



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

## Issued by the Chief Inspector

Name of designated centre:	Applevue
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	14 April 2021
Centre ID:	OSV-0001702
Fieldwork ID:	MON-0024832

## About the designated centre

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

Appleview is a designated centre operated by Sunbeam House Services CLG, located in an urban area in County Wicklow. The designated centre offers residential services to four male adults with intellectual disabilities. The designated centre consists of a detached house which is located in a housing estate and consists of a sitting room, dining room, kitchen, utility room, four individual bedrooms, a staff sleepover room, an office and a number of shared bathrooms. The house provides residents with a garden space to the rear of the property. The centre is staffed by a person in charge and social care workers. The person in charge works in a full time capacity and they are also responsible for a separate designated centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 14 April 2021	10:30hrs to 17:30hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents in the designated centre were supported to enjoy a good quality life and to make choices and decisions about their care. Residents had the opportunity to live a good life without undue restrictions because of the way risk was managed in the centre. For the most part, residents were supported to live and enjoy life as independently as they possible could. However, the inspector found that improvements were warranted to ensure residents were empowered to make a complaint if they so wished and were provided assurances that the complaint would be listened to, followed up in a timely manner and that there would be no adverse consequence of doing so.

On the day of inspection the inspector met with all four residents and sat down and spoke with each of them on separate occasions throughout the day. Conversations between the inspector and the residents took place from a two metre distance, with the inspector wearing the appropriate personal protective equipment and the meetings were time limited in adherence with national guidance.

The residents had been supported to complete a Health Information and Quality Authority (HIQA) questionnaire in advance of the inspection. The questionnaires demonstrated that residents were happy with the care and support provided in the centre. Overall, the residents expressed that they were happy with the centre they lived in and with their bedroom, the amount of storage space they had in their room, the security of their belongings and the laundry facilities available to them. Residents advised that they were happy with the amount of choice and control they had in their daily lives.

Residents also expressed that they were happy with the support they received from staff and that staff were aware of their likes and dislikes. The inspector found that most of the residents had not completed the section on the questionnaire about who they would go to if they were unhappy with something in the centre. In addition, most residents noted that they had not made a complaint. However, in one case, a resident had noted that they had made a complaint and that despite their keyworker reporting it four times, it had not yet been resolved.

On speaking with the residents, all residents advised the inspector that they enjoyed living in the centre and that they were happy with the people they shared it with. Overall, they felt the support and care provided by staff was good. Residents were happy with the meals provided and some residents advised the inspector of the extra support provided to them during mealtimes by staff. Through conversations with the residents and a review of documentation, the inspector saw that residents were informed through education and one to one keyworking sessions why extra supports were in place during mealtimes. However, the inspector found on speaking with the residents, that not all residents were happy about the extra support and felt that on some occasions, they were monitored too closely during meal times.

Residents informed the inspector that they were happy that there had been a change to the health pandemic restrictions in place as it now meant they had more freedom and choice of where they could go on a daily basis. One resident was heading by taxi down to their home town and expressed how happy they were to be able to do this again. Two other residents were getting the bus to a local town to visit friends and expressed their happiness about this also and said that it had been difficult when the restrictions were in place. All residents advised the inspector that they were aware of the public health guidance in place in relation to social distancing, wearing face masks and hand hygiene and the importance of these on the bus, going in to shops and meeting other people.

When the inspector asked the residents if they knew how to make a complaint, all residents expressed that they knew who they could go to however, most of the residents advised the inspector that they believed their complaint would not be listened to or dealt with. Some residents said that they had raised matters before and nothing was done about it. For example, one resident advised that their room was cold because the radiator was not working. They said that it had not been fixed despite the issue being raised on numerous occasions. Another resident said they would like to go out more for drives with staff however, said there was no point in raising this as a complaint as nothing would be done about it. One resident expressed their concern about the consequences of making a complaint, not only for them but the person they raise it about.

For the most part, the inspector found the centre to have a friendly and jovial atmosphere. Residents informed the inspector that they were happy to be living in the house and liked where it was located as it was near shops, bus stops and close to towns where their friends lived. On the day of inspection one of the residents showed the inspector the newly refurbished shower room and noted how convenient it was having it next to their bedroom. However, for the limited areas of the house the inspector had viewed, they found a number of decorative and structural repairs required in the house, some of which the residents themselves pointed out needed repair. Overall, the inspector observed that the poor state of repair in some rooms took away from the overall homely environment of the centre.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in regular house meetings where they discussed household tasks, plans for the week, health and safety matters such as keeping safe during COVID-19 and more recently the vaccination process. Issues were raised such as required repair work, ways to ensure residents respected each other and in particular ways residents could respect each others' privacy. However, in relation to the repair work, the minutes of the meetings demonstrated that these issues had been raised on a number of occasions but did not include any progress or outcome.

In summary, the inspector found that overall, the residents' well-being and welfare was maintained to a good standard. The residents were encouraged and supported to live independent lives. Residents enjoyed living in the centre and the inspector observed that residents seemed content in the company of staff and that staff were respectful towards the residents through positive and jovial interactions. Improvements were warranted to ensure residents were empowered to make a

complaint if they so wished and were provided assurances that the complaint would be listened to, followed up in a timely manner and that there would be no adverse consequence of doing so. This is addressed in the capacity and capability section of the report.

The inspector found that overall, through speaking with the residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that the residents lived in a supportive and caring environment and overall, were encouraged to live as independently as they were capable of.

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 to each resident living in the centre.

## Capacity and capability

The registered provider was striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The inspector found that since the last inspection, an updated compliance plan was submitted in January 2021 and a number of improvements had been made which resulted in positive outcomes for the residents, and in particular relating to fire safety, protection and staffing. However, the inspector found that a number of improvements were required on this inspection including arrangements in place when the person in charge was absent, promotion of the complaints procedures and the decorative and structural repair work to the house, the latter will be addressed in the quality and safety section of the report.

This risk-based inspection was completed as there had been no inspection carried out in this centre since November 2019 and an update was required in advance of the designated centre's registration renewal. An application to vary was submitted by the provider in February 2021 to decrease the centre by one premises and to lower the numbers of residents residing in the centre to four persons.

A new person in charge commenced working in the centre in mid-March 2021. They divided their time between this centre and one other. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The inspector found that the person in charge fostered a culture that promoted the individual and collective rights of the residents living in this centre. However, the inspector found that the new person in charge had not yet been provided with an appropriate induction to assist them become familiar and knowledgeable in residents' needs and the supports in place to meet residents' needs. In addition, previous to the new person in charge commencing the

local management structure included a deputy manager to support the person in charge in their role however, on the day of inspection this role was no longer in place.

The previous person in charge went on unexpected absence in November 2020. The inspector found that during the time from when the person in charge went on absence to when the new person in charge commenced that overall, the arrangements in place were not adequate in effectively monitoring the quality and care provided to residents.

For the most part, the inspector found that there were satisfactory governance and managements systems in the centre to ensure that a safe and good quality service was being provided to residents. Overall, there were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to. An Annual report had been completed and there was evidence to demonstrate that residents and their families had been consulted in the process. Two six monthly reviews of the quality and safety of care and support in the designated centre had also been completed in 2020.

However, during the period when the person in charge was absent the inspector found that a number of local monthly audits which monitored the safe care and support provided to residents had not been adequately completed. In addition, where audits had been completed and issues had arisen, there was no satisfactory follow-up to the issues. For example, the centre's November 2020 monthly household audit noted that food and hand contact areas were not cleaned and disinfected regularly and that there was no adequate documentation to monitor this. Furthermore, in February 2021 the same type of monthly household audit found that these issues remained outstanding. As such, the risk of residents contacting infection was likely to have increased during this period. However, since the new person in charge commenced, they immediately implemented adequate systems to ensure that food and hand contact areas were cleaned and disinfected on a regular basis and in line with Health Protection Surveillance Centre's (HSPC) guidance.

The centre's COVID-19 contingency plan relating to self-isolation plans required review and improvement to ensure better preparedness and planning in the event of an infectious disease outbreak. This issue had been identified on a number of other inspections that had been carried out in centres run by the same provider. In some centres improvements to the plans had been implemented however, the inspector found that improvements had not yet been implemented in this centre.

The centre's roster demonstrated that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. The staff roster was maintained appropriately and clearly identified the times worked by each person. The person in charge divided their work hours between two different centres and the roster clearly recorded when the person in charge was present in each house. Overall, the provider endeavoured to ensure continuity of care however, in the past four and a half months there had been a number of changes to local management which overall, meant that continuity of care was not



ensured at all times for residents.

The registered provider had established and implemented systems to address and resolve issues raised by residents or their representatives. The complaints procedure was available in an accessible and appropriate format which included access to a complaints officer when making a complaint or raising a concern. However, to ensure the effectiveness of the complaints systems in place, improvements were required to ensure that complaints raised were followed up and dealt with in line with the centre's policy and procedures. Furthermore, the inspector found improvements were required to ensure that residents were empowered to make a complaint if they so wished, and were provided assurances that their complaints were listened to, followed up in a timely manner, and that there were no adverse consequence when doing so.

#### Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

A new person in charge commenced working in the centre in mid-March 2021. The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Judgment: Compliant

#### Regulation 15: Staffing

The centre's roster demonstrated that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre.

However, in the past four and a half months there had been a number of changes to local management which overall, meant that continuity of care was not ensured at all times for residents.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff were provided with training in fire safety, managing behaviours that challenge, safe medicine practices, safeguarding and first aid but to mention a few. Overall, staff training was up-to-date however, a number of staff refresher training courses were overdue.

Judgment: Substantially compliant

### Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found, that during the time the person in charge went on absence to when the new person in charge commenced (four and a half months) that overall, the arrangements in place were not adequate in effectively monitoring the quality and care provided to residents.

The inspector found that the new person in charge had not been provided with an appropriate induction to assist them become familiar and knowledgeable in residents' needs and the supports in place to meet residents' needs.

The centre's COVID-19 contingency plan relating to self-isolation plans required review and improvement to ensure better preparedness and planning in the event of an infectious disease outbreak

Subsequent to the inspection, a completed Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak was submitted to HIQA.

Judgment: Not compliant

### Regulation 3: Statement of purpose

On the day of the inspection, the statement of purpose did not include the correct management structure that was currently in place in the centre however, the person in charge submitted an updated copy the next day which contained all the correct information.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector found that the information governance arrangements in place to ensure that the designated centre complied with notification requirements was not always effective. For example, the six monthly notification (NF40) had included incorrect information.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

To ensure the effectiveness of the complaints systems in place, improvements were required so that complaints raised were followed up and dealt with in line with the centre's policy and procedures. Furthermore, the inspector found improvements were required to ensure residents were empowered to make a complaint if they so wished, and were provided assurances that their complaints were listened to, followed up in a timely manner, and that there were no adverse consequence of doing so.

Judgment: Not compliant

## Quality and safety

The inspector found that for the most part, residents' well-being and welfare was maintained by a satisfactory standard of evidence-based care and support. It was evident that staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. However, the inspector found that to ensure better outcomes for residents a number of improvements were required in the areas

of risk management, healthcare, infection control and premises.

The inspector found that overall, appropriate healthcare was made available to residents living in the centre. Residents were supported to live healthily and were provided with choices around healthy activities, meals and beverages that promoted a healthy lifestyle. Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). However, the inspector found that a recommendation made by a healthcare professional (to support a resident complete specific exercises on daily basis) was not always recorded in the resident's personal plan. As such, the information provided to the health professional at the resident's next review meeting would be lacking and had the potential to impact on the analysis of the recommendation.

Residents were supported to be aware and knowledgeable about their healthcare through one to one keyworking sessions and where appropriate, accessible information on their specific healthcare was made available to residents. Where residents required extra supports relating to their healthcare, specific care plans and protocols were put in place in consultation with the resident. However, the inspector found that, to demonstrated continuous consultation and timely reviews, improvements were warranted to ensure that appropriate review dates and residents' signatures (or where appropriate a residents' representative) were included on the plans at all times.

The inspector found that overall, the residents were protected by practices that promoted their safety. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Residents were supported to development their knowledge, self-awareness understanding and skills required for self care and protection through regular one to one keyworking education sessions. The inspector reviewed a sample of incident records of adverse events in the centre and for the most part, found them to be detailed in the immediate actions taken to keep residents safe, refer residents to the appropriate services for review and contact the relevant parties in the event of safeguarding concerns. This had not been the case on one occasion however, the provider took the appropriate steps to follow up and investigate in line with regulatory requirements.

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guided staff to prevent or minimise the occurrence of healthcare-associated infections. Residents were supported to become educated and knowledgeable in practices to keep themselves safe during the current health pandemic. The most recent residents' house meeting included information on the COVID-19 vaccination process. The inspector reviewed training records which indicated that staff had participated in training sessions on correct use of PPE, hand hygiene practices, and how to break the chain of infection during the pandemic.

On the day of inspection the inspector observed that overall, the house was clean and tidy however, the inspector found that the infection prevention and control measures specific to COVID-19 had not always been effective and efficiently managed to ensure the safety of residents. Previous to mid-March 2021, the

cleaning schedule in place was inadequate and had not been adapted in line with Health Protection Surveillance Centre's (HSPC) guidance. Furthermore, there was no documented checks of the cleaning taking place or documented oversight by local management. The lack of these prevention and control measures, including lack of oversight of them and in particular during a current health pandemic, had the potential to increase the risk of infection for the residents and staff working in the centre.

Individual and location risk assessments were in place to ensure that safe care and support was provided to residents. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. However, to better ensure the safety of residents during an outbreak, specific individualised risk assessments to assist individualised self-isolation were required. Furthermore, the inspector found that a rights restriction in place for two residents had not included an appropriate risk assessment to ensure the least restrictive procedure for the shortest duration necessary was in place.

Overall, residents advised the inspector that they enjoyed living in the centre and that they were happy with the layout of their bedrooms and the communal spaces within the house. There had been improvements since the last inspection. The downstairs bathroom had recently been renovated in line with a health professional's recommendation resulting in positive outcomes for residents. However, there was a number of decorative and structural repairs required to the house to fully ensure that residents were living in a safe, comfortable, homely and hygienic house. A number of these repairs had been reported to the organisation's maintenance team however, the timeliness of addressing and completing some of the repairs required reviewing.

The inspector found that overall, there were appropriate fire safety precautions, including fire precaution equipment, in the centre which had been regularly serviced ensuring the safety of residents. Since the last inspection there had been improvements to fire precaution systems in the centre and all actions required had been completed. On the day of inspection, the inspector observed all fire door to be closed and where appropriate door guards had been installed. Overall, staff had received training in fire prevention and emergency procedures however, not all staff had completed their fire safety refresher training.

## Regulation 17: Premises

There was a number of decorative and structural repairs required to the house to fully ensure that residents were living in a safe, comfortable, homely and hygienic house. A number of these repairs had been reported to the organisation's maintenance team however, the timeliness of addressing and completing some of the repairs required reviewing.

For example:

Kitchen cupboards had chipped paint on the cupboard doors and skirting underneath.

There was a leak in an upstairs en-suite which required fixing.

There was no light bulb outside the new downstairs bathroom.

The ceiling paint in the sitting room/dining room was blistering due to leak damage from upstairs en-suite.

The ceiling in the kitchen required painting after maintenance work from leak damage.

A resident's bedroom radiator had been turned off as part of the leak work and on the day of inspection was still off and required support from the maintenance team to turn it back on again. This was impacting negatively on the resident and was ongoing since January 2021. Subsequent to the inspection, the person in charge advised that the radiator had been fixed and turned back on.

An area on the carpet on the stairway was stained and the walls leading up the stairs were marked including chipped paint in some areas.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The inspector found that residents had not been provided with specific risk assessments to assist individualised self-isolation. Furthermore, a rights restriction in place for two residents had not included an appropriate risk assessment to ensure the least restrictive procedure for the shortest duration necessary was in place.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

On the day of inspection the inspector observed that overall, the house was clean and tidy however, previous to mid-March 2021, the cleaning schedule in place was inadequate and had not been adapted in line with Health Protection Surveillance Centre's (HSPC) guidance. Furthermore, there was no documented checks of the cleaning taking place in the centre or documented oversight by local management during the period the previous person in charge was absent.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The inspector found that overall, there were appropriate fire safety precautions, including fire precaution equipment, in the centre which had been regularly serviced ensuring the safety of residents. Not all staff had completed their fire safety refresher training however, this is addressed in regulation 16.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that overall, appropriate healthcare was made available to residents living in the centre. However, the inspector found that a recommendation made by a healthcare professional (to support a resident complete specific exercises on daily basis) was not always recorded in the resident's personal plan.

Improvements were warranted to ensure that appropriate review dates and residents' signatures (or where appropriate a residents' representative) were included on the plans at all times.

Judgment: Substantially compliant

### Regulation 8: Protection

The inspector reviewed a sample of incident records of adverse events in the centre and for the most part, found them to be detailed in the immediate actions taken to keep residents safe, refer residents to the appropriate services for review and contact the relevant parties in the event of safeguarding concerns. This had not been the case on one occasion however, the provider took the appropriate steps to follow up and investigate in line with regulatory requirements.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant



# Compliance Plan for Appreview OSV-0001702

Inspection ID: MON-0024832

Date of inspection: 14/04/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A suitably qualified PIC is in place with responsibility for Appview and another designated centre to ensure there is continuity of care delivered to residents.	
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 accreditation body for MAPA has extended validation of certifications until 31st August 2021. An additional MAPA trainer is being recruited to ensure staff have the required MAPA training before staff certifications has expired. All Staff have completed refresher training in complaints.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A suitably qualified PIC is in place since 13th March. Induction has been completed. Formal governance and management sessions are conducted by the PPIM and PIC to monitor efficient management of the designated centre every 2nd month. Individual self-isolation plans have been completed. Individual Risk Assessments are in place.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: NF40 will be submitted separately for each designated centre every 6 months.	

Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints Procedure will be discussed with Residents at Resident meetings. Each Keyworker will discuss complaints process at key working sessions so that the information is provided to ensure Residents are empowered and understand how to make a complaint.</p> <p>The complaints policy will be reviewed with the staff team at Junes staff meeting.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A maintenance manager has joined the organisation on 24th May 2021 and is specifically focusing on the premises of all designated centres. Part of this brief is to develop a strategic plan to identify and prioritise works to be completed with time frames.</p> <p>There has been a review of works required for the centre , works have been prioritized , finances have been committed to the small works plan and will be completed by end of August 2021.</p> <p>Kitchen: presses to be repainted Leak in ensuite: Quotes have been acquired for replacement of shower in ensuite.</p> <p>Lightbulb outside the Bathroom downstairs has been replaced.</p> <p>Kitchen ceiling: to be painted</p> <p>Carpet to be cleaned and walls painted</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk assessments for individual's self-isolation have been completed.</p> <p>SALT assessment have taken place 5th May 2021. SALT Report has been issued. Resident care plans and risk assessments have been updated 10TH May 2021.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Cleaning schedule incorporates HSPC Guidance which is signed by the staff members when completing cleaning schedule. This document will also be signed by the PIC monthly.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  Resident is supported to engage in exercise program prescribed by physiotherapist. This is recorded in the Daily Diary. Encouraging the Resident to engage in exercise will be discussed at Staff meeting on 28th May 20201.  Support plans discussed at staff meeting 16th April 2021 to reiterate the importance of timely reviews of all care plans.</p> <p>Easy to read PRN information sheet has been drafted to support residents to understand their PRN medication. Each key worker will conduct a PRN information session and resident will sign on competition by 7th June 2021.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  All incidents will be reported within 72 hours as per SHS policy, and immediate action taken to keep residents safe. Where required will be investigated in line with regulatory requirements.</p> <p>This will be discussed at staff meeting on 28th May 20201.</p>	

## 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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	14/03/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/05/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Not Compliant	Orange	31/07/2021

	state of repair externally and internally.			
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.	Substantially Compliant	Yellow	28/05/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	28/05/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/05/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	28/05/2021

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Substantially Compliant	Yellow	30/06/2021
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	28/05/2021
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the complaints procedure.	Substantially Compliant	Yellow	30/06/2021
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.	Not Compliant	Orange	30/06/2021
Regulation	The registered	Not Compliant	Orange	30/06/2021

34(2)(e)	provider shall ensure that any measures required for improvement in response to a complaint are put in place.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	28/05/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	28/05/2021