



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

Issued by the Chief Inspector

Name of designated centre:	Moville Residential Group Home
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Announced
Date of inspection:	20 June 2024
Centre ID:	OSV-0003339
Fieldwork ID:	MON-0034852

About the designated centre

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

Moville Residential Group Home provides full time residential care for four male or female adults with intellectual disabilities. The service is intended to cater mainly for residents with low to moderate needs with the aim of maximising their potential for independent living. Moville Residential Group Home is a house centrally located in a rural town, and is close to the town amenities. It is a two-storey house with gardens. All residents in the centre have their own bedrooms. Residents are supported by a staff team that includes nursing and care staff. Staff are based in the centre when residents are present and staff are on duty at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 June 2024	09:00hrs to 17:30hrs	Mary McCann	Lead

What residents told us and what inspectors observed

Moville residents group home provides full time residential care to four residents. This announced inspection was carried out as part of the Chief Inspector's regulatory monitoring of the centre and to assist with assessing whether this centre was suitable for renewal of registration. Registration of a designated centre with the Health Information and Quality Authority must be renewed at three yearly intervals. The registered provider who is the Health Service Executive in this case had applied to renew the registration of this centre as it expires on the 11th of November 2024. In preparation for this inspection the inspector contacted the person in charge in advance of the inspection to discuss arrangements to best facilitate the residents on the day of inspection to ensure that as little disruption as possible occurred to the residents' daily routine. The inspector reviewed all information that the authority had regarding this centre. This included previous inspection reports and notifications about certain events that had occurred in the centre that the provider and person in charge have to submit as part of the regulatory process.

The inspector observed practices, interaction of residents with staff and other residents, met with all residents, three staff and reviewed relevant documentation to form judgments on the quality and safety of the care and support provided to residents. Residents told the inspector that they were happy and felt safe living in the centre. From describing their experiences of living in the centre it was clear that they were in receipt of person-centred care and support which respected their rights of dignity, respect and autonomy. Staff had completed human rights training and told the inspector that this training made them aware of the FREDA principles of fairness, respect, equality, dignity and autonomy and they were now more aware of the importance of these principles for residents' care. All information required for re-registration of this service has been submitted by the provider. This was an active house and residents were seen to come and go at various intervals throughout the inspection. All residents were well integrated into the community and residents were facilitated to pursue activities of their choice in their local community, for example one resident worked in a local shop, some residents were involved in the tidy towns' project and one resident attended a local day centre. The centre also has a very successful poly tunnel and vegetable patch where they grew lots of herbs and vegetables which they used for their food preparation. Residents were having cabbage and bacon for their evening meal on the day of inspection and the cabbage had come from their own garden. Residents told the inspector that they helped in the poly tunnel and garden and there was photos to support this. Additionally the centre made chutney which they sold locally. This meant that residents knew a lot of local people and were well engaged in the local community. Residents were supported by an established consistent staff team who were familiar with residents' likes and dislikes. Some staff knew the residents' families in the community and residents and staff were observed to happily chat about things that had happened in the past. For example one staff member was chatting with a resident about their parents even though they were deceased, the staff member had known the parents in the community years ago. One resident who spoke very warmly of his mother and

showed the inspector her memorial card told the inspector that staff facilitated them going to Mass and to visit his mothers' grave.

Residents were excited and delighted to show the inspector the photos and award they received from the Royal College of Surgeons in Ireland for adaptation into the community. They spoke about how much they enjoyed getting the award and going to Dublin to stay over and accept the award. The centre offered a comfortable environment for residents to relax at home doing what they enjoyed, listening to music, chatting with staff, assisting with cooking, baking, gardening or spending time in their bedrooms. Two accessible vehicles were available to this centre to support residents to attend day services and activities of their choice. One resident attended a day service. Two residents spoken with said they had no concerns but if they had they could talk to staff and felt that their concerns would be listened to and investigated. Residents spoke with the inspector at various intervals throughout the day, coming back with photos and stories they wished to tell the inspector. Residents told the inspector that they loved living in their house and that life was much better for them since they moved to this house in the community. Residents proudly showed the inspector their bedrooms and some residents had their own key to their bedroom. They described to the inspector the meaning of the décor and furnishings of their bedroom and how this was their choice. Residents were satisfied with the care and support they provided to them and described how staff respected their rights and they supported them to do the things they wanted to do. They said staff were helpful and they could talk to them at any time. They also got on well with their fellow residents and the inspector observed some of the residents sharing chores for example cutting the grass and cleaning out their vehicle. Residents were encouraged by staff to be as independent as possible by assisting them to gain independent skills and employment. One resident told the inspector that he enjoyed working part-time in a local shop, other residents did their own laundry and other household tasks. One resident told the inspector there were no restrictions on how he lived his life and he had control over his finances. One resident spoken with stated they were aware of the evacuation procedures and described how he would evacuate if the fire alarm was activated. The inspector observed friendly, good natured and humorous interactions with staff. This enhanced the homely atmosphere in the centre. The systems in place ensured that residents' voices were sought and listened to and they were actively involved in their community, for example one Saturday morning per month residents assisted with the tidy towns committee. Residents had won a prize for their eight foot sunflower, the tallest in Co. Donegal.

Residents were supported to complete questionnaires sent to them by the office of the Chief Inspector in advance of the inspection titled "Tell us what it is like to live in your home". There were positive responses in the questionnaires to questions asked. Question themes included activities, staff support, the people you live with and having your say. Residents' responses included " life is much better than it used to be , get to do lots of things, happy living in centre, staff assist me greatly, the food is good , and I am happy with the people I live with". In summary from listening to the residents' views, what the inspector observed, reviewing documentation and the good level of compliance with the regulations found on

inspection the inspector found that residents were receiving a good quality, safe service.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care and support provided to the residents.

Capacity and capability

Overall the inspector found that the management and governance systems in place in this centre were well established and ensured that the service provided was a safe quality service. A schedule of audits which was supervised by a senior staff member was in place which included staff awareness of fire safety, medication management, resident's finances, health and safety. Where a deficit was identified a quality improvement plan was put in place and the effectiveness of this was monitored on the next audit. One area that required review was to review the schedule of audits completed to ensure their internal procedures were in compliance with best practice. For example, the inspector observed blank gaps were left in daily records and this had occurred over a significant period of time but this had not been identified. The provider's arrangements for monitoring the centre included six monthly unannounced visits. These were completed by staff independent of the centre. The most recent visit had been completed in March 2024. The most recent annual review was completed in August 2023. While completion of this audit reflected the views of residents and families, no easy to read version was available to assist residents to better understand the outcome of this review. The centre had an overarching quality improvement plan in place and any deficits identified in the annual report and six monthly report were added to this overarching quality improvement plan. Day-to-day management and oversight of the service was delegated to the person in charge, who was supported by an experienced staff nurse who worked in the centre 33 hours per week recorded. On the day of inspection the centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose. A clear structure of reporting obligations was in place. The centre used the national incident management system to record accidents, incidents and complaints. This live system eliminated duplication of work as when the data was entered on this system it was available to the provider and they had oversight of significant events in the centre. This oversight was important to make sure that the provider was aware of the safety and quality of the services provided to residents and to identify trends and learn from events. The centre was managed by an appropriately qualified person in charge. The person in charge had other responsibilities including the management and oversight of another designated centre, some 20 minutes' drive away. The person in charge told the inspector, and this was also evidenced on the rotas reviewed, that she was in the centre 2-3 days per week. The person in charge described how they allocated and shared tasks such as the oversight of staff training needs with the staff nurse.

The person in charge told the inspector that they had good access to, and support from, their manager and colleagues and had time to attend fortnightly regional person in charge meetings and other relevant management meetings. The person in charge was also supported by an assistant director of nursing and the director of nursing. An induction was in place for all new staff. The provider had ensured that all mandatory policies were in place and had been reviewed at three yearly intervals. Additional policies specific to the centre were in place to guide and support staff in safe quality care.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted the required information with the application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, qualifications and skills required for the post. She was also person in charge of a sister centre 20 minutes' drive apart. The person in charge was available throughout the inspection and greeted the inspector on arrival at the. They were actively engaged in the management and oversight of the service and could answer any questions the inspector had. For example, they had good knowledge of the notifications submitted the Chief Inspector as per the regulations. The inspector noted that the person in charge was well-known to the residents and residents seemed comfortable chatting with the person in charge. The person in charge confirmed that she was well supported by colleagues, the provider and other senior staff. She also confirmed that she had time to attend relevant management meetings.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staff on duty during the inspection to meet the assessed needs of residents. From a review of the rota over a three week period the inspector found that the staffing levels on the day of inspection were similar to those reflected in the rota. Generally there were three staff up to 17:00 hrs, two staff in the evening and one waking staff on night duty. The staff rota was well maintained and

reflected the staffing levels described and observed. The centre was utilising the services of one care staff who was long term agency staff. Other absences and annual leave were covered by the staff team ensuring continuity of support for residents. There was one staff vacancy since March 2024. Replacement for this post has been approved. Agency staff have same mandatory training completed as the providers' employees staff and Garda vetting clearance.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training matrix indicated there was a range of training available for staff to undertake. Staff spoken with by the inspector stated they were supported by the provider to attend training. According to the training records reviewed, staff had the skills and knowledge to support the residents. All mandatory training was up to date which included fire safety training, managing behaviour that is challenging, and safeguarding vulnerable adults. This supported staff with developing their understanding and competences to support residents with their assessed needs. Staff told the inspector that they were supported and received supervision meetings. The meant that staff were being supported in their roles as well as identifying areas for personal development. Staff had completed additional training specific to the needs of residents, for example first aid, dignity at work, manual and people handling and medication management.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was reviewed by the inspector and found to be accurate, up to date and in compliance with the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents and other risks in the centre including property damage.

Judgment: Compliant

Regulation 23: Governance and management
<p>The provider had ensured that there was a defined management structure in place with clear lines of authority and accountability. Management systems were in place to ensure the service provided is appropriate to the needs of residents. The centre was adequately resourced to ensure the effective delivery of care and support to the resident. One area that required review was to review the schedule of audits completed to ensure internal procedures were in compliance with best practice. For example the inspector observed blank gaps were left in daily records and this had occurred over a significant period of time but this had not been identified in any audit.</p>
Judgment: Substantially compliant
Regulation 3: Statement of purpose
<p>The statement of purpose was reviewed during the inspection and a revised copy has been submitted.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>From a review of the accident and incident records with the person in charge the inspector was assured that the provider had submitted the required notifications to the Chief Inspector.</p>
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
<p>The provider is aware of their responsibility to notify the Chief Inspector in writing, where the person in charge proposed to be absent from the designated centre for 28 days or more.</p>
Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Where a notification has been required due to the absence of the person in charge the provider has submitted the required notification

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

Quality and safety

The inspector found that this was a good centre which provided a safe quality service to residents. There was a positive culture of enablement and ensuring the voice of the resident was listened to and acted upon by staff. Residents spoke positively about the care and support they received from staff and told the inspector that they were very content and happy living in the centre. One area that required improvement related to ensuring that all incidents of challenging behaviour were recorded so that the effectiveness of behaviour support plans could be monitored. There was evidence of good consultation with residents, and their needs were being met through good access to meaningful activities both in the centre and in the community. Residents were consulted with and listened to regarding the running of the centre. Residents' meetings were held, and residents told the inspector these meetings occurred and they enjoyed deciding on the menus for the week and activities they planned on attending. Residents stated they reviewed their activities on a daily basis and the weather was a feature of what they decided to do. A review of residents' personal plans confirmed that residents met with their key workers regularly. Personal plans were in place detailing residents' goals. These were reviewed. Personal plans were person-centred and what was detailed in the personal plans was reflected in what residents told the inspector. For example, personal goals included, to go on holiday to Bundoran, go to Lourdes and go out for dinner. Staff worked closely with families and residents told the inspector they appreciated this. Two residents told the inspector that they met some of their siblings weekly and they all went to visit their father. Residents' healthcare needs were met to a high standard and there was evidence that residents had timely access to services as required. Residents living in this centre were provided with person-centred care and support. Residents' health care needs were assessed and

plans of care were developed to guide the management of these needs. Residents had access to multi-disciplinary supports such as specialist nursing staff in behaviour support and allied health professionals including occupational therapy and physiotherapy services. No residents had a positive behaviour support plan in place at the time of the inspection. A safeguarding and protection policy to guide staff was in place. Staff training in safeguarding was up-to-date. Staff spoken with were aware of the identity of the designated officer and aware of what to do should a concern arise. In addition, residents spoken with told the inspector that they were happy living with their peers and if they had any concerns that said that they were aware of what to do.

Staff completed training in managing behaviours of concern and human rights. This meant that staff had the knowledge and skills to support residents in a person centred way while respecting their dignity, respect and autonomy. There were systems in place to ensure risks were identified, assessed and managed within the centre. Individual risk assessments were in place for all residents, these included individual risks such as slips, trips and falls. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans (PEEPS). These were resident specific to ensure the safety of each resident. The provider had a fire alarm system and fire extinguishers in place. All staff had completed fire safety training.

In summary, residents in this centre were provided with a good quality, safe service, and their rights were respected. Bedrooms were bright and homely and personalised according to the wishes of the residents. The centre was visibly clean throughout and was maintained and decorated to a good standard.

Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The premises comprised of a large two-storey house located in a busy sea side town in close proximity to local amenities and services. The house comprised of four individual residents' bedrooms, and communal spaces, including a staff office, a utility room, and an open-plan kitchen, dining and sitting area. A visitor's room which could also be used as a sitting room was also available. A bathroom was available upstairs and an accessible shower and toilet downstairs. There was also a large rear garden with a poly tunnel and vegetable patch to the rear of the property.

A garden was also available to the front of the property. The kitchen was well-equipped for residents to store and prepare food. Residents were observed to be assisting with cooking and baking. Internet access was available to residents

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents. These were documented in personal and overarching risk management plans which gave detailed guidance to staff to assist them to keep residents safe. These measures included provision of adequate staff, suitable clean well maintained premises, access to transport and good fire safety arrangements. The provider had a system where adverse incidents were responded to and reviewed. Learning was identified following incidents, and supports were implemented to reduce the likelihood of reoccurrence.

Judgment: Compliant

Regulation 28: Fire precautions

A comprehensive fire safety management system was in place which included arrangements to detect, contain and extinguish fires and to evacuate the centre. Each resident had a personal emergency evacuation plan (PEEP) in place which outlined the arrangements to support them to evacuate. The house was equipped with fire safety measures which included a fire alarm, fire doors, signage, emergency lighting and fire fighting equipment. However one area that required improvement related to completion of fire drills to ensure the continual safety and protection of residents. While fire drills were occurring at suitable intervals, fire drill records did not adequately outline the scenarios under which evacuation took place including the location of residents and staff at the time of the drill, whether the PEEPS were used and if they were effective or required review, and what exit was used. This meant that it was difficult to review the effectiveness of the evacuation and make improvements if required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and a personal plan was developed which reflected these needs and was reviewed annually. These plans assisted staff in the delivery of safe quality person centred care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to health care professionals according to their assessed needs and were supported to attend medical appointments by staff. Staff were in the process of enacting the head to toe medical assessment for all residents. This is a comprehensive physical assessment data collection method to gather patient data and determine the residents' health status. It involves examining the entire body from head to toe in a systematic and thorough manner to identify health issues the patient may be experiencing.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff informed the inspector that there were no positive behaviour support plans in place as no residents were displaying behavioural issues. However the inspector noted on reviewing a resident's care record that a resident regularly woke at night and shouted loudly. A positive behaviour support plan was required for this resident to advise and support staff how to consistently manage this behaviour and to assess the effectiveness of the control measures adapted, review these measures if necessary and to protect other residents. Access to specialist supports of psychology and mental health was available. There were no restrictive practices in place in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

There were no active safeguarding plans in place in the centre. The inspector found that procedures were in place to protect residents from abuse. For example, staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. The person in charge confirmed that all staff had Garda vetting clearance prior to commencing

employment, and there was guidance in the centre for staff by way of a comprehensive safeguarding policy and an information folder on safeguarding. From discussions with staff they confirmed that they were aware of the policies and what action to take if they suspected abuse. Information to advise staff and residents of the local safeguarding designated officer was prominently displayed in the centre. This meant that staff were supported to report any safeguarding concerns they had.. Residents told the inspector if they had any concerns they would talk to one of the staff and felt that staff would help them.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider and person in charge had ensured that the centre was operated in a manner that respected residents' disabilities and promoted their rights. Residents told the inspector that they could exercise their rights without restriction, and the inspector saw that they had control in their lives and were being supported to be active participants in making decisions about their lives and were partaking in meaningful activities. Residents meetings were held fortnightly. Minutes were available of these meetings which showed that residents were listened to and their choices were respected. These meetings also had an education focus for example in one meeting they watched a video on the national standards for adult safeguarding. In another meeting staff showed residents a video on human rights and discussed rights with residents after viewing the video. There was also a discussion regarding voting in the recent election at one of the meetings and an easy to read guide regarding this procedure was available to the residents. Information re advocacy services was also available in the centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Movable Residential Group Home OSV-0003339

Inspection ID: MON-0034852

Date of inspection: 20/06/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with Regulation 23: Governance and management the following actions have been/will be undertaken	
<ul style="list-style-type: none">• The staff in the centre have been informed of procedure for completing accurate record keeping and documentation at daily handovers. Completion date 28-06-2024.• The PIC will also issue a memo to staff advising that there should be no gaps left between entries to the residents care notes which is completed by staff on a daily basis. Completion date 12-08-2024• The PIC has added Record management and documentation to the agenda for the next local governance meeting scheduled for the 15-08-2024 Completion date: 15-05- 2024.• A review of the Personal Care & Support Plan audit will be completed by the Regional Direction of Nursing to ensure the audit covers all areas relating to best practice in documentation. Completion date: 15-09-2024	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance with Regulation 28: Fire Precautions the following actions have been/will be undertaken	
<ul style="list-style-type: none">• The PIC will issue a memo to all staff outlining the details required to be documented in the fire register when a fire drill has been completed. Details will include an outline the scenarios under which evacuation took place including the location of residents and staff at the time of the drill, acknowledging each PEEP, if PEEP's were effective or required	

review, and what exit in the centre was used. This memo will be discussed the local governance meeting scheduled for the 15-08-2024 and the memo will also be attached to the centres Fire Register. Completion date : 15-08-2024.

- The PIC and the staff team will review all PEEPs at the local governance meeting scheduled for 15-08-2024. Completion date: 15-08-2024.
- A fire drill will be scheduled for the centre to ensure that the information documented in the Fire Register is reflective of the information required as per Regulation 28: Fire Precautions. Completion date: 31-08-2024.
- The Fire Register will be reviewed by the PIC following each fire drill to ensure the information recorded is in line with the requirements as set out in the Fire Regulations.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

To ensure compliance with Regulation 7: Positive behavioural support the following action will be undertaken.

- The PIC will schedule a meeting with the Senior Psychologist to discuss the requirement for the development of a positive behaviour support plan for one resident in the centre. Completion date: 31-08-2024.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	15/09/2024
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	31/08/2024
Regulation 7(5)(a)	The person in charge shall	Substantially Compliant	Yellow	31/08/2024

	<p>ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.</p>			
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