

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

Issued by the Chief Inspector

Name of designated centre:	Whitehall Lodge
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	01 March 2023
Centre ID:	OSV-0002396
Fieldwork ID:	MON-0036121

About the designated centre

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

Whitehall Lodge is a designated centre operated by Saint Michael's House located in South County Dublin. It provides a community residential service for up to five adults with a disability. Whitehall Lodge aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre is located in a residential area and is close to local shops and public transport links. The centre is a bungalow which comprises of five resident bedrooms, staff bedroom, communal sitting room, kitchen/dining room, utility room and two bathrooms. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

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 (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 1 March 2023	09:30hrs to 15:50hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

The inspector wore a face mask during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, the inspector observed masks and hand sanitising facilities to be readily available, and staff wore masks in line with public health guidance.

The centre comprised a single-storey house in a busy Dublin suburb. The centre was very close to many amenities and services including shops, cafés, parks, and public transport. The person in charge accompanied the inspector on a thorough walk-around of the centre. The centre had been renovated and redecorated since the previous inspection in August 2022. The interior had been repainted, the garden was tidied and cleaned, and the flooring in the main bathroom was repaired. New grab rails had also been installed in the bathrooms.

The residents' bedrooms provided adequate space and were decorated in accordance with their tastes. There was sufficient communal space including two sitting rooms, large kitchen dining room, and a spacious garden. There was also a small utility room, staff room, office, and bathroom facilities. Some further upkeep was required to mitigate infection hazards, such as damaged kitchen cupboards and floors, and the provider had planned for these works to take place in May 2023. The person in charge had also ordered new blinds for the house, and requested the provider cover exposed pipes in some of the bathrooms. Overall, the centre was found to be clean, bright, homely, nicely furnished, and appropriate to the assessed needs and number of residents.

The inspector observed good fire safety systems such as fire detection, containment and fighting equipment. The exit doors were easily opened to aid a prompt evacuation, and the fire doors closed properly when released. There was an addressable fire panel, however information was required on the zone locations and the person in charge displayed this information before the inspection concluded. The inspector observed some good infection prevention and control (IPC) precautions, and these are discussed further in the report.

In the kitchen, a notice board displayed information on the Assisted Decision-Making (Capacity) Act 2015, complaints, menu planning and health eating, COVID-19, 'house rules', and the staff roster.

The inspector met all of the residents in the afternoon when they returned from their day services. The residents appeared relaxed in their home, and some chose to speak with the inspector. One resident briefly told the inspector that they attended house meetings and spoke about some of the topics they discussed such as menu planning. Another resident told the inspector about their favourite music and that they liked their day service.

One resident spoke in more depth with the inspector. They said that they liked living

in the centre, got on well with their housemates, and that all of the staff were very nice. They were happy with their bedroom, and spoke about recently choosing a new armchair for the sitting room. They said that staff did the cooking in the house, and they were happy with this arrangement as they often had their favourite meals. They had no concerns, but said they would speak to the person in charge if they had. They said they liked doing art in their day service, and at the weekends enjoying bowling and going to the cinema. They were looking forward to going on a holiday to a town near a beach in the next few months. They kept in regular contact with their family through visits and phone calls. They knew how to evacuate in the event of the fire alarm activating, and said that staff had spoken to them about IPC measures, for example, hand hygiene.

The annual review, dated February 2023, had consulted with residents and their representatives. Resident consultation noted their satisfaction in several areas, including the premises, activities available to them, and day services. One family provided feedback, they said that they were very happy with the level of care provided in the centre. They had no concerns, and were complimentary of the staff.

The inspector spoke with the person in charge, service manager, and a social care worker. They all told the inspector that some residents could not access their own finances, and were being supported by the provider to resolve this matter. This is discussed further in the quality and safety section of the report.

The person in charge commenced in their post in December 2022. They met with the service manager regularly to support them in their role. They said that the quality and safety of service provided to residents was very good. They demonstrated a good understanding of residents' health and social care needs. They had no significant concerns and were satisfied with the IPC measures, staffing arrangements in the centre, and residents' access to multidisciplinary team services as needed. They spoke about how residents were involved in decisions and had control in their lives, for example, planning activities, choosing meals, and recently choosing furniture in their home.

Residents enjoyed activities such as board games, beauty treatments, art, gardening, massages, music, eating out, and grocery shopping. There was no dedicated vehicle in the centre, however there was good public transport links nearby and access to taxi services, and the centre was within walking distance to many amenities.

The service manager told the inspector that residents' needs were being met in the centre and that they had no concerns. The spoke about some of the recent improvements such as enhanced IPC arrangements and strengthening of the management arrangements. There was one resident vacancy, and the service manager and person in charge told the inspector that the vacancy was being carefully considered and assessed to ensure that any potential residents would be compatible with the other residents, and that their needs could be met in the centre.

A social care worker told the inspector that residents received a great quality of service in the centre. They spoke about the safeguarding, fire safety, and IPC

arrangements in the centre, and were knowledgeable in these areas. They said they were very happy with the supervision arrangements, and felt confident raising any concerns with the person in charge or at team meetings.

From what the inspector was told and observed during the inspection, it appeared that overall, residents had active and rich lives, and they received a good quality service. For the most part, they were being supported through a person-centred approach to live their lives in a manner that was in line with their needs, wishes and personal preferences. However, some residents did not have full control over their own finances, and this and other aspects of the service, such as staff training, IPC, and fire safety systems, were found to require improvement.

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

Capacity and capability

There were effective management systems in place to ensure that the service provided to residents in the centre was safe, consistent and appropriate to their needs.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and based in the centre. They were suitably qualified and skilled, and found to have a good understanding of their role and of the supports required to meet the assessed needs of the residents in the centre. The person in charge was supported in their role by a service manager and Director of Care, and there were effective systems for the management team to communicate and escalate any issues. It was also demonstrated that they had a good understanding of the service to be provided to residents in the centre to ensure that it was safe and of a good quality.

The registered provider had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre to assess the quality and safety of service provided in the centre. The person in charge monitored actions identified from audits and reports to ensure that they were progressed and completed to improve the quality and safety of the service. Overall, the inspector observed a drive towards quality improvement in the centre.

The skill-mix in the centre comprised social care workers. The skill-mix was appropriate to the needs of the residents and for the delivery of safe care. The person in charge maintained planned and actual rotas showing staff working in the centre. Residents also had access to multidisciplinary team services as required.

Staff working in the centre completed training in areas such as, fire safety,

safeguarding of residents, positive behaviour support, and manual handling. The training supported staff in their delivery of appropriate care and support to residents. However, training records indicated that some staff required refresher training in different areas.

The person in charge provided support and formal supervision to staff working in the centre, and staff spoken with advised the inspector that they were satisfied with the support they received. Staff could also contact the service manager or on-call service if outside of normal working hours. Staff also attended regular team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, fire safety, medication, infection prevention and control, and training.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

Regulation 14: Persons in charge

The person in charge was full-time and had commenced working in the centre in December 2022. The person in charge had relevant social care and management qualifications, and was found to be suitably skilled and experienced to manage the centre.

The person in charge had a clear understanding of the service to be delivered in the centre and a strong focus on person-centred care and support. They demonstrated a good understanding of the regulations and standards pertaining to the Health Act 2007, as amended.

Judgment: Compliant

Regulation 15: Staffing

There was a full staff complement in the centre with no vacancies. The skill-mix consisted of social care workers. The person in charge and service manager were satisfied that the current skill-mix and complement was appropriate to the number and assessed needs of residents.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of staff working in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. The inspector reviewed a log of the staff training records provided by the person in charge. Staff had completed training in areas such as, fire safety, safeguarding of residents, positive behaviour support, infection prevention and control, manual handling, diabetes, and epilepsy management. Some staff required refresher training in IPC, safeguarding and positive behaviour support.

The person in charge provided informal and formal supervision to staff. Formal supervision was scheduled quarterly as per the provider's policy. The person in charge maintained supervision records and schedules. In the absence of the person in charge, staff could contact the service manager for support and direction. There was also an on-call service for staff to contact outside of normal working hours. Staff spoken with told the inspector that were satisfied with the support and supervision they received.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was based in the centre. They were supported in their role by a service manager who in turn reported to a Director of Care. There were good arrangements for the management team to meet and communicate. The person in charge and service manager had monthly meetings as well as more frequent informal communication. The person in charge also attended regular group meetings with other managers who reported to the service manager. The purpose of these meetings was to provide updates, share information, and promote shared learning. The person in charge also prepared a regular quality and safety report for the service manager to support their oversight of the centre. The report provided information on a range of topics, such as residents' needs, complaints and compliments, restrictions, supervision, risk, and fire drills.

The provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out, and had consulted with residents. Audits had also been carried out in the areas of health and safety, medication, and

infection prevention and control. A finance audit was also scheduled for later in the month. The person in charge maintained a quality enhancement plan which monitored actions to drive improvement in the centre, and both the person in charge and service manager demonstrated a commitment and drive toward continuous quality improvement in the centre. The inspector also found that actions outlined in the provider's compliance plan following in the last inspection of the centre, in August 2022, had been well progressed and most were complete.

There was one resident vacancy in the centre, and the provider was ensuring that potential resident admissions were being carefully considered and assessed to ensure that they would be compatible with the other residents, and that their needs could be met. This demonstrated good decision making by the provider to support a safe and quality service for residents.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns. Staff spoken with advised the inspector that they were confident in raising any potential concerns with the management team.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. A minor revision was made to the statement of purpose by the person in charge during the inspection to ensure that all information was correct. The statement of purpose was available in the centre to residents and their representatives.

Judgment: Compliant

Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Residents spoken with were happy in the centre, and generally the service provided was safe and of a good quality. However, improvements were required in the areas of infection prevention and control (IPC), fire safety, and ensuring residents' right to access their own finances.

The inspector observed residents to have active lives and participate in a wide range of activities within the community and the centre. Residents chose their activities in accordance with their will and personal preferences. Residents were also supported

to maintain relationships meaningful to them, for example, with their families.

There were no restrictive practices or interventions in the centre. Where required, positive behaviour support plans were developed for residents. Staff also completed relevant training in behaviour support.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Safeguarding concerns were reported and screened, and safeguarding plans were developed as required. Staff spoken with were familiar with the procedure for reporting any concerns.

The premises were found to be bright, clean, nicely decorated and furnished. There was sufficient communal space, and nice gardens for residents to enjoy. The premises were meeting the residents' needs, and some residents spoken with said they were happy with their homes.

The fire safety systems were found to require enhancements. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the fire safety equipment. The emergency lighting required upgrading, and while the provider had planned for these works, there was no time frame for completion. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, however some of these documents required revision. The effectiveness of the plans was tested as part of regular fire drills carried out in the centre. Staff completed fire safety training, and some residents also told the inspector about how to evacuate if the fire alarm activated.

There were IPC measures and arrangements to protect residents from the risk of infection, however some improvements were required to meet optimum standards. The provider had prepared comprehensive IPC policies and procedures, and there was access to public health guidance. There was also good support available from the provider's IPC team, and within the centre there were IPC lead workers with associated responsibilities. However, the IPC preparedness plan required expansion and revision.

There were good arrangements for the oversight and monitoring of the IPC measures through audits, assessment tools, and discussions at team meetings. Staff had completed relevant IPC training and were knowledgeable on the IPC matters that they discussed with the inspector. The centre was clean, and there was a good supply of cleaning equipment and chemicals. There was a supply of personal protective equipment. Some of the premises required attention to mitigate infection hazards, and the provider was planning for these works to take place in May 2023 while the residents were on holiday.

Regulation 17: Premises

The centre comprised a large-single storey house in a busy Dublin suburb. The premises were found to be appropriate to the number and needs of the residents using the centre. It was clean, bright, warm, comfortable, and generally well maintained. It had been recently repainted on the interior, and renovations had taken place, including repairs to flooring in the main bathroom.

There was sufficient communal and living space including nice outdoor spaces. There was adequate bathroom facilities. Residents had their own bedrooms which provided adequate space and were decorated in accordance with their personal tastes. The kitchen facilities were well equipped, however the cupboards were worn and the provider was planning on replacing them along with flooring in the small sitting room in May 2023. The person in charge had also ordered new blinds for the centre.

Grab rails in bathrooms had been recently upgraded, and equipment used by residents, such as electric beds was up to date with servicing.

Some of the residents told the inspector that they were happy with the premises.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some aspects were found to require improvement.

There was a suite of policies and procedures on IPC for staff to refer to, as well as information from public health. There was also signage in the centre on IPC and COVID-19. The provider had an established IPC team and they provided support and guidance on IPC matters. There were also IPC lead workers in the centre with associated responsibilities, such as monitoring supplies of personal protective equipment (PPE). An IPC preparedness plan had been prepared, however it required expansion to consider other potential infections beyond COVID-19 and to update information regarding social distancing.

The person in charge had completed a self-assessment tool to assess the effectiveness of the IPC measures, and was satisfied that they were sufficient. Detailed IPC audits had also been carried out by the provider's IPC team. Monthly IPC checklists and health and safety audits were also completed by the person in charge. They covered a range of topics, such as handling and storage of chemicals, waste management, and housekeeping. Actions for improvement were tracked and monitored by the person in charge.

There was good access to hand hygiene facilities and PPE in the centre. Generally, the centre was clean and tidy. However, some premise hazards required mitigation,

for example, damaged flooring and kitchen units, and rust on a radiator. The provider had arranged for some of these works to take place in May 2023.

Staff in the centre were responsible for cleaning duties in addition to their primary roles, and there was guidance and cleaning schedules to inform their practices. There was cleaning chemicals, and colour coded-cleaning products were used to reduce the risk of cross contamination of infection. There were also arrangements for the management of soiled laundry, for example, alginate bags.

Staff were required to complete IPC training. Staff spoken with advised the inspector on the arrangements for soiled laundry, training, and use of colour-coded equipment. IPC was also discussed at team meetings to support staff knowledge, for example, recent meeting minutes noted discussions on PPE, laundry management, access to IPC information, and cleaning. Residents had also received guidance on IPC matters.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems, however some improvements were required. There was fire detection, containment, and fighting equipment, and emergency lights in the centre. The inspector tested several of the fire doors, and the majority closed properly with the exception of one, and the person in charge addressed this during the inspection. The inspector viewed a sample of the servicing records in the house, and found that the fire extinguishers, alarms, emergency lights, and fire blankets were up to date with their servicing. Staff in the centre were also completing daily, weekly, and monthly fire safety checks.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require in evacuating. The overall fire evacuation plan required revisions, and one of the resident's evacuation plans required some additional information. Fire drills were carried out to test the effectiveness of the evacuation plans.

Staff had completed fire safety training, and the provider's fire safety officer had recently visited the centre to provide refresher training and guidance. Some of the residents also advised the inspector on the evacuation arrangements.

Servicing records of emergency lights had recommended that some of the emergency lights be upgraded. The provider had plans to carry out the upgrade however, at the time of inspection there was no time frame for when this would be completed by.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern. Staff were required to complete training in positive behaviour support, however as noted under regulation 16, some staff required refresher training.

Positive behaviour support plans had been developed for some residents where required. The inspector viewed a sample of the plans. One plan was due review, and the person in charge had referred it to the relevant professional for updating.

There were no restrictive practices or interventions in the centre, however the provider had prepared a written policy on this matter.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

Staff spoken with able to describe the safeguarding procedures. The inspector found that safeguarding concerns were reported and screened, and safeguarding plans were developed as required.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected and promoted the rights of the residents.

Residents were supported to make decisions and choices about most aspects of their lives. Residents were consulted with and participated in the organisation of the centre through scheduled house meetings and daily consultations, for example,

choosing meals, activities, and decoration of the centre.

The provider was organising training and information sessions on the Assisted Decision-Making (Capacity) Act 2015, to aid staff understanding of the legislation and its implementation.

However, not all residents had control over their own finances. The provider was actively engaging with relevant financial institutions to address this matter and had taken actions to minimise the impact on residents affected. However, the matter had not been resolved in a timely manner and was impacting on residents' rights to access and control their own finances.

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 (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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Whitehall Lodge OSV-0002396

Inspection ID: MON-0036121

Date of inspection: 01/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Person in Charge has scheduled staff for refresher training PBS, Safeguarding and IPC. Protected time has been allocated within the roster to ensure all training is up to date.</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>The kitchen and flooring will be renovated and repaired as per plan in May 2023. PIC has been reassured by Technical services that the rust on the radiator will also be repaired accordingly.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Person in charge has reviewed and amended PEP plans for all residents. Frill drill has been conducted to assess their effectiveness. Technical services has confirmed that the</p>	

time frame in which the emergency lighting will be upgraded

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Financial Director of SMH has confirmed that they have engaged with two major financial providers with little success of obtaining a bank account for a resident. They are currently in negotiations with another financial provider so that the resident will have his own bank account

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	20/12/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	29/05/2023

Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	29/09/2023
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	02/04/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	02/04/2023
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	30/07/2023