



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

Issued by the Chief Inspector

Name of designated centre:	Riverside Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 17
Type of inspection:	Announced
Date of inspection:	22 February 2024
Centre ID:	OSV-0003600
Fieldwork ID:	MON-0034358

About the designated centre

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

Riverside Residential is a designated centre operated by St. Michael's House. This community based residential centre is located in Dublin. The centre provides residential support to adults with an intellectual disability. Residents with additional physical or sensory support needs can also be accommodated in the centre. The house is a bungalow set on a small campus with one other residential service, two day services and a leisure centre. The house contains seven single bedrooms one of which is used for staff. There is a kitchen and dining area, a living area and a separate sitting room available for residents. Local amenities within the area includes shops, restaurants, and hotels. There is transport available for residents use. The centre is managed by a person in charge and staffed by a team of social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Thursday 22 February 2024	09:20hrs to 17:20hrs	Kieran McCullagh	Lead
Thursday 22 February 2024	10:00hrs to 16:10hrs	Orla McEvoy	Support

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

One inspector travelled to the provider's head office in order to complete a review of documentation. The other inspector used conversations with residents and staff, a walk-around of the premises and review of documentation to inform judgments on the quality and safety of care in the centre.

The designated centre is a large bungalow located in a small campus based setting in North County Dublin. The house comprised of seven bedrooms, a kitchen and dining room, a living room and a small recreation room with a snooker / table tennis table. There was a staff office and two large bathrooms. The centre is registered to accommodate six people and the inspector had the opportunity to meet all six residents over the course of the inspection.

Residents in the centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector throughout the inspection. Residents said that they were happy with the service, felt safe and liked the staff. One resident told the inspector they would like to live independently and were being supported by staff to learn independent living skills in order to achieve this. Another resident spoke to the inspector about the activities they liked doing and proudly showed them medals they had received for walking activities. Overall, the inspector observed residents to be relaxed and comfortable in the centre, staff engaged with them in a very kind and friendly manner, and it was clear that they had a good rapport.

The atmosphere in the house was observed to be calm and sociable. For example, it was observed that staff and residents sat together and staff members on duty were observed and overheard to be pleasant and respectful with residents throughout the inspection. While the inspector was present some residents spent much of their time in the house while others attended their day services. It was also indicated that residents went on outings such as swimming, went to the cinema, went out for coffee and visited family.

The person in charge spoke about the high standard of care all residents receive and had no concerns in relation to the well-being of any of the residents living in the centre. They spoke about the current staff compliment and acknowledged the challenges in relation to the reliance on the use of relief and agency staff to meet the assessed staffing complement. Observations carried out by the inspector, feedback from residents and documentation reviewed provided suitable evidence to support this.

Staff spoke to the inspector regarding the residents' assessed needs and described

training that they had received to be able to support such needs, including communication, feeding, eating, drinking and swallowing (FEDS), safeguarding, medication management and managing behaviour that is challenging. The inspector found that the staff members on duty were very knowledgeable of residents' needs and the supports in place to meet those needs. Staff were aware of each resident's likes and dislikes. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions.

The person in charge accompanied the inspector on an observational walk around of the centre. Although some aspects of the centre were institutional in aesthetic, efforts had been made to make it as homely as possible. Residents' bedrooms were laid out in a way that was personal to them and included items that was of interest to them. For example, residents' bedrooms included family photographs, pictures and memorabilia that were in line with the residents' preferences and interests. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

Some upkeep and maintenance was required to the premises in order to mitigate infection hazards . However, these matters had been reported by the person in charge to the provider. For example, hallway and bathroom flooring was damaged and required replacing, grab rails in bathrooms were visibly rusted and required replacement and a number of doors throughout the premises were damaged and required replacement. These issues posed a risk to the effective implementation of infection prevention and control (IPC) measures by impinging on how effectively the premises could be cleaned.

A high degree of resident satisfaction was reflected in completed questionnaires provided to the inspector. It was seen that the completed questionnaires provided positive responses to all areas queried such as, choices and decisions, visitors and activities. One questionnaire outlined a difficulty could arise "when there is relief or agency staff on that I don't know". However, the same questionnaire also indicated happiness with staffing arrangements overall.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, who was knowledgeable about the support needs of the residents living in the centre. The person in charge was full time and responsible for this and another designated centre. They were present in this centre regularly and they were supported in their role by a service manager.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. A six-monthly unannounced visit of the centre had taken place in November 2023 to review the quality and safety of care and support provided. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023. Residents, staff and family members were all consulted in the annual review.

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. There were a number of whole time equivalent staff vacancies at the time of inspection and recruitment was underway to back fill these vacancies. A regular panel of relief and agency staff were being used to cover the vacancies. There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts. The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for residents. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development. Staff reported to the inspector that they felt supported in their roles and were comfortable in raising concerns or issues.

The registered provider had written, adopted and implemented the policies and procedures set out in schedule 5. However, following review a number of policies and procedures had not been reviewed at intervals not exceeding three years.

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by residents or their family or representative.

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.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre was in accordance with the residents' current assessed needs. The staff team comprised of the person in charge, social care workers, nursing staff and direct support workers.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Due to vacancies within the existing staff team the provider was attempting to ensure continuity of care and support through the use of regular relief and agency staff, however this was a challenge. Owing to the assessed needs of the residents it was important that they were supported by a core familiar and consistent staff team who had a good understanding of individual and collective needs. Overall, the continuity of care and support to residents could not always be assured.

Although the provider was in the process of actively recruiting staff to back fill current vacancies, there was a reliance on the use of relief and agency staff to meet the assessed staffing complement.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

In addition, training was provided in areas such as feeding, eating, drinking and swallowing (FEDS), infection, prevention and control and safe administration of medication.

The inspector found that staff were receiving regular supervision as appropriate to their role. Supervision records reviewed were in line with organisation policy and included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

Regulation 19: Directory of residents

The centre had an up to date directory of residents and it was made available for the inspector to review.

This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured information and documentation on matters set out in Schedule 2 were maintained and were made available for the inspector to view.

The inspector reviewed a sample of staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place with clear lines of accountability. It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The person in charge was suitably qualified and experienced. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities.

Six-monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner.

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review.

A suite of audits were in place including monthly local audits, fire safety, health and safety and medication management. On completion of these, action plans were developed to address any issues identified.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by the resident's or their family or representative.

The contract of care also outlined the support, care and welfare of the residents in the designated centre and details of the services to be provided for them.

These supports were in line with the resident's assessed needs and the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated

centre.

In addition, a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy, which outlined how complaints would be dealt with. The complaints procedure included an appeals process. A complaints officer had been appointed to deal with complaints, as outlined in the organisation's complaints policy.

The inspector found that the residents were aware of the complaints process and it was available in an easy-to-read format. The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

At the time of inspection there were no open complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that all policies and procedures outlined in Schedule 5 were prepared in writing and implemented in the centre.

However, the inspector observed that the following five policies had not been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013:

- Provision of personal intimate care
- Monitoring and documentation of nutritional intake
- Provision of information to residents
- Health and safety, including food safety, of residents, staff and visitors
- Risk management and emergency planning

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The inspector found that the centre was reflective of the aims and objectives of the centre's statement of purpose. The residential service aims to "provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives". The inspector found that this was a centre that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences. Warm interactions between residents and staff members caring for them were observed throughout the duration of the inspection. The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

The inspector completed a walk around of the centre with the person in charge. The designated centre was found to be bright and spacious. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their taste and preferences. There were some areas for upkeep seen on the day of inspection, which required attention in order to mitigate infection hazards. This is discussed further in the report.

There were suitable facilities to store food hygienically and adequate quantities of food and drinks available in the centre. The fridge and presses were stocked with lots of different food items, including fruit and vegetables. Staff spoken with were knowledgeable regarding feeding, eating, drinking and swallowing (FEDS) care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements.

There were a number of improvements needed to ensure that the measures and arrangements in place, to support infection control precautions and procedures, were effective at all times and mitigated the risk of spread of healthcare-associated infection to residents and staff. For example, aspects of the premises required attention in order to mitigate infection risks. In addition, the arrangements for the appropriate management of soiled laundry and potential bodily fluid spills required consideration from the provider. This is discussed further in the report.

There were good fire safety systems, however enhancements were required. For example, some emergency exit doors were key operated which did not ensure prompt evacuation in the event of a fire. In addition, some fire doors were visibly damaged and required repair and one fire door's self-closing mechanism was not

operational on the day of the inspection.

The inspector reviewed a sample of residents' files. It was found that residents had an up-to-date and comprehensive assessment of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. However, improvements were required in relation to personal planning. For example, a number of residents did not have personal plans on file in an accessible format. In addition, improvement was also required in the area of ongoing recording of resident's goals.

Good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. The inspector found that appropriate policies and procedures were in place. These included safeguarding training for all staff, a safeguarding policy, the development of personal and intimate care plans to guide staff and the support of a designated safeguarding officer within the organisation.

Overall, residents were provided with safe and person-centred care and support in the designated centre, which promoted their independence and met their individual and collective needs.

Regulation 10: Communication

Residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes.

Staff in this centre had received training in communication and were knowledgeable regarding residents' communication needs. Residents' files contained up-to-date and detailed communication support plans.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

The inspector saw that information was available to the residents throughout the house in an accessible manner and in line with their assessed needs.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in the centre. Residents were free to receive

visitors in line with their wishes.

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

Overall, the inspector observed the design and layout of the premises was suitable to meet residents' individual and collective needs. Although some aspects of the centre were institutional in aesthetic, efforts had been made to make it as homely as possible.

Each of the residents had their own bedroom which had been personalised to the individual resident's tastes and was a suitable size and layout for the resident's individual needs.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

There was a clear premises maintenance system in place where the person in charge could log and monitor repairs that were required.

Parts of the centre required upkeep to mitigate infection hazards, and these matters are discussed under Regulation 27: Protection against infection.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents with assessed needs in the area of feeding, eating, drinking and swallowing (FEDS) had up-to-date FEDS care plans on file and there was guidance regarding their meal-time requirements including food consistency and residents' likes and dislikes.

Staff spoken with were knowledgeable regarding FEDS care plans and were observed to adhere to the directions from specialist services such as speech and language therapy, including advice on therapeutic and modified consistency dietary requirements.

Residents were observed to be offered choice and meals were freshly prepared

daily. Residents were supported to have their meals at times that suited each individual during the day.

Food was stored in hygienic conditions and access to refreshments and snacks was provided for.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had prepared written policies and procedures on infection, prevention and control (IPC) matters which were readily available for staff to refer to.

However, on the day of the inspection the inspector found that the provider had not fully complied with the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in community services (2018), and a number of actions were required to bring the centre into full compliance.

The inspector observed poor practices and management of known infection hazards and risks, which posed a risk to the effective implementation of IPC measures to protect residents and staff against infection:

- Premises hazards posing infection risks required mitigation, such as damaged hallway and bathroom flooring, which impinged on how effectively they could be cleaned.
- Other aspects of the premises required attention to mitigate potential infection hazards and risks. For example, the utility room sink was stained and required cleaning, grab rails in bathrooms were visibly rusted and required replacement and a number of doors throughout the premises were damaged and required replacement.
- The arrangements for the appropriate management of soiled laundry and potential bodily fluid spills in the centre also required consideration to ensure that staff had access to the appropriate equipment.
- The provider had an identified person responsible for IPC in their organisation. However, a comprehensive audit had not yet been completed in this house to identify all areas for improvement.

Judgment: Not compliant

Regulation 28: Fire precautions

The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required.

The fire panel was addressable and easily accessed in the entrance hallway of the centre. However, some emergency exit doors were key operated which did not ensure prompt evacuation in the event of a fire. In addition, some fire doors were visibly damaged and required repair and one fire door's self-closing mechanism was not operational on the day of the inspection.

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.

Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. Staff were aware of evacuation routes and the individual supports required by residents to assist with their timely evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' files were reviewed. The inspector saw that residents' files contained up-to-date and comprehensive assessments of need. These assessments of need were informed by the residents, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed residents' preferences and needs with regard to their care and support.

Some residents did not have personal plans on file in an accessible format. In addition, improvement was also required in the area of ongoing recording of resident's goals. From the documentation reviewed on the day of the inspection it was seen that residents had goals identified, however inconsistencies were present in recording actions, progress and time lines for residents to achieve these goals.

Judgment: Substantially compliant

Regulation 8: Protection

Overall good practices were in place in relation to safeguarding. Any incidents or allegations of a safeguarding nature were investigated in line with national policy and best practice. Safeguarding concerns had been reported and responded to as required and safeguarding plans were in place to manage these concerns.

The provider had appropriate arrangements in place to safeguard residents from

harm or abuse. All staff had received training in safeguarding, and there was a safeguarding policy to guide staff.

All residents' personal plans were detailed in relation to any support they may require with their personal and intimate care. These documents were person-centred and identified residents specific preferences in this area including supports that made them feel safe and secure when staff were assisting.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Riverside Residential OSV-0003600

Inspection ID: MON-0034358

Date of inspection: 22/02/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The PPIM and PIC review the completed roster monthly and regular relief and agency staff are in place to fill outstanding shifts as required. • The Registered Provider continues to priorities recruitment to fill vacancies in the Designated Centre. 	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> • All policies are currently being reviewed or have been reviewed and are now at the approval process. 	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> • Technical service to complete a review of all outstanding IPC risks as identified in audit. 	

- Damaged flooring in hallway and activity room has been replaced.
 - Damaged flooring in bathroom scheduled for replacement.
- Outstanding work to be placed on the organisation's Technical Service work plan for completion.
- Arrangements and guidance for the management of soiled laundry and potential bodily fluid spills have been put in place.
 - Risk assessment in place to identify potential IPC risks.
 - IPC audit to be completed by the organisations identified person responsible for IPC

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Survey and review completed re superficial damage to internal fire doors.
- New battery acquired for self closing mechanism on one fire door.
- Thumb locks to be placed on exit doors to ensure prompt evacuation in event of fire.

The Person In Charge has notified the Housing Association and Registered Providers Fire Officer.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- Review of all residents' folders by the PIC with the keyworker and resident to ensure support plans are in accessible format, in keeping with the resident's total communication support needs.
- Each residents' goals to be reviewed by relevant stakeholder to ensure consistency in goal recording, progress and timelines for the achievement of said goals.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/08/2024
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.	Not Compliant	Orange	31/12/2024

Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/08/2024
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/06/2024
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the	Substantially Compliant	Yellow	30/06/2024

	names of those responsible for pursuing objectives in the plan within agreed timescales.			
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