



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

Issued by the Chief Inspector

Name of designated centre:	Riverside Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	12 October 2023
Centre ID:	OSV-0005749
Fieldwork ID:	MON-0041312

About the designated centre

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

The centre is located in a town in Co. Galway and provides residential and respite care for up to seven male and female residents, who are over the age of 18 years. The centre is comprised of four self-contained apartments, two of which are single occupancy and, two residents share the remaining apartments. Generally there is a maximum of five residents present in the centre at any one time. The model of care is social and the staff team is comprised of social care workers and care assistants. Responsibility for the daily management and oversight of the service is delegated to the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 12 October 2023	09:00hrs to 16:00hrs	Mary Costelloe	Lead
Thursday 12 October 2023	10:00hrs to 16:00hrs	Aonghus Hourihane	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to follow up on non compliance's identified during previous inspections of this centre, to assess the provider's compliance with the regulations and also the regulatory compliance plan submitted to the Chief Inspector of Social Services on an organisational level.

The findings from this inspection indicated continued non-compliance with many of the regulations reviewed. The provider had failed to implement its own compliance plan submitted following the previous inspection or effectively improve the lived experience for some residents. The provider had failed to adequately resource this centre, to ensure it met the assessed needs of residents using the service. The concerns relating to the suitability of the premises impacted significantly on residents' rights and there was still no clear, specific and time bound plan to resolve the known issues.

The inspectors met and spoke with staff members on duty, the person in charge and local manager. At the time of inspection, there were five residents living in the centre. Staff advised that there were a maximum of five residents accommodated, four residents availed of full-time placements while two other residents availed of respite services on alternative weeks. All residents with the exception of one attended local day services during the weekdays. One resident who had retired went about their own routines during the day. The inspectors met and spoke with three residents during the inspection.

Riverside services is a large detached building containing four separate self-contained apartments. It is located in a residential area of a large rural town, close to a range of local amenities and services. Two apartments are located on each floor, two apartments are for single occupancy and two are shared by two residents. The apartments were nicely furnished, personalised and reflected the interests of the residents living there. However, one apartment located on the first floor still did not meet the needs of the resident residing there. For example, the resident was unable to access the showering facilities and continued to use the shower room in a ground floor apartment occupied by two other residents. Residents living on the ground floor had direct access to well maintained garden areas at the rear of the building. However, residents living in the first floor apartments did not have direct access to the garden areas. Cleaning equipment including mops and mop buckets were stored in an external store located in the rear garden. The communal clothes drying machine was also located in an external store. This meant that staff had to traverse through either a bedroom or living area of the ground floor apartments with mops, buckets and laundry in order to access the cleaning storage area and clothes dryer. This layout impacted upon residents rights, privacy and on infection prevention and control.

Inspectors observed that overall the centre was well-maintained, however, repairs were required to a defective wall and defective sink fitting in a ground floor shower

room. Further improvements were also required to ensuring appropriate guidance and oversight in relation to cleaning and infection prevention and control.

Staff members on duty were observed to interact with residents in a kind and caring manner. They outlined that residents needs, all healthcare appointments and follow-up treatments were met. However, further oversight was required in relation to records that were required to be maintained. Inspectors noted poor record keeping in relation to nursing and medical care provided, including records of the residents condition and treatment.

The inspectors met with one resident on the morning of inspection as they were waiting to be collected to attend day services. They said that they were happy living in the centre but that the facilities in the apartment did not meet their needs. Some adaptations including a bright coloured tape had been applied to the edge of the stairs steps, a raised toilet seat and grab rails had been provided adjacent to the toilet and bump dots had been fitted to light switches in order to aid this residents impaired vision and mobility. However, the resident confirmed that they were still unable to use the shower and had not been provided with a bed suitable for their height. They advised that they still had to go downstairs and use the shower facilities in another apartment occupied by two other residents. They commented that they liked the view of the fields from their bedroom, enjoyed relaxing and watching their favourite programmes on the television as well as farming programmes and DVD's during the evening time.

Inspectors met with a resident who no longer attended day services and preferred to remain in the centre and go about their own routines on a daily basis. The apartment was found to be warm, comfortable and beautifully decorated in a homely manner. The resident told inspectors how they liked to relax at home, enjoyed spending time on their own, being independent and sitting in their comfortable recliner armchair. They also enjoyed going for walks into the nearby town when they were feeling well. They mentioned how they enjoyed gardening and showed inspectors the potted plants and well maintained garden area which was accessible from the sitting room. The resident confirmed that they had been regularly attending the local health centre where they were receiving nursing treatment for a specific condition. They advised that due to pain related issues they were not in form for going for walks or on outings at present. They stated that they were happy with how their finances were managed and could access their bank card and money when they wished. They had their own mobile telephone which they used to stay in touch with friends and family. They also mentioned that they shared the apartment with one other resident. While the other resident had their own living room, there were times when they were unhappy with the levels of interruption caused by loud talking which prevented them from listening to their preferred television programmes or matches.

Inspectors also met briefly with another resident as they were leaving at the end of the inspection. They appeared to be happy and in good form as they interacted with staff and the inspectors on the return from their day service.

Staff spoken with were knowledgeable regarding the emergency evacuation needs

of residents. There was good provision of doors fitted with self-closing devices designed to contain fire, in addition to the provision of a fire detection and alarm system, fire fighting equipment and emergency lighting. However, the provider did need to review its fire training to ensure all staff were clear as to the workings of the fire alarm system, the number and location of fire zones and compartments in the centre.

Overall, inspectors found that the centre was still largely non compliant with the regulations reviewed. The centre did not meet the individual needs of all residents which impacted negatively on their rights and quality of life. The provider continued to be in breach of many regulations and had failed to effectively bring about improvements as outlined in their own compliance plan submitted following the previous inspection in February 2023.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This designated centre is run by Ability West. Due to previous concerns in relation to a range of centres pertaining to Regulation 23: Governance and management, Regulation 15: Staffing, Regulation 14: Person in Charge, Regulation 5: Individualised assessment and personal plan, and Regulation 26: Risk management procedures, the Chief Inspector of Social Services is undertaking a targeted inspection programme in the provider's registered centres with a focus on these regulations. The provider submitted a service improvement plan to the Chief Inspector in April 2023 highlighting how they will come into compliance with the regulations as cited in the Health Act 2007 (as amended). As part of this service improvement plan the provider has outlined an action plan to the Chief Inspector highlighting the steps they will take to improve compliance in the registered centres. These regulations were reviewed as part of this inspection and this report will outline the findings found on inspection.

The findings from this inspection indicated that the provider had failed to adequately resource this centre, to ensure it met the assessed needs of residents using the service. The premises were still unsuitable for one resident who needed assistance with the use of stairs and could not use the shower facilities within their own apartment. There was still no clear and specific plan to resolve these issues despite this residents change in needs which had been ongoing and progressing since at least September 2022.

The provider had failed to fully implement its own compliance plan submitted following the previous inspection. While some improvements were noted in relation

to staffing levels, on-call management arrangements, removal of outdated and irrelevant information from files, records and many regulations reviewed were still found to be non-compliant. The provider had failed to effectively carry out improvements to enhance the quality of life for residents.

Inspectors met with the local manager who outlined that they had advocated on behalf of the resident to ensure that suitable accommodation to meet their specific needs was provided. They advised that several review meetings and discussions had taken place with the senior management and multidisciplinary team regarding the suitability of the current accommodation for the resident. While minutes of meetings were documented, there was no evidence of resulting action plans to address the issues discussed. They advised that other alternative accommodation had been discussed but were not considered suitable due to their location. They mentioned that the resident had been referred to the complex case forum but that no meeting of this group had yet taken place. They stated that a referral had been sent to the ancillaries manager and were waiting on quotations for possible remedial works to the existing accommodation. However, they confirmed that there was no clear or specific plan in place regarding the provision of accommodation suitable to meeting the needs of the resident at the time of inspection.

There were ongoing incompatibility issues between two residents. While the local management had consistently escalated this issue and were able to evidence their efforts to resolve the known issues, the provider still had no clear plan or time frame in place about how or when these issues would be resolved.

There was a person in charge of the centre who had responsibility as the person in charge for one other designated centre. The person in charge outlined that they had been allocated 12 hours a week to maintain management oversight of this centre, however, the hours worked by the person in charge were not included in the staff rota. The person in charge advised that they also worked an increased number of shifts on the floor in the other centre due to current staffing shortfalls. The inspectors were not assured that the person in charge had adequate resources to maintain effective governance, operational management and administration of the centre, given the levels of non compliance identified and as discussed throughout this report.

Systems in place for oversight of records required to be kept in respect of each resident required urgent review. This was a repeated non compliance from the previous inspection. Inspectors noted poor record keeping in relation to nursing and medical care provided, including records of the residents condition, treatment and other interventions. Inspectors reviewed a sample of residents files and found it difficult to obtain an comprehensive overview of residents up-to-date healthcare needs and current health status. Records were poorly maintained, difficult to access and not consistently updated. This posed a clinical risk to residents. This is discussed further in the quality and safety section of this report under Regulation 5: Individual assessment and personal plan.

On the day of inspection, there was adequate staff on duty to support the residents assessed needs in line with the statement of purpose. Staffing rosters reviewed

indicated that this was the normal staffing pattern and the rota had been completed to the end of December 2023. Staff did express some concerns that it was difficult at times to obtain relief staff particularly social care workers which resulted in staff having to work back to back shifts.

Staff training records reviewed indicated that staff had completed mandatory training. Additional training in various aspects of infection control, medication and epilepsy management and feeding, eating and drinking guidelines had also been provided to staff. The findings from this inspection indicated that training in relation to some aspects of fire safety, as well as, infection, prevention and control required review to ensure that all staff had a clear understanding and knowledge of same.

The provider had some systems in place to monitor and review the quality and safety of care in the centre including an annual review and six monthly unannounced audits. The six monthly audit did recognise many of the issues in the centre but there appeared to be little progress in the plan to address the issues. This issue was also highlighted in the previous inspection report.

There was no evidence of a regular review of identified risks, restrictive practices, infection, prevention and control, staff training, fire safety, records or care planning and assessments.

Regulation 14: Persons in charge

The person in charge worked full-time and was also in charge of one other designated centre. They were supported in their role by the director of client services. The person in charge had the required qualifications and experience for the role. The person in charge had been allocated 12 hours a week to maintain management oversight of this centre and reported that they worked an increased number of shifts in the other designated centre due to current staffing shortfalls. However, the inspectors were not assured that the person in charge had adequate resources to maintain effective oversight, operational management and administration of the centre given the hours allocated to the role, the levels of non compliance identified during the last inspection, issues identified by the providers own audits and again the significant non-compliance's identified during this inspection as discussed throughout this report.

Judgment: Not compliant

Regulation 15: Staffing

There were adequate staff on duty to support the residents assessed needs in line

with the statement of purpose. There were normally two staff on duty in the morning time, three staff on duty during the evening time and one staff member on duty at night time. Staffing rosters reviewed indicated that this was the normal staffing pattern, however, the hours worked by the person in charge were not included in the staff rota. There were no staff vacancies at the time of inspection and the staff rota had been completed up to the year end. Staff spoken with were satisfied with the current staffing arrangements and advised that the arrangements allowed them support residents with their personal needs as well as make daily choices regarding their preferred activities and outings. Staff did express some concerns that it was difficult at times to obtain relief staff particularly social care workers which resulted in some staff having to work back to back shifts.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training records reviewed indicated that staff had completed mandatory training. Staff spoken with confirmed that training was provided on an ongoing basis. However, there were no systems in place to review the effectiveness of training.

All staff had completed fire safety training, however, training was generic, provided off site, was not centre specific and required review. Staff spoken with were unclear as to the workings of the fire alarm, the layout and location of zones and compartments in the centre.

All staff had completed a range of training in relation to infection, prevention and control. However, staff spoken with were not consistent in describing the colour coded cleaning systems in place.

There were no protocols or guidance in place to direct staff in cleaning of the centre, cleaning and disinfection of specific items of equipment or in the cleaning and disinfection of cleaning equipment such as mops heads.

The person in charge advised that while they regularly met with staff and attended staff meetings, no formal supervision meetings had taken place with staff.

Judgment: Substantially compliant

Regulation 21: Records

The provider did not have adequate systems in place for the maintenance and oversight of records that were required to be kept in respect of each resident. This was a repeated non compliance from the previous inspection. Inspectors noted poor

record keeping in relation to nursing and medical care, including records of the residents condition, treatment and other interventions. Inspectors reviewed a sample of residents files and found it difficult to obtain an comprehensive overview of residents up to date health care needs and current health status. Records were poorly maintained, difficult to access and not consistently updated. This posed an increased risk to the health and welfare of residents.

Judgment: Not compliant

Regulation 23: Governance and management

The provider continued to be in breach of the majority of regulations reviewed. They had failed to address the non compliance's identified in the previous inspection report.

The provider continued to fail to provide and resource a centre that was suitable to the needs of the residents utilising the service. The provider continued to be in breach of the majority of the regulations reviewed. The provider had failed to implement its own compliance plan submitted following the previous inspection within the agreed time lines or effectively improve the lived experience for residents. The provider was failing to implement the Service Improvement Plan as outlined to the Chief Inspector in April 2023.

The provider had a person in charge in place but this person was only allocated 12 hours per week to this service, given the issues identified during the last inspection, issues identified by the providers own audits and again the significant non-compliance's during this inspection it is evident that provider is not resourcing the centre to ensure the effective and safe delivery of care

The provider had still no clear and specific plan to resolve the known issues relating to the unsuitability of the accommodation for one of the residents.

The provider still had no clear plan or time frame to resolve ongoing and well recognised incompatibility issues between two residents. Local management had consistently escalated this issue and were able to evidence their efforts to resolve the issue.

The provider had still failed to ensure that there were robust systems in place for the assessment, management and ongoing review of risk in the centre. Specific risks identified on the day of inspection and which staff stated as being their biggest concern were not included on the risk register. The risk register had not been reviewed and updated in line with the providers own time frames.

Judgment: Not compliant

Quality and safety

The staff on duty and residents spoken with on the day of inspection provided some assurances that residents received an individualised service and that their health and welfare was promoted. However, as discussed under the capacity and capability section of this report, this was not always reflected in the documentation reviewed due to the failure by the provider to maintain accurate and up-to-date records in respect of each resident. Failure by the provider to ensure the premises and facilities were suitable to the needs of residents impacted upon the quality of life, rights, choices and privacy for some residents.

The inspectors reviewed a sample of residents files and noted that the provider did not have adequate systems in place for the maintenance and oversight of records that were required to be kept in respect of each resident. Many inconsistencies were noted in the records reviewed. The providers 'All about me' assessment had been completed. Individual risk assessments had been recently completed for specific risks identified including falls risk, use of stairs and visual impairment. However, it was difficult to obtain a comprehensive overview of some residents up to date healthcare needs and current health status. There were no assessments, care or support plans in place for some residents specific health care conditions and related pain issues. Staff spoken with were not able to give a clear and accurate update. This posed a risk to the health and welfare of residents.

Residents' had regular and timely access to general practitioners (GPs) including out of hours service and to health and social care professionals. Residents had been referred to, recently reviewed and some were waiting on reviews by a range of allied health professionals and consultants. Some residents had been recently reviewed by the physiotherapist, occupational therapist (OT), chiropodist, psychologist, psychiatrist, cardiologist and public health nurse. There were upcoming appointments scheduled with the cardiologist and nephrologist. While residents had been reviewed by a range of allied health professionals, some recommendations from both the physiotherapist and OT had not been followed up on and others not yet acted upon.

Residents had an annual medical review. Residents were supported to access vaccination programmes. Residents had availed of the COVID-19 and influenza vaccine programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of them requiring hospital admission.

The provider had failed to ensure that there were robust systems were in place for the assessment, management and ongoing review of risk in the centre. Risk management procedures in the centre needed to be reviewed and updated as they were not in line with the regulations. The risk management document in operation was based on risks that had been largely identified in 2018/19. The provider failed to implement its compliance plan submitted following the last inspection when this

regulation was found to be not compliant.

Further oversight was required by the provider to ensure that residents were protected from the risk of infection. There was insufficient guidance in place to direct thorough cleaning of the environment. There was a lack of cleaning protocols for cleaning and disinfection of specific items of equipment. Due to the layout of the building, soiled mops and buckets were being taken by staff through the ground floor apartments in order to access the first floor apartments. Other improvements were required to the repair and maintenance of the physical environment to ensure surfaces were conducive to effective cleaning and to enhance infection control.

All residents had an up-to-date personal emergency evacuation plan in place and staff spoken with were knowledgeable regarding the evacuation needs of residents. The centres emergency evacuation plan had been updated since the previous inspection. The inspectors reviewed the fire records which showed that daily, weekly and monthly fire safety checks had been carried out. The fire alarm and fire equipment had been regularly serviced. All staff had received fire safety training, however, the training had taken place off site and was not centre specific. Staff were unclear as to the workings of the fire alarm, the fire vent, the layout and location of zones and compartments in the centre. While records showed that three fire drills had taken place during 2023 and evacuation times showed that residents were safely evacuated in a timely manner, there were no recent fire drills of a night time scenario when five residents were being accommodated and one staff member on duty.

Regulation 17: Premises

The provider continued to fail to provide a centre that was suitable to the assessed needs of the residents utilising the service. This was a repeat non-compliance from the previous inspection.

The assessed needs of a resident living in a first floor apartment were not being met. Both the physiotherapist and occupational therapist had assessed that the current first floor accommodation was unsuitable to meet the needs of a resident living there. A suitable bed to meet the needs and height of the resident had also not been provided as recommended, and according to staff spoken with could not be provided due to the limited size of the existing bedroom. The existing shower facilities were unsuitable to meet the needs of the resident. The resident was unable to use the shower which resulted in this resident having to leave their apartment, go downstairs and obtain permission to use the shower facilities in another apartment occupied by two other residents. This impacted significantly on all three residents' rights, choice and privacy.

Residents living in the first floor apartments did not have direct access to the garden areas. This meant that residents living on the first floor had to seek consent form

residents on the ground floor to pass through their apartments should they wish to access the garden. Cleaning equipment including mops and mop buckets were stored in an external store located in the rear garden. The communal clothes drying machine was also located in an external store. This meant that staff had to traverse through either a bedroom or living area of the ground floor apartments with mops, buckets and laundry in order to access the cleaning storage area and clothes dryer. This layout negatively impacted upon residents rights, choice, privacy and also on infection prevention and control.

Some parts of the premises were not visibly clean and some areas required repair. Some bathroom facilities including a shower tray and wash hand basin were not maintained in a clean condition. A defective portion of wall to a ground floor shower room required repair. Staff spoken with advised that the wall had been opened several months ago in order to repair a leaking pipe and had since been covered over with plastic. A fitting to the outlet pipe of the wash hand basin in this same bathroom was defective, ill fitting and required repair.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had failed to ensure that there were robust systems in place for the assessment, management and ongoing review of risk in the centre. Risk management procedures within the centre were still not compliant which was a repeat finding from the previous inspection. Risk management procedures in the centre needed to be reviewed and updated as they were not in line with the regulations. The risk management document in operation was based on risks that had been largely identified in 2018/19. The provider failed to implement its compliance plan submitted following the last inspection when this regulation was found to be not compliant. The provider failed to implement its own risk management policy and procedures as outlined in the providers service improvement plan submitted to the Chief Inspector in April 2023. The centre was not returning its top five risks to the provider for review and no explanation was offered as to why the centre was not following the providers own policies. The risks within the service were not reviewed or risk rated in line with the providers own time frames. Risks in relation to COVID 19, compatibility and behaviours of concern were all out of date for review. There was no risk rating in place for 'safeguarding'. The risks associated with the suitability of the premises for one resident was not recorded or risk rated on the risk register. The written evidence in the centre showed that the last time staff had reviewed and signed the register was in 2018 and 2019.

Judgment: Not compliant

Regulation 27: Protection against infection

Further oversight was required by the provider to ensure that residents were protected from infection by adapting procedures consistent with the National Standards for infection prevention and control in community services. There was insufficient guidance in place to direct thorough cleaning of the environment. There was no documented comprehensive cleaning schedule in place to guide practice. For example, there was no guidance in relation to the frequency of cleaning, type of cleaning to be undertaken, the method, products and equipment to be used. This posed a risk as staff spoken with were unclear and inconsistent in describing the cleaning procedures and colour coded cleaning systems in use.

Cleaning equipment including mop buckets and mop heads were inappropriately stored. Used mop heads were stored in mop buckets in the external store. Staff had not adhered to the colour coded cleaning systems as outlined in the information signage displayed, for example, yellow and blue mop heads were stored in a red bucket contrary to good practice in infection prevention and control. There was no dedicated cleaning equipment for individual apartments. There was no cleaning protocols for cleaning and disinfection of equipment including mop heads. Due to the layout of the building and location of the cleaning store in the rear garden area, cleaning equipment including soiled mops and buckets were being taken by staff through the ground floor apartments in order to access the first floor apartments. This posed a risk to infection, prevention and control.

Improvements were required to the repair and maintenance of the physical environment to ensure surfaces were conducive to effective cleaning and to enhance infection control. For example, the defective tiled wall and defective fitting to the sink outlet pipe in the ground floor shower room meant that these areas could not be cleaned effectively.

There were some cleaning checklists in place, however, they did not include all areas and all equipment to be cleaned and or disinfected. For example, there was no cleaning protocol in place for a specific item of medical equipment used by a resident. Staff spoken with were not clear as to the cleaning procedures or frequency of cleaning required and there were no cleaning records available for same.

Judgment: Not compliant

Regulation 28: Fire precautions

The providers fire safety training systems in the centre required review. The fire training offered was not centre specific. Staff spoken with were unclear as to the workings of the fire alarm, the layout and location of zones and compartments in the centre. The layout plan of the centre located on the wall beside the fire alarm

panel did not outline the location of fire zones or compartments. Staff were not clear as to the operation of the fire vent and there was no evidence of servicing of same. While records showed that three fire drills had taken place during 2023 and evacuation times showed that residents were safely evacuated in a timely manner, there were no recent fire drills showing the evacuation of more than four residents with minimum staffing levels such as a night time scenario.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Inspectors reviewed a sample of residents files and found it difficult to obtain an comprehensive overview of residents up to date healthcare needs and current health status. Staff spoken with were not able to give a clear and accurate update. This posed a risk to the health and welfare of residents.

Care plans were not in place for some residents specific health care related issues. Staff were unable to explain or give rationale for the use of a specific piece of medical equipment in use by a resident. There was no care plan or protocol in place to guide staff in its use or to ensure that it was being used appropriately by the resident.

There were no assessments, care or support plans in place for a resident with a specific healthcare condition. For example, there were no wound assessments or no wound care charts documented. The inspectors were not able to determine the number, location, size or progress of the wounds and staff spoken with were not able to give a clear and accurate update. The staff spoken with confirmed that the resident was regularly seen and treated for this issue by a nursing professional in a local health centre, however, there were no accurate up-to-date records available of appointments, visits, treatments or progress notes. There were no pain assessment completed or no pain management plan in place for this resident who complained of experiencing moderate to severe pain. There were no records of monitoring the pain to determine whether the underlying disorder was improving or deteriorating, and whether the pain relief treatment was working effectively or not.

Judgment: Not compliant

Regulation 6: Health care

The provider had not ensured that the recommendations of some allied health professionals had been acted upon. Both the physiotherapy and occupational therapy assessments indicated that one residents needs would be best met by accommodation located on the ground floor due to their high risk of falls. The

provider still had no clear plan in place to address this issue or to address other recommendations including the provision of a large assisted shower room and the provision of a suitable bed to meet the residents individual needs.

Recommendations including a follow up referral for an assessment of appropriate seating and table top for a resident had not been made according to the person in charge.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider had failed to ensure that residents rights to privacy and dignity, including the right to privacy in their own personal space was upheld. The provider had no clear plan or time frames in place to address the issues in order to effectively improve the quality of life for residents affected. This was a repeat finding from the previous inspection.

One resident was still unable to utilise fully the facilities within their own apartment due to the layout and design of the centre. This had a significant impact on the residents choice, privacy and dignity in relation to their rights pertaining to their personal and living space as well their intimate and personal care.

The resident was still unable to use the shower which resulted in this resident having to obtain permission to use the shower facilities in another apartment occupied by two other residents. This arrangement continued to impact significantly on all three residents rights', choice and privacy.

The layout of the building and location of cleaning stores and communal clothes dryer also negatively impacted upon residents rights, choice, privacy. Residents living in the first floor apartments did not have direct access to the garden areas. This meant that residents living on the first floor had to seek consent form residents on the ground floor to pass through their apartments should they wish to access the garden. Staff and residents living on the first floor had to traverse through either a bedroom or living area of the ground floor apartments should they wish to use cleaning equipment or use the clothes dryer.

There was no plan or time frame to address the ongoing incompatibility issues between two residents. The current living arrangements continued to impact on these residents rights and quality of life.

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 (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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Riverside Services OSV-0005749

Inspection ID: MON-0041312

Date of inspection: 12/10/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <ul style="list-style-type: none"> • The Provider has appointed a Person in charge of Riverside Services a full-time capacity with responsibility for both Riverside and one other designated centre . The person in charge will be supernumerary to rostered shifts to ensure capacity to fulfil supervision, management, administration, and governance responsibilities across both designated centres. • The newly appointed person in charge commenced induction training on 6th November 2023 which includes company induction, mandatory training and person in charge specific induction training. • The newly appointed person in charge will commence in post in Riverside Services on 27th November 2023 and has twenty five administration hours allocated to the service on a weekly basis. • The person in charge will be supported by the existing Team Leader based in Riverside Service who has six administration hours a week. • Staff meetings now take place on a weekly basis, chaired by the person in charge. These staff meetings are scheduled with an agreed agenda and the minutes of the meetings are available in the staff meeting minutes folder. Attendance at staff meetings is mandatory as it is a means of consistent communication and updates, etc. for all staff. • The Area Services Manager will be onsite a minimum weekly for support and supervision with the Person in charge. The Area Services Manager will include in these visits a review and audit of all areas across the designated centre. • A member of the Senior Management Team will attend Riverside Services on a monthly basis for oversight of quality in services, for example to review progress against this compliance plan, to review minutes of staff and resident meetings, seek updates from the person in charge about risk register, incidents, complaints. • The effectiveness of the local governance arrangement (i.e. person in charge and team leaders) will be reviewed by the Area Services Manager and Director of Operational Supports and Services on a monthly basis 	

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 staff roster was reviewed and updated so that it now accurately reflect the hours worked by all staff, including sleep over shift. • The Person in Charge hours(twenty five administration hours per week) are reflected in the roster • The Team Leader admin hours (six per week) are reflected in the roster. • Recruitment is ongoing in the area to recruit relief staff to work in the services. 	
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"> • Fire Safety and fire alarm training specific to Riverside Services has been delivered to the staff team. Completed 15th November 2023. • The floor plan for the centre has been updated to reflect the fire zones within the centre . Completed 20th November 2023 • The external fire company confirmed that they test all fire evacuation equipment on site to include the automatic open vent roof lights as part of the maintenance schedule, any issues identified are documented and reviewed. There have been no issues pertaining to the automatic open vent roof light in this centre. Completed 15th November 2023 • A night time fire drill has been completed with the residents .Completed on 20th November 2023. • A schedule of fire drills for the remainder of the year has been agreed to ensure that all staff and residents take part in the fire drills and that the fire drills takes place at different times of the day/night . • Updated cleaning manual and guidance have been implemented and all staff have reviewed the cleaning manual and signed off on same completed 30th November 2023 • Updated cleaning schedules have been implemented. Completed 30th November 2023 • All staff to complete Infection prevention and control training on HSEland. to be completed by 10th December 2023. • IPC and cleaning schedules and manual will be an agenda item for discussion at all weekly staff meetings going forward. • A schedule for staff supervision is now in place within the Centre and the person in Charge will ensure staff supervisions take place quarterly going forward and more frequently if required. 	

- The effectiveness of the training provided to staff will be reviewed as part of the ongoing audits carried out in the centre by the person in charge , as part of the provider led audits and this will also be discussed with the person in charge with staff at their staff supervisions .

Regulation 21: Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:

- A review of all Resident files has been completed 15th November 2023
- A separate healthcare folder has been set up for all residents within the centre to ensure that the current healthcare records are easily accessible with detailed up to date health records on all residents’ healthcare needs and current health status. Completed 15th November 2023.
- The person in charge is responsible for ensuring that residents’ assessments of needs are up to date and accurate.

The person in charge has assigned a keyworker to each resident to ensure effective oversight of files and residents records. Completed 13th November 2023

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The Provider has appointed a Person in charge of Riverside Services a full-time capacity with responsibility for both Riverside and one other designated centre . The person in charge will be supernumerary to rostered shifts to ensure capacity to fulfil supervision, management, administration, and governance responsibilities across both designated centres.
- The newly appointed person in charge commenced induction training on 6th November 2023 which includes company induction, mandatory training and person in charge specific induction training.
- The newly appointed person in charge will commence in post in Riverside Services on 27th November 2023 and has twenty-five administration hours allocated to the service on a weekly basis.
- The person in charge will be supported by the existing Team Leader based in Riverside Service who has six administration hours a week.
- Works have been completed in one apartment to ensure the apartment meets the needs of the resident. This work includes the following:
 - Installation of a wet room to ensure the resident has access to his own shower area

(completed 1st December 2023)

- Refurbishment of the bedroom area to allow for the installation of a suitable bed to meet the needs of the resident. Refurbishment completed by 1st December 2023. New bed ordered and to be delivered by 22nd December 2023.

- The Physiotherapist visited the centre to reassess the resident using the stairs.

Completed 20th November 2023

- The resident in this apartment has been reviewed as part of the complex case review pathway and the suitability of the apartment to meet their current needs. . Future planning needs are currently being discussed with the resident and their family supported by the Person in charge, key worker and the multi-disciplinary team.

- The compatibility issues between two residents is being reviewed on a monthly basis. There is a safeguarding plan to ensure a safe service for both residents. This is an agenda item at the residential review meeting. Regular MDT support is in place for both residents. When a suitable location becomes available for one of the residents, one of the residents will transition to a new home. To be completed by December 2024.

- The Person in Charge of the Centre has carried out a full review of the designated centre risk assessments and the risk register has been updated to reflect all risks within the Centre and risk rated accordingly. Completed 27th November 2023

- The Person in Charge will review the centre risk register monthly, or more frequently where evidence of increased risk or other changes arises.

- The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident's needs assessment is required.

- The risk register will be reviewed monthly or more frequently if additional risks are identified within the house.

- PEEPs for all residents has been updated and the CEEP for the centre has been updated. completed 20th November 2023

- The Area Services Manager will review the risk register monthly with the person in charge and ensure that effective control measures are in place. If warranted the person in charge will escalate a risk to the Area Services Manager.

- If warranted the Area Services Manager will escalate a risk to the Director of Operational Supports and Services.

- Where a risk cannot be safely addressed within the service the Director of Operational Supports and Services will escalate the risk to the Corporate Risk Register via the Senior Management Team.

- Staff meetings, facilitated by the Person in Charge, are now held weekly. Standing agenda items include review of incidents, risk register, IPC, resident rights , resident meetings and management and changing needs of residents.

- The Area Services Manager will review the risk register with the Person in Charge and the Team Leader on a monthly basis at service reviews carried out within the Centre

- An audit tool and audit schedule has been implemented in the centre and is part of the monthly service review with the Area Service Manager. The person in charge is responsible for the completion of the audits in line with the audit schedule.

- Ability West are actively recruiting nursing support to meet the changing needs of our residents across our residential services. We have a nurse recruited who will be commencing in post on 8th January 2024 and will be providing nursing support to our residents across the region.

- The Director of Operational Supports and Services will meet with the Area Service Manager and the Person in Charge on a quarterly basis in the designated centre to

complete a service review and audit.

- The provider led audit process and template has been updated and will be completed by 31st December 2023 .

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Following inspection in the centre the Provider completed a comprehensive review of the centre and developed an action plan to address the issues that were identified in terms of upgrading facilities and amenities. Works identified are as follows

- Works have been completed in one apartment to ensure the apartment meets the needs of the resident. This work includes the following:
 - Installation of a wet room to ensure the resident has access to his own shower area (completed 1st December 2023)
 - Refurbishment of the bedroom area to allow for the installation of a suitable bed to meet the needs of the residents. Refurbishment completed by 1st December 2023. New bed ordered and to be delivered by 22nd December 2023
 - The Physiotherapist visited the centre to reassess the resident using the stairs. Completed 20th November 2023
 - Installation of a dryer in each of the two first floor apartments. To be completed by 22nd December 2023
 - Installation of a new kitchen in one of the first-floor apartments. To be completed by 22nd December 2023.
 - Residents on the first floor have access to the garden area via the gate on either side of the house.
 - A new flat mop system has been implemented in the centre which ensures that the flat mops and equipment are stored in each individual apartment in an identified storage area. Completed 24th November 2023.
 - The wall area in the ground floor bathroom has been repaired. The fitting to the outlet pipe on the wash hand basin in this apartment has also been repaired. Completed 19th November 2023.
 - Updated cleaning schedules have been implemented. Completed 30th November 2023

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- Risk Management training was completed with the staff in the centre on 6th November 2023
- The Person in charge and Team Leader attended a risk management workshop on 10th November 2023.
- The Person in Charge of the Centre has carried out a full review of the designated centre risk assessments and the risk register has been updated to reflect all risks within the Centre and risk rated accordingly. Completed 27th November 2023
- The Person in Charge will review the centre risk register monthly, or more frequently where evidence of increased risk or other changes arises.
- The Person in charge will review all incidents as and when they occur to identify trends, evidence or other indicators that a review of risk or resident's needs assessment is required.
- The risk register will be reviewed monthly or more frequently if additional risks are identified within the house.
- PEEPs for all residents has been updated and the CEEP for the centre has been updated. completed 20th November 2023
- The Area Services Manager will review the risk register monthly with the person in charge and ensure that effective control measures are in place. If warranted the person in charge will escalate a risk to the Area Services Manager.
- If warranted the Area Services Manager will escalate a risk to the Director of Operational Supports and Services.
- Where a risk cannot be safely addressed within the service the Director of Operational Supports and Services will escalate the risk to the Corporate Risk Register via the Senior Management Team.
- Staff meetings, facilitated by the Person in Charge, are now held weekly. Standing agenda items include review of incidents, risk register and management and changing needs of residents.
- The Area Services Manager will review the risk register with the Person in Charge and the Team Leader monthly at service reviews carried out within the Centre.
- The Director of Operational Supports and Services will meet with the Area Service Manager and the Person in Charge on a quarterly basis in the designated centre to complete a service review and audit which will include a review of the risk register for the centre

Regulation 27: Protection against infection

Not Compliant

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

- Updated cleaning manual and guidance and protocols have been implemented and all staff have reviewed the cleaning manual, guidance and protocols and signed off on same. completed 30th November 2023
- Updated cleaning schedules have been implemented. Completed 30th November 2023
- All staff to complete infection prevention and control training on HSEland. To be

completed by 10th December 2023.

- IPC and cleaning schedules and manual will be an agenda item for discussion at all weekly staff meetings going forward.
- A new flat mop system has been implemented in the centre which ensures that the flat mops and equipment are stored in each individual apartment in an identified storage area. Completed 24th November 2023.
- The wall area in the ground floor bathroom has been repaired. The fitting to the outlet pipe on the wash hand basin in this apartment has also been repaired. Completed 19th November 2023.
- A protocol for the use and cleaning of a medical device for a resident has been implemented. completed 20th November 2023

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Fire Safety and fire alarm training specific to Riverside Services has been delivered to the staff team. Completed 15th November 2023.
- The floor plan for the centre has been updated to reflect the fire zones within the centre . Completed 20th November 2023
- The external fire company confirmed that they test all fire evacuation equipment on site to include the automatic open vent roof lights as part of the maintenance schedule, any issues identified are documented and reviewed. There have been no issues pertaining to the automatic open vent roof light in this centre. Completed 15th November 2023
- A nighttime fire drill has been completed with the residents. Completed on 20th November 2023.

A schedule of fire drills for the remainder of the year has been agreed to ensure that all staff and residents take part in the fire drills and that the fire drills takes place at different times of the day/night.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- A review of all Resident files has been completed 15th November 2023
- A separate healthcare folder has been set up for all residents within the centre to ensure that the current healthcare records are easily accessible with detailed up to date health records on all residents' healthcare needs and current health status. Completed

15th November 2023.

- The person in charge is responsible for ensuring that residents' assessments of needs are up to date and accurate.
- The person in charge has assigned a keyworker to each resident to ensure effective oversight of files and residents records. Completed 13th November 2023
- Ability West are actively recruiting nursing supports to meet the changing needs of our residents across our residential services. We have a nurse recruited who will be commencing in post on 8th January 2024 and will be providing nursing support to our residents across the region .
- Where there are identified and immediate change needs for the residents, the residents changing needs will be highlighted via the complex case pathway and escalated to the Director of Clinical supports and services. There is a clear pathway in place for Complex cases referrals and all person in charge have been trained on this.
- A new system for the management and prioritization of referrals to the multi-disciplinary team has been implemented effective from Monday 4th December 2023. This will centralize all MDT referrals and enable the prioritization of MDT support for residents. There is a clear pathway in place for MDT referrals going forward and all person in charge have been trained on this.

Regulation 6: Health care	Not Compliant
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- Outline how you are going to come into compliance with Regulation 6: Health care:
- Works have been completed in one apartment to ensure the apartment meets the needs of the resident. This work includes the following:
 - Installation of a wet room to ensure the resident has access to his own shower area (completed 1st December 2023)
 - Refurbishment of the bedroom area to allow for the installation of a suitable bed to meet the needs of the residents. Refurbishment completed by 1st December 2023. New bed ordered and to be delivered by 22nd December 2023
 - The Physiotherapist visited the centre to reassess the resident using the stairs. Completed 20th November 2023
 - A new table and chair have been purchased for the resident to meet their specific needs
 - The resident in this apartment has been reviewed as part of the complex case review pathway and the suitability of the apartment to meet their current needs. . Future planning needs are currently being discussed with the resident and their family supported by the Person in charge, key worker and the multi-disciplinary team.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Works have been completed in one apartment to ensure the apartment meets the needs of the resident. This work includes the following:
 - Installation of a wet room to ensure the resident has access to his own shower area (completed 1st December 2023)
 - Refurbishment of the bedroom area to allow for the installation of a suitable bed to meet the needs of the residents. Refurbishment completed by 1st December 2023. New bed ordered and to be delivered by 22nd December 2023
 - The Physiotherapist visited the centre to reassess the resident using the stairs. Completed 20th November 2023
 - Installation of a dryer in each of the two first floor apartments. To be completed by 22nd December 2023
 - Installation of a new kitchen in one of the first-floor apartments. To be completed by 22nd December 2023.
 - Residents on the first floor have access to the garden area via the gate on either side of the house.
 - A new flat mop system has been implemented in the centre which ensures that the flat mops and equipment are stored in each individual apartment in an identified storage area. Completed 24th November 2023.
 - The wall area in the ground floor bathroom has been repaired. The fitting to the outlet pipe on the wash hand basin in this apartment has also been repaired. Completed 19th November 2023.
 - Updated cleaning schedules have been implemented. Completed 30th November 2023
 - The compatibility issues between two residents is being reviewed on a monthly basis. There is a safeguarding plan to ensure a safe service for both residents. This is an agenda item at the residential review meeting. Regular MDT support is in place for both residents. When a suitable location becomes available for one of the residents, one of the residents will then transition to a new home. To be completed by December 2024 .

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(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 the designated centres concerned.	Not Compliant	Orange	27/11/2023
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	13/11/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Substantially Compliant	Yellow	10/12/2023

	refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	27/11/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	22/12/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	22/12/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	22/12/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting	Not Compliant	Orange	22/12/2023

	accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	13/11/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	22/12/2023
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	Not Compliant	Orange	30/11/2023

	and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	27/11/2023
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.	Not Compliant	Orange	27/11/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the	Not Compliant	Orange	30/11/2023

	Authority.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Orange	20/11/2023
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	20/11/2023
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently	Not Compliant	Orange	15/11/2023

	as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	22/12/2023
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	20/11/2023
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Not Compliant	Orange	20/11/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	22/12/2023

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/12/2024