Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group A
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	30 November 2021
Centre ID:	OSV-0001431
Fieldwork ID:	MON-0030501

About the designated centre

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

St. Vincent's Residential Services Group A consists of three bungalows that are located on a campus. The centre provides full-time residential support for a maximum of 15 residents of both genders, over the age of 18 with intellectual disabilities. Residents can attend day services which are located on the same campus and also run by the provider. Support to residents is provided by the person in charge, nursing staff, care staff and household staff. All residents have their own individual bedrooms and other facilities in the centre include bathrooms, living areas, dining rooms, kitchens, laundries and staff rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 30 November 2021	09:00hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection for St. Vincent's Residential Services Group A which was completed to monitor the ongoing compliance with regulations. The inspection was completed during the COVID 19 pandemic with the necessary precautions taken by the inspector. This included the wearing of a face masks, hand hygiene and social distancing when speaking with residents and staff. On arrival to the centre it was noted that staff whom welcomed the inspector did not complete a temperature check and also did not complete the COVID questionnaire for the inspector.

The centre was a hive of activity upon the arrival of the inspector as a number of residents were to obtain their COVID 19 vaccine booster injection. Staff were supporting residents to attend this appointment. Upon their return residents were supported to relax and participate in relaxing activities such as walks around the campus, spins in the local community and watching their favourite DVD's in their bedroom. One resident was watching their favourite GAA match and another was watching Shrek.

The inspector had the opportunity to meet and interact with a number of residents throughout the day. One resident told the inspector they were very happy in the centre. They were relaxing and watching the TV. When they returned from receiving their vaccine they were reassured by staff as they were a bit tearful. They relaxed after getting assurance from a staff member. This resident told the inspector about their love of music and coming from a musical family. They enjoyed when they family came to visit them. They didn't like when they couldn't see them during COVID. They had an upcoming birthday party which they were looking forward to. They told the inspector if they were around they were more than welcome to pop in for some cake. Before the inspector left the centre later in the afternoon the resident gave the inspector a spray of their favourite fragrance and said good bye.

Staff were supporting another resident to relax in bed as they had not had a comfortable sleep the night before. They were watching TED on the television. Staff had also requested a doctor review to ensure the resident was in good health. The resident was supported to have a visit from their family in the afternoon. The resident smiled and maintained eye contact when regular staff were interacting with them.

One resident was in the kitchen area interacting with staff when they inspector called to their unit of the centre. They smiled at the inspector and said hi. They requested a staff who were heading out with their peer to get their favourite magazine when they were out. The resident smiled and laughed when they staff agreed to get this for them. They were off to do in house activities with another staff so said goodbye to the inspector.

The inspector was based in a sunroom of one of the units attached to the centre. Whilst based here the inspector observed interactions between residents and staff. These were observed to be professional and jovial in nature. When a staff member passed and resident in the corridor they always said hello and ensure they were content and happy. Staff spoken with were aware of the support needs of residents. A number of staff present were new and informed the inspector that they were getting to know the resident and their supports needs.

The inspector completed a walk around of the centre with the person participating in management. A number of issues were identified during their walk around. It was noted on interlinking doors that these were to be kept closed and not used. The inspector was informed that this was to enhance the privacy of the residents in each unit. However, these were observed to be open on numerous occasions during the course of the inspection. A number of bathrooms in the centre could be accessed through two doors, privacy concerns had not been addressed in relation to this.

As stated previously, the inspector was based in one of the sunrooms in the centre. Whilst these had been assigned as sunrooms, overall these rooms were observed to be used as store rooms for wheelchairs and other equipment. This made it difficult for residents to use the space as a recreational area. In the room the inspector was based one resident liked to sit down and watch the coming and goings of people out the window. The space in this room was restricted given the amount of additional appliances stored there.

Governance oversight in the centre required review to ensure a level of compliance was obtained. This included ensuring sufficient staffing was present at all times, and that the allocated staff team were supported to access the training to support the assessed needs of resident. Whilst a clear governance structure had been appointed to the centre, communication within this structure required review to ensure that all members of the governance team were aware of actions to be completed. 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

The inspector reviewed the capacity and capability of the service provided to residents within St. Vincent's Residential Services Group A. This inspection was unannounced and completed to monitor compliance with the regulations. Improvements were required in a number of areas to ensure governance oversight was maintained in the centre.

The registered provider had ensured a clear governance structure was in place within the centre. A suitably qualified and experienced person in charge had been appointed to the centre in October 2021. This individual was not present the day of inspection. They reported directly to the person participating in management. A

number of tasks completed by the person in charge was not able to be reviewed on the day of inspection as these were not accessible by others members of the governance team. This included a newly introduced governance oversight system and onsite training records. A template of the new governance oversight tool was requested for review but was not forthcoming on the day of inspection.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in the days previous to the inspection. No documented records of this were available to be reviewed by the inspector. The person participating in management stated that a number of actions had been identified including premises and use of areas of the centre. A plan was in place to meet with the person in charge on return from leave to finalise the report. The previous annual review of November 2020 was reviewed. Whilst this was comprehensive in nature some actions remained outstanding. For example, it was identified that should evacuation take longer than 2 minutes 30 seconds, an action plan was required to address this. This was not consistently implemented.

The most recent unannounced visits to the centre had been completed by the appointed person in May 2021. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that been identified. Residents and their families were consulted with regard to both monitoring events. The person participating in management stated a plan was in place to complete another unannounced visit to the centre in the coming weeks

Centre level monitoring systems in place within the centre were utilised to drive service improvements. These included regular fire checks and the completion of a medication audit. Where areas for improvement were identified, effective actions were implemented to ensure that these were addressed in a timely manner. However, as the person in charge was not present all this information was not accessible for review. To maintain governance oversight a review of systems was required to ensure all members of the governance team had access to information required to action goals and drive service improvement.

The registered provider had not ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs and clearly articulated supports in place. However on the day of inspection decreased staffing levels were present. Where staffing supports had been obtained these individuals had reported to the wrong unit for a period of time. Staff meetings were completed to allow staff to voice any concerns in the operation of the centre since the appointment of the new person in charge.

The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. However, training records for the staff team were not readily accessible on the day of inspection. These were also required to be updated to reflect the current training needs of the staff team prior to review. This practice did not reflect that the

provider was assured that all staff were supported and facilitated to access appropriate training to support the assessed needs of residents.

The person in charge had ensured their adhered to their regulatory required responsibilities. This included the notification of all notifiable incidents within the required time frame. Whilst the statement of purpose had been developed and regularly reviewed, the organisational structure and whole time equivalent of staff required review.

Overall, the registered provider had developed an effective complaints procedure in place that was appropriate for residents assessed needs. Residents were supported to submit complaints through resident meetings. Where the complaints process was used to address the complaint it was also ensured a resolution was made to the satisfaction to the complainant. A low level of complaints were in place within the centre. However, where staff had raised a complaint with respect to the access to bathing facilities of residents, this had not been addressed through the complaints process. The organisational policy in place required review to ensure the appeals process in place was clear and that an additional nominated individual was in place to address complaints in a timely manner.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre,

Judgment: Compliant

Regulation 15: Staffing

The staffing levels which had been appointed to the centre by the registered provider was appropriate to the assessed needs of the residents. However, gaps were evident within the staff rota where staffing levels allocated to maintain the safety of residents were not adhered to. This was evident on the day of inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge ensured not that staff had access to appropriate training, including refresher training. Training records not available for review on the day of inspection with up to date information not at hand.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems in place in the designated centre did not ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Whilst a number of governance monitoring systems were in place to have oversight in the day to day operations these required review to ensure areas of non-compliance were identified and addressed in a timely manner.

Judgment: Not compliant

Regulation 3: Statement of purpose

Whilst the statement of purpose had been developed and regularly reviewed, the organisational structure and whole time equivalent of staff required review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifiable incidents were reported within the allocated time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place that was appropriate for residents. Residents were supported to submit complaints and ensured a resolution was made.

However, the organisational policy in place required review to ensure the appeals process in place was clear and that an additional nominated individual was in place to address complaints in a timely manner.

Judgment: Substantially compliant

Quality and safety

It was evidenced during this inspection that the service provided to residents currently residing within St. Vincent's Residential Services Group A was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of the daily life where possible. Residents currently residing in the centre presented with multiple and complex disabilities. Overall, residents were supported to achieve the best possible health. Through clear guidance staff were supported to provide these supports in a respectful manner.

In the area of medication and medicinal products some actions was required to ensure clear guidance was present in the administration of as required medication. Where a resident was charted for pain relief medication, for example, it was not clear which was the first line of therapy. This was the case for all as required medications. On the day, of inspection it was noted that despite a medication being required every 72 hours this had not been recorded in the drug kardex. A review of this was commenced on the day of inspection by the clinical nurse manager on site.

The premises was decorated in a manner that was reflective of the individual interests of each resident. For the upcoming festive season Christmas decorations were present in all communal and recreational areas. Yet, some aspects of the premised required review to ensure the privacy of residents was maintained at all times. This included access to main bathroom and the use of interlinking doors between units.

Each resident had been supported to develop and review an individualised personal plan. These plans were found to be comprehensive and incorporated a range of support needs of residents including the areas of health care and social supports. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team. The centre was operated in a manner that supported residents to participate in activities of their choice both individually and together. Whilst each plan was comprehensive due to the volume of information some areas present were no longer relevant to the needs of the residents.

The registered provider ensured that each resident was assisted and supported to develop knowledge and self-awareness required for keeping safe. Where a concern arose the registered provider ensured effective measures were in place to

investigate and address this including consultation with residents and external agencies.

The registered provider had not ensured practices measures were in place to promote the safety of residents. This included the ongoing identification and review of risks within the centre and a planned response for emergencies. Whilst the person in charge had recently completed a review of the risk register, improvements were required to ensure that all staff were aware of the register and the control measures in place. Some staff spoken with were not aware of the risk register and where it was located. Where a risk was present this had not been identified as such to ensure that effective control measures were in place. For example, the presence of oxygen cylinders in the centre. Whilst the review had been completed dates on the documentation had not been amended to allow for further review.

Within the centre the registered provider had ensured the supply of firefighting equipment including fire doors, fire extinguishers and emergency lighting. These were regularly reviewed by a certified person. Each resident had a personal emergency evacuation plan in place. These required review to ensure that all assessed needs of residents were clear. For example, the need for ongoing oxygen therapy and equipment which was required post evacuation. This was not consistently present within individualised plans.

As part of the annual review of service provision is was noted that should an evacuation take longer than four minutes a review was to be completed. This had not been adhered to. On one occasion reviewed by the inspector the evacuation of one area of the centre took over twenty minutes to complete. No review was completed to identify the rationale for this time and to improve upon the evacuation. Where one resident required additional support they had not been supported to participate in the next evacuation. Within one area of the centre three staff members were assigned. This was to support resident in a number of areas including mobility with some residents' required 2:1 support in moving and transfers. Despite this assessed needs on a number of recorded drills reviewed one staff member left the area to provide assistance to another centre with no evidence of their return to provide support. Guidance for staff on where and how to provide support required clarity to ensure that evacuation were completed in safe and timely manner.

This inspection was carried out during the COVID 19 pandemic. Overall, the registered provider had ensured that residents were protected from potential sources of infection. However, it was not clear if staff were afforded with the effective training including hand hygiene and infection control as training records were not presented on the day of inspection. The most recent audit and monitoring of infection control measures completed was January 2021. A COVID 19 folder had been developed to provide guidance for staff and residents within the centre, this was organisational in nature and to provide centre specific guidance for staff and residents standard operating procedures had been developed. Some guidance required clarity to ensure consistency, for example in one document it spoke of a

delegated waiting area for staff who displayed symptoms. Staff could not inform the inspector of where this was located.

Regulation 17: Premises

The centre presented as a homely environment where residents were supported to decorate and maintain their own personal spaces. some improvements were required to ensure that privacy measures in place were adhered to for example where an interlinking door was in place and signage stating please close and do not enter this door was observed to open on a number of occasions during the inspection.

A sun room was present in each of the units in the centre. However, these were currently being used a storage areas. This required review.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place.

Systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies required review. A risk register to address the environmental risk within the centre was present and reviewed by the appointed person in charge. A number of staff were aware of this document and its location. A number of risks however, required review including the presence of oxygen within the centre.

Judgment: Not compliant

Regulation 27: Protection against infection

Overall, the registered provider developed measures to ensure that residents who may be at risk from a health care associated infection were protected and that precautions and systems were in place in relation to the COVID-19 pandemic.

An infection control audit and cleaning schedule were in place in the centre and staff had received relevant training in hand hygiene and infection control. Whilst guidance was provided for staff to adhere to some clarity was required to this for example,

where an allocated waiting area was described in documentation staff were not aware of where this was located.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that fire safety management equipment was in place in conjunction to staff training improvements were required to ensure residents and staff were aware of evacuation procedures and how to evacuate residents in a safe and timely manner. There was a need for additional drills to be completed to ensure residents were aware of scenarios and to ensure the effectiveness of the personal emergency evacuation plans in place.

Personal emergency evacuation plans required review to ensure these reflected the assessed needs of residents and the required supports.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Some improvements were required to ensure that clear guidance was in place for the administration of as required medications such as pain relief.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop a comprehensive individualised personal plan. Personal plans incorporated a plethora of supports needs of residents to ensure a consistent approach to supports was promoted. Each plan required further development to ensure personal goals in place were reflective of each individuals unique interests and hobbies.

Some improvements were required to ensure each plan was reviewed to reflect the change in circumstances of each individual.

Judgment: Substantially compliant

Regulation 6: Health care

Judgment: Compliant

Regulation 8: Protection

The registered provider had effective measures in place to protect residents from all forms of abuse. Should a concern arise appropriate measures were implemented to ensure appropriate investigation was completed.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Vincent's Residential Services Group A OSV-0001431

Inspection ID: MON-0030501

Date of inspection: 30/11/2021

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: From the 10/01/2022 the designated centre has additional resources allocated to meet the assessed staffing requirement of the center. This staffing also supports protected time for the PIC.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC and PPIM have reviewed all staff training records. Training for all staff is scheduled as necessary and refresher training for all staff will be scheduled by the PIC to ensure all remain up to date. All mandatory training will be completed by all staff by 04/02/2022. The PIC and PPIM will raise at staff meeting re all staff responsibility to ensure own training is up to date and all scheduled training attended.	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC and PPIM will review the six monthly and annual audits in the centre and follow up any outstanding actions. Following the review, actions required and plan for progressing same will be shared with the residents and staff team at center meeting. The Service manager will support the PIC ad PPIM in areas required. The Service manager will link with the providers Director of Property and Estates and additional storage needs for then center will be addressed. The PIC and PPIM will ensure completion and reference by team, to the Providers compliance log which guides and directs actions and recommendations from audits completed and from HIQA reports and provider audits and action plans.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The PIC and PPIM have reviewed and made necessary amendments to the statement of purpose, same submitted to the authority on 27/01/2022.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Service manager has linked with the providers Director of Quality and Risk who will review the complaints policy taking into consideration points raised in this inspection report. The appeals process will be included as part of the policy review. The PIC and PPIM will give input to the staff team at team meeting re recognizing a complaint and logging all concern areas/issues raised by residents that indicate resident dissatisfaction.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The PIC and PPIM will link with the staff of each house of Group A at team meeting re keeping doors between the houses of the designate center closed to protect resident's privacy and dignity. The provider and PIC have identified a location where all residents can be transferred to if necessary in the event of a fire. The PIC has documented this in the fire folder and on the fire action plan in the designate Centre and informed all staff and residents of same. The Provider will address the issue of storage for the designated center.

Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Plans of care and the PEEPs of residents state where oxygen can be sourced in the event of an evacuation for those requiring it. This information has been shared with all staff by the PIC at team meeting.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The PIC and PPIM have identified an area in each house of the designated centre where staff will wait prior to getting transport home if they become symptomatic of Covid 19 whilst on duty. Staff with transport on site leave the center immediately and go home where they seek further advice from GP. Staff requiring PCR test are referred by the provider through the HSE priority referral system.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: PEEPs of resident requiring O2 were updated and shared with all staff and alternate location identified for the residents and oxygen to be based at in the event of a fire.	

The Service Manger has linked with the Providers Quality and Risk officer and the Health and Safety officer to review with the team the storage of oxygen in the designated centre and complete a robust risk assessment around same.

Fire drill completed since inspection in Group A, duration of same was 1.5 minutes. The provider's fire manager and the PIC will meet with staff team to outline clearly the evacuation plans in the event of a fire or fire drill.

PIC has reviewed all staff training and scheduled refreshers as appropriate, two staff outstanding for fire training will be completed by 31/01/2022.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Palliative care team have reviewed and detailed the medicine protocol for one individual. Nurse prescriber and PIC have discussed this with staff team at meeting.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
PIC will request input of Transforming lives co coordinator re supporting interests and wishes of each individual and setting goals around same. Input will include the monitoring and tracking of each goal and progress of same.

Each key worker will review the care plan of the individual they support and update same. Archiving of materials as appropriate will take place to ensure up to date and relevant information only in each care plan.

A CNM3 with a lead role in care planning will deliver input at a staff meeting with the PIC to all staff re care planning and documentation.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	10/01/2022
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	06/02/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2022

Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/03/2022
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	28/02/2022
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	14/01/2022

Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	28/02/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/01/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	20/12/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	27/01/2022
Regulation 34(2)(a)	The registered provider shall ensure that a	Substantially Compliant	Yellow	30/04/2022

	person who is not involved in the matters the subject of complaint is nominated to deal with complaints by or on behalf of residents.			
Regulation 34(2)(d)	The registered provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Substantially Compliant	Yellow	30/04/2022
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/03/2022