



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

Issued by the Chief Inspector

Name of designated centre:	Teach Greine
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	21 October 2022
Centre ID:	OSV-0001828
Fieldwork ID:	MON-0029124

About the designated centre

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

Teach Greine provides respite care and support to adults and children with an intellectual disability. The house, which has five bedrooms, a large living area, kitchen and dining room is located within walking distance of a medium sized town in Co. Westmeath. The bedrooms available to residents are equipped to support those with additional mobility support needs, and there is specialist equipment available in the two large bathrooms. Residents are supported by a team of nurses, social care workers and care assistants, and the centre is managed by a person in charge who is a registered nurse.

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
Friday 21 October 2022	09:25hrs to 17:40hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspector was told and what was observed, residents received a good quality of care based on their assessed needs. Some improvements were required in relation to individualised assessment and personal plan, staff training and development, premises, governance and management, information for resident, protection against infection, fire precautions, and notification of incidents. These areas are discussed further in the next sections of the report.

The inspector met with seven of the residents on the day of the inspection. Some were leaving the centre that morning as their respite break was over, some returned again after their day service and others were attending that evening for the first night of their respite stay. One resident spoke to the inspector with support from staff. The majority of residents had alternative communication methods and did not share their views with the inspector. They were observed at different times of the inspection in the centre.

Residents were supported to choose an activity that evening and there were different plans for different people. Some chose to watch movies, others chose to use the computer and some used sensory equipment. The centre ordered a takeaway for the evening meal and some residents went for a drive to pick it up.

The centre appeared clean and tidy. There was sufficient space for privacy and recreation for residents. There were suitable in-house recreational equipment available for use, such as art supplies and sensory equipment. Each resident had their own bedroom and there were adequate storage facilities for their personal belongings for their stay. Communal areas had received a more homely makeover since the last inspection with a new suite of furniture, new blinds and some new artwork.

The back yard was limited in options for residents' use. It contained some decorative mushroom stools, musical sound bars and a basketball net. There were some plants around the outside of the centre for decoration.

There were two staff members finishing their shift the morning of the inspection and two different staff members came on duty that evening. Staff spoken with demonstrated that they were familiar with the residents' care and support needs and preferences. The inspector observed resident and staff engagement which was found to be responsive and respectful, and interactions with staff were seen to be caring and attentive.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of the residents' representatives. Feedback received indicated that families are happy with the service provided. The service received some positive feedback, such as staff are

very attentive and kind and another family member stated that communication with staff was excellent. One family member communicated that they would like more done with the outside space in relation to raised flower beds and a wheelchair swing for residents to enjoy.

In addition to the questionnaires, the inspector spoke with one family member. They were complimentary of the quality of care received by their relative and were satisfied with how their family member was supported when in respite. They communicated that they would feel comfortable voicing any concerns they may have to a staff member or the person in charge.

The provider had also sought family views on the service provided to them by way of six-monthly unannounced visits to the centre. Feedback received indicated that families communicated with were satisfied with the service. In addition, the centre had received compliments such as ' complex needs are dealt with in a professional manner'.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in November 2021 where it was observed that some improvements were required to ensure the centre was operating in full compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). Actions from the previous inspection had been completed at the time of this inspection.

The inspector found, that for the most part, the governance and management arrangements within the centre were ensuring a safe and quality service was delivered to residents and the centre was adequately resourced to meet the assessed needs of residents. However, improvements were required in governance and management, staff training and development and notification of incidents.

There was a defined management structure in place which included a long standing person in charge who was supported by the operations manager, who was the person participating in management for the centre. The operations manager facilitated the inspection due to the person in charge being on leave. The person in charge was a qualified professional with experience of working in and managing services for people with disabilities. They were responsible for the running of two designated centres and divided their time between the two centres.

The provider had completed an annual review of the quality and safety of the

service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas such as medication management, and health and safety. However, the unannounced visits to the centre were not always within the timelines set out in the regulations. In addition, as discussed under fire precautions in section 2 of this report, the provider's own auditing systems had not picked up on the issues identified on the day of the inspection, therefore this required review. Furthermore, while monthly staff meetings were due to occur in the centre there were some months in 2022 when a meeting had not occurred.

There was a statement of purpose available as per the regulations and it contained the majority of prescribed information required. Any omitted information was added prior to the end of the inspection with evidence shown to the inspector.

The provider had all of the required Schedule 5 policies and procedures in place. They were available at the centre and all reviewed within the last three years.

The inspector reviewed a sample of rosters and spoke with a staff member with regard to staffing. The staffing arrangements were found to provide continuity of care to residents. Staff had the necessary skills and experience to meet residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

A sample of staff personnel files were reviewed and they contained all the necessary information as required to ensure safe recruitment practices.

There were established formal supervision arrangements in place for staff and staff had access to appropriate training, including refresher training as part of continuous professional development. There was oversight of the training needs of staff, and arrangements were made to plan for training, as required. However, training was required for staff in eating drinking and swallowing. In addition, while refresher training was available, there were some deficits in the provision of refresher training within the time frame set out by the provider with regard to training related to infection prevention and control.

The inspector found that the person in charge had not notified the Chief Inspector of Social Services (The Chief Inspector) at the end of each quarter all of the restrictive practices within the centre as required by the regulations. This was with regard to a chemical restraint used in the centre.

Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre. They were employed in the organisation on a whole time basis and managed two centres. They divided their time evenly between the two centres.

Judgment: Compliant

Regulation 15: Staffing

Staff had the necessary skills and experience to meet residents' assessed needs.

There was a planned and actual roster maintained by the person in charge and there was sufficient staff on duty to support residents.

A sample of staff personnel files were reviewed and they contained all the necessary information as required to ensure safe recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

There were formal supervision arrangements in place for staff in line with organisational policy. Staff had access to appropriate training, including refresher training as part of continuous professional development.

However, training was required for staff in eating drinking and swallowing in order to support some residents with their eating plans. In addition, while refresher training was available, there were some deficits in the provision of refresher training within the time frame set out by the provider with regard to training related to infection prevention and control. For example, with regard to hand hygiene and personal protective equipment (PPE) training.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that there was an appropriate contract of insurance against injury to residents and insurance against other risks in the centre including loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place and the provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas such as medication management, and health and safety.

However, the unannounced visits to the centre were not always within the timelines set out in the regulations. For example, they were not taking place at least every six months as there was a gap of eight months between the last two visits. In addition, as discussed under fire precautions in section 2 of this report, the provider's own auditing systems had not picked up on the issues identified on the day of the inspection, therefore this required review.

Furthermore, while monthly staff meetings were due to occur in the centre there were some months in 2022 when a meeting had not occurred. For example, in March and May 2022.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose available as per the regulations and it contained the majority of prescribed information required. Any omitted information was added prior to the end of the inspection with evidence shown to the inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that the person in charge had not notified the Chief Inspector at the end of each quarter all of the restrictive practices within the centre as required by the regulations. This was with regard to a chemical restraint used in the centre this year.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had all of the required Schedule 5 policies and procedures in place. They were available at the centre and all reviewed within the last three years.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the provider and person in charge were operating the centre in a manner that ensured residents were in receipt of a service that was person-centred and focused on their needs. However, some improvements were required in relation to individualised assessment and personal plan, premises, information for residents, protection against infection, and fire precautions.

There was an assessment of need undertaken pre-admission for residents which was reviewed annually. The arrangement was, for updated information to be provided by the primary carers and day services for all subsequent admissions. This information was required to ensure that, any changes to a resident's needs were known to the centre and could be supported. The inspector was assured that the current relevant information was known, and that care was being delivered in accordance with these assessments. However, the inspector was not assured that this informal arrangement would always ensure that the most up-to-date pertinent information would be communicated to the staff to ensure they could deliver the appropriate care.

In addition, some care plans did not adequately guide staff or provide all relevant information. For example, some residents' epilepsy management plans did not clarify if emergency medication was to be given for every type of seizure the person may have.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. The provider prescribed and utilised some restrictive practices in the centre and the majority of which were to mitigate safety risks, such as bedrails and they were used only when required.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were clear lines of reporting and staff were familiar with how to report and escalate any safeguarding concerns.

The inspector found that there were adequate mechanisms in place to uphold residents' rights. For example, there were pictures used to support residents to make choices about their meal and activity choices. Care plans discussed how some residents communicate they don't want to do something and instructed staff to honor residents' preferences.

Visits were facilitated with no visiting restrictions in place in the centre and private

areas for entertaining visitors were available.

There was a residents' guide prepared and a copy available to residents that contained the majority of the required information as set out in the regulations. However, it did not contain the terms and conditions relating to residency. In addition, the procedure for respecting complaints was not adequately explained. For example, it did not inform residents who the complaints officer was for the centre.

From a walkabout of the centre the inspector found the house to be clean and have adequate space which was laid out to meet the needs of the residents. While the centre was generally in a good state of repair, some improvements were required. For example, some areas required painting and some surfaces were chipped. Furthermore, there were minimal outdoor recreational areas and facilities.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and a recently reviewed risk register was in place that detailed generic risks for the centre such as slips, trips and falls. In addition, each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was found to be clean and there were a range of cleaning checklists in place to ensure that this was maintained. While the centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease, it was not centre specific other than with regard to staffing contingency and therefore did not guide staff adequately. For example, it did not include guidance with respect to waste and laundry management. In addition, current cleaning schedules were not documenting the cleaning of all aspects of the environment, for example, the extractor fan. Furthermore, no post outbreak analysis had been completed after an outbreak of COVID-19 in the centre earlier in the year.

There were fire safety management systems in place, including detection and alert systems, which were regularly serviced, and staff had received training in fire safety. Each resident had a personal emergency evacuation plan (PEEP) and participated in regular fire drills. However, one fire containment door had a larger than recommended threshold gap and one door did not have an intumescent strip fitted, these issues would negatively impact on the effectiveness of fire containment measures.

In addition, no fire drill was practiced with residents in which minimum staffing levels and maximum resident numbers were present. Furthermore, it was not evident if any fire drill scenarios had been practiced in 2022.

Regulation 11: Visits

Visits were welcomed and facilitated with no visiting restrictions in place in the

centre. In addition, there were private areas available for entertaining visitors.

Judgment: Compliant

Regulation 17: Premises

From a walkabout of the centre the inspector found the house to be clean and have adequate space which was laid out to meet the needs of the residents. While the centre was generally in a good state of repair, some improvements were required. For example, some areas required painting, such as all the bedrooms required to be repainted after having holes filled in the walls. In addition, some surfaces were chipped, such as a bathroom press and box under the sink. Furthermore, with regard to the centre being registered to facilitate children at the designated centre, there were minimal outdoor recreational areas and facilities.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide prepared and a copy available to each resident that contained the majority of the required information as set out in the regulations. It did not contain the terms and conditions relating to residency. In addition, the procedure for respecting complaints was not adequately explained. For example, it did not inform residents who the complaints officer was for the centre or that they could appeal a decision if not happy with the outcome.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and a recently reviewed risk register was in place that detailed generic risks for the centre such as slips, trips and falls. In addition, each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. The centre was found to be clean and there were a range of cleaning checklists in place to ensure that this was maintained. While the centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease, it was not centre specific other than with regard to staffing contingency and therefore did not guide staff adequately. For example, it did not include guidance with respect to waste and laundry management or what cutlery or crockery to use. Current cleaning schedules were not documenting the cleaning of all aspects of the environment, for example, the extractor fan or the vents. Furthermore, no post outbreak analysis had been completed after an outbreak of COVID-19 in the centre earlier in the year.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place, including detection and alert systems, which were regularly serviced, and staff had received training in fire safety. Each resident had a personal emergency evacuation plan (PEEP) and participated in regular fire drills. On the day of the inspection it was observed by the inspector that two fire containment doors were not closing fully by themselves and two fire containment doors did not have an intumescent strip fitted. The provider arranged for two doors to be fixed and one door to be fitted with an intumescent strip prior to the end of the inspection and evidence was shown to the inspector.

However, one fire containment door had a larger than recommended threshold gap and one remaining door did not have an intumescent strip fitted, these issues would negatively impact on the effectiveness of fire containment measures. In addition, no fire drill was practiced with residents in which minimum staffing levels and maximum resident numbers were present and it was not evident if any fire drill scenarios had been practiced in 2022.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was an assessment of need undertaken pre-admission for residents which was reviewed annually. The arrangement was, for updated information to be provided by the primary carers and day services for all subsequent admissions. This information was required to ensure that, any changes to residents' needs were

known to the centre and could be supported. The inspector was assured that the current relevant information was known, and that care was being delivered in accordance with these assessments. However, the inspector was not assured that this informal arrangement would always ensure that the most up-to-date pertinent information would be communicated to the staff to ensure they could deliver the appropriate care.

In addition, some care plans did not adequately guide staff or provide all relevant information. For example, some residents' epilepsy management plans did not clarify if emergency medication was to be given for every type of seizure the person may have. Another specific care plan for a resident did not describe the frequency in which a procedure needed to be conducted with them. This was discussed at the feedback meeting. An eating drinking swallowing assessment was yet to be reviewed after its implementation in September of 2021. The recommendation was for a review to have been conducted after one month from its implementation.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' healthcare needs were known by staff. Due to this being a respite service, residents were supported by their families to attend any healthcare appointments and referrals. Where required, there were healthcare plans in place for residents in order for staff to support them. The procedure if a resident became unwell was the centre's nurse would review the resident and would arrange for the resident to return home if applicable. If required, the centre would facilitate allied healthcare professional assessments at the centre while residents were on a respite break.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where necessary, residents received specialist support to understand and alleviate the cause of any behaviours that may put them or others at risk. The provider prescribed and utilised some restrictive practices in the centre and the majority of which were to mitigate safety risks. The inspector found that where environmental measures were used, such as bedrails and chest straps for wheelchairs, they were subject to review and oversight.

Judgment: Compliant

Regulation 8: Protection

Safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. Resident money was counted coming to respite for their stay and again when they left to ensure their finances were accounted for. Each resident had an intimate care plan in place to guide staff on how to support them in this area. There were clear lines of reporting and staff were familiar with how to report and escalate any safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

There were adequate mechanisms in place to uphold residents' rights. For example, there were pictures used to support residents to make choices about their meal and activity choices. Resident views were considered when completing care plans and they discussed how some residents communicate they don't want to do something and instructed staff to honor residents' preferences.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Greine OSV-0001828

Inspection ID: MON-0029124

Date of inspection: 21/10/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will complete FEDS (Eating, Drinking & Swallowing) Training by 30/11/2022 Amaric Hand Hygiene to be refreshed by 4 staff by 30/11/2022 Donning and Doffing of PPE in a Community Setting to be refreshed by 7 staff by 30/11/2022	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All unannounced provider inspections will be scheduled on a rotating 6 month schedule going forward. The template for this audit will be amended to include a focus on fire safety. 30/12/22 PIC to set out a monthly team meeting schedule for team meetings for 2023 by 30/12/22	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will ensure all quarterly reports are submitted on time and to include all incidents of chemical restraint in future.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A schedule of works has been agreed with works being completed by 28/02/2023. This	

work will include the painting of all bedrooms and repair of chips on the unit under the sink in the bathroom.	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>The residents guide will be reviewed by the PIC and compliance manager by 15/12/2022 to include the terms of residency.</p> <p>A poster identifying the complaints officer for the centre is placed on the wall inside the front door however will be added to the residents guide.</p> <p>An easy read copy of the complaints procedure to be displayed in the centre 30/11/22 and will be discussed with residents at respite weekly meetings. This has been amended to include the appeals process.</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>A site specific contingency protocol was issued to the centre on 25/10/22 and is displayed on the staff noticeboard for guidance. This includes an outbreak analysis template document which was completed for the outbreak earlier in the year by the PIC on 22/11/22.</p> <p>Cleaning schedules have been amended to include the cleaning of extractor fans and vents. 22/10/22.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A schedule for works has been agreed for the replacement of intrumescent strip on one fire door and for alteration to threshold gap on the remaining fire door to be completed by 28/11/22.</p> <p>A fire drill has been scheduled for 1/12/2022 to reflect minimum staffing and maximum number of service users.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A Continuity of Care document has been developed for the respite centre which will consist of monthly calls to each family prior to a respite stay to ensure that the respite centre has the most up to date information regarding service users care needs. A call log document has also been developed to ensure a record of all calls made.</p> <p>The epilepsy care plan for one service user has been reviewed and updated to ensure clarification on the use of emergency medication. 22/10/22</p>	

The catheterization care plan for one service user has been reviewed and updated to give clear guidance on frequency of procedure needed. 22/10/22.

A full review of all care plans will be completed to ensure clarity and detail on each one.
30/1/23

A follow up on an eating drinking swallowing assessment has been completed. 22/10/22.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/02/2023
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	15/12/2022
Regulation 20(2)(e)	The guide prepared under paragraph (1) shall include the procedure respecting	Substantially Compliant	Yellow	30/11/2022

	complaints.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	22/11/2022

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/11/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	01/12/2022
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which	Substantially Compliant	Yellow	30/01/2023

	a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	22/10/2022
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	01/11/2022