A weekly timetable is displayed a communal area.
- A log of day service activities is maintained within the centre.
- Residents are supported to take part in activities in line with their Person Centred Plan priorities i.e. the flower arranging classes.
- Full time day services will resume for all residents on 08/11/2021.

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Appropriate documenting of incidents on the internal accidents and incidents reporting system was discussed with staff at a team meeting on 10/10/2021. Staff who could not attend the meeting were contacted by telephone to discuss appropriate documenting of incidents. • Documenting of incidents on the internal accidents and incidents reporting system will be a standing agenda item at team meetings. • Appropriate documenting of incidents will be discussed with staff individually during support and supervision sessions. • Staff were provided with a guidance document to support them with incident reporting. • The Person in Charge will monitor the unit notes and incident reports regularly to ensure that incidents are recorded and reported correctly and consistently. • The Person in Charge reviews the internal accident and incident reporting system on a monthly basis and prepares a report that is forwarded to the Area Manager for review. • Incidents recorded on the internal system will be used to inform new and current risk assessments. <p>Incident reports will be referenced in the recording of new risk assessments and in the monitoring of current risk assessments.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Correct maintenance of the visitors log has been discussed with all staff. • The importance of signing out on the visitors log when exiting the building has been discussed with all staff. • The Person in Charge will monitor the visitors log regularly to ensure it is properly maintained. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • All core staff have completed fire safety training. 	

- All regular relief staff have completed fire safety training.
- All relief staff will be trained in fire safety by 30/11/2021.
- Two residents' PEEPs have been updated to indicate that they may decline to evacuate the building in the event of fire drill or in the event of a fire.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- A review meeting for one resident was held on 14/10/2021. It was attended by A Behaviour Support Clinical Nurse Specialist. Incidents reports and unit notes relating to the resident were discussed, along with potential protocols that could be implemented to guide staff on supporting the resident to engage in positive behaviour.
- The Behaviour Support C.N.S compiled a one page guidance document for staff to support the resident with peer to peer communication. The document will be discussed individually with staff and at future team meetings.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- It is usual practice for all new staff to shadow a regular staff in the centre as part of their induction so that they are fully aware of all aspects related to the centre and the residents. However, as a result of staffing constraints on the day of the inspection deploying a new staff member to the centre was unavoidable.
- If a new staff member is deployed to the centre without shadowing the Person in Charge or the Area Manager will meet with the staff member to provide a local induction.
- The Person in Charge will complete a risk assessment in relation to staffing within the centre, outlining the controls in place to ensure staff take part in induction.
- As part of the induction process all staff are required to read and become familiar with all documentation pertaining to the residents, including but not limited to, Safeguarding Plans, Positive Behaviour Support Plans, Health Care Plans, Intimate Care Plans and Manual Handling Care Plans.
- Appropriate documenting of incidents on the internal accidents and incidents reporting system was discussed with staff at a team meeting on 10/10/2021. Staff who could not attend the meeting were contacted by telephone to discuss appropriate documenting of incidents.
- Documenting of incidents on the internal accidents and incidents reporting system will be a standing agenda item at team meetings.

- Appropriate documenting of incidents will be discussed with staff individually during support and supervision sessions.
- Staff were provided with a guidance document to support them with incident reporting.
- The Person in Charge will monitor the unit notes and incident reports regularly to ensure that incidents are recorded and reported correctly and consistently.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- At team meeting on 10/10/2021 the importance of the use of person centred language in report writing was discussed. Staff members who could not attend the meeting were contacted by the Person Charge by telephone and person centred language when report writing was discussed.
- Appropriate report writing will remain on the staff meeting agenda and will be discussed individually with staff members during support and supervision sessions.
- Staff members were provided with report writing guidance document.
- The Person in Charge will monitor unit notes and the internal accident and incident recording system regularly to ensure unit notes and incident reports are completed appropriately.

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)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	08/11/2021
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 their wishes.	Substantially Compliant	Yellow	08/11/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in	Substantially Compliant	Yellow	30/11/2021

	circumstances where staff are employed on a less than full-time basis.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	11/10/2021
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.	Substantially Compliant	Yellow	30/11/2021
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.	Substantially Compliant	Yellow	11/10/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Not Compliant	Orange	11/10/2021

	management and ongoing review of risk, including a system for responding to emergencies.			
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	11/10/2021
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.	Substantially Compliant	Yellow	11/10/2021
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	Substantially Compliant	Yellow	30/11/2021

	alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	14/10/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/10/2021
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.	Substantially Compliant	Yellow	11/10/2021