Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Park Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	25 January 2022
Centre ID:	OSV-0004038
Fieldwork ID:	MON-0030313

About the designated centre

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

The Park Group is a community based residential service located in North Dublin. It is comprised of three houses, all located in close proximity to each other. The centre provides residential care and support to residents with an intellectual disability. Two of the centres provide full time residential care, and the third provides residential care for five nights per week ordinarily, however, this has been extended to seven nights per week during the COVID-19 pandemic. The centre is staffed by social care workers, and has a full time person in charge. There are nursing services available for residents, as well as a range of multidisciplinary services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14

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
Tuesday 25 January 2022	09:30hrs to 16:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place during the COVID-19 pandemic. From what residents told the inspector and what the inspector observed, it was evident that for the most part, residents were in receipt of good care and were supported to engage in day services and other activities of their choosing. The inspector found mixed levels of compliance with other regulations inspected against which required improvement in key areas such as governance and management, premises and protection against infection. The inspector found that the registered provider had failed to resolve a number of actions identified in the previous inspections of this centre relating to toilet and bathroom facilities in two of the houses. This was having a negative impact on the lived experience of residents.

This centre comprises three houses which are located in close proximity to one another in a Dublin suburb. The inspector visited each house and spoke with nine of the thirteen residents throughout the day. On arrival to the first house, three of the residents were at their day services while another two were home. This house is a four bedroom house with an annex attached which provides accommodation for two residents. Downstairs comprises a small toilet, a sitting room, a kitchen and a dining room. There was a garden to the rear of the property. Overall, the premises was found to be quite dated and required maintenance in a number of areas such as paintwork, replacing some flooring, repairing the banisters and an old leak in the roof in the hallway. The sitting room had a viewing panel which gave somewhat of an institutional feel to the premises. The inspector found that each residents' bedroom had been decorated individually and had personal photographs and other affects displayed in them.

The first house had an annex where two residents had their own accommodation. One of the residents accessed their part of the property through the back door of the main house where the other resident accessed their part of the annex through a door to the left of the door of the main house. Between these rooms was a door on each side which led to wardrobe space for one resident and a shared bathroom. On arrival, the inspector entered the front of the annex and met with the resident living there. There was a malodour coming from the drain in the bathroom which was notable on entry to the annex. The resident was found to have a very small living space - they had their bed, a chair and a television and a fridge with a kettle and toaster. The resident told the inspector they had retired from their job at a local supermarket. They were supported to maintain relationships with their former colleagues. They told the inspector that they liked living there. However, a review of care plans for this resident indicated that this living arrangement was unsafe due to their mobility changing and they were identified as being at high risk of falls. The inspector then entered the annex from the rear of the property with the resident living there. Again, there was a significant malodour coming from the shared bathroom. On entry into the bathroom, the inspector noted a large amount of mould on the ceiling and cobwebs on a skylight. There was very poor ventilation. This resident had a slightly larger bedroom which was decorated in line with their

interests. As with the other resident, this was found to be a small space in which to live. The provider had identified these residents sharing a bathroom as an issue in an annual review in 2016 and this remained in place for those residents. Additionally, these residents did not have access to cooking facilities within the annex so were required to use the main house for their meals.The resident voiced dissatisfaction with their living arrangements and reported that it was upsetting them. They told the inspector that they had no privacy and were unable to take phone calls without the other resident coming into their room. They reported that they wished to live alone. They stated that they liked the staff support which they got and felt safe in their home. The resident enjoyed attending marches or protests in the city centre and told the inspector that they had recently attended a vigil. The resident went out later in the morning with a staff member supporting them to develop their independent living skills.

The second house is a large five bedroom property which was home to five residents. There was a homely atmosphere on arrival, with a large photograph of all of the residents which had been taken by a professional photographer in the hallway. One of the rooms downstairs was converted into a bedroom. On arrival, this resident was watching television and showed the inspector their room. It was large in size and they had ample space for their belongings. They reported that they were very happy living in the centre and that they found the staff were "great". They enjoyed going to mass with their neighbours. There was a large kitchen to the rear of the house where another resident was chatting with a staff member. The resident brought the inspector up to their bedroom on the first floor. It was a good size and they had ample space for their belongings. There were two bathrooms upstairs for residents to use. While the inspector was upstairs, they met a second resident. This resident was relaxing listening to music in their bedroom. They reported that they liked the house and they liked their bedroom.

The third house is a four bedroomed house which has a flat attached to the side of it. Three residents lived in the main house while there was one resident who lived in the flat attached to the house. The main house had recently had the kitchen refurbished. Downstairs was a sitting room and another room which could be used for residents to have time on their own. Upstairs, each of the residents' rooms were decorated in line with their interests. The bathroom was dated and found to be in a poor state of repair. There was a friendly atmosphere in the house with residents joking with staff and the person in charge. One of the residents told the inspector that they really liked living there and they enjoyed getting their hair and nails done. They were planning a trip away to family soon. As the inspector was leaving, they were getting ready to prepare the evening meal for the house.

Attached to this house was an annex. The resident in this annex was at home with family on the day of the inspection. The person in charge showed the inspector the residents' living area. It was found to be extremely small and narrow, with a large armchair, personal effects in a dresser, a television ,a sink /counter top in one room.The resident had a separate bedroom. The bathroom was found to be very small and did not have a shower or bath in it. This meant that the resident had to go into the main house to access the bath or the shower. This was up a stairs and already shared by three other residents. Using this bathroom was a source of

conflict in the house and residents had made a number of complaints to the provider in relation to it. This issue was identified on inspections since 2016. The provider had committed to this work being completed by May 2021 but this remained undone. The person in charge showed the inspector documentation to indicate that there was now a project plan in place. However, this was not due to be completed until December 2022. The situation was having a detrimental effect on all of the residents, most of all the resident who did not have their own bathing/ showering facilities. This resident did not have cooking facilities in their home and were required to access the main house for meals.

Residents were found to be consulted with about the day to day running of the houses. House meetings took place once a week and covered things such as menu planning, activity planning, safeguarding, staffing arrangements for the week and updates in relation to COVID-19. A sample of person centred support plans indicated that staff had been very innovative throughout the COVID-19 restrictions to do different activities in the house with residents to try and ensure they enjoyed activities such as game shows and baking.

In summary, this inspection had mixed findings in relation to the lived experience of the residents. Some of the residents were content and had living arrangements suitable for their assessed needs while others were in unsatisfactory living arrangements which required immediate attention. Interactions between staff throughout the centre were found to be warm and caring. It was evident that residents were well cared for and were well presented. The next two sections of this report present the inspection findings in relation to the governance and management of the centre and how governance and management arrangements affected the quality and safety of the service being delivered.

Capacity and capability

While there were management structures and systems in place, the inspector found that these were not effective in ensuring adequate oversight of the quality and safety of the service. Since the last inspection in 2020, three actions were outstanding. Limited action had been taken to ensure that premises were suitable to meet the needs of the residents in some of the houses. These actions were identified by the provider in 2016 and continued to impact negatively on the residents living in the centre. The inspector found that the provider for centre was in breach of the conditions of registration due to two residents living in the annex which was identified on the provider's floor plans as a space for one resident. Due to the levels of non compliance found on this inspection, the provider was issued a warning letter which required the provider to outline the measures they were taking to bring this centre back into compliance.

There were clear reporting structures in place with staff reporting to the person in charge who in turn reported to a Clinical Nurse Manager. The provider had

completed six monthly unannounced visits and an annual review which included residents' voices in line with the regulations. As the annual review for 2021 was not available, the inspector viewed the annual review completed for 2020. Feedback from residents and family members was largely positive. One family member reported to be " very satisfied with the comfort given to their relative". Some of the six monthly reviews had been completed by desktop only due to the COVID-19 pandemic. The person in charge carried out audits on a number of areas such as complaints, the risk register each quarter. However, there were significant gaps in documentation of these audits, with large sections left blank. The latest audit was yet to be completed and it was unclear what actions were completed or progressed. The person in charge attended regular management meetings. Staff meetings were held once a month and had a standing agenda in place which included a review of any incidents, safeguarding, residents' meetings and a number of other areas. Supervision was now taking place regularly between the person in charge and staff members. This had a standing agenda in place and records indicated that actions were identified with time lines which were then reviewed at the next meeting.

A review of planned and actual rosters in each house indicated that the provider had resourced each home with the appropriate level of staffing who had the required skills to meet residents' assessed needs. The inspector found there to be a relatively stable staff team in each of the houses with no use of agency staff in the previous month. This was positive for residents who had continuity of care with familiar staff. The provider had increased the staff level in one of the houses at night due to concerns about fire safety. In one of the houses, the roster did not name all relief staff who had completed shifts. Staff whom the inspector met with were found to be very knowledgeable about residents and their assessed needs.

Staff training and development had improved since the last inspection. A review of staff training records indicated that all staff were now in date for mandatory training courses in areas such as fire safety, safeguarding, manual handling and food safety. Where there were staff requiring a refresher training session, this had been booked.

Registration Regulation 8 (1)

The provider was found to be in breach of one of their conditions of registration. In one of the properties, the inspector found two residents living in the annex. This annex was registered for one resident only.

Judgment: Not compliant

Regulation 15: Staffing

The inspector found that the provider had resourced the centre with the appropriate number of staff in each of the houses, rosters required attention. For the most part all staff who had completed shifts were named on the roster but this was not found to be the case in one house. Residents were noted to enjoy continuity of care in the month prior to inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff training and development had improved since the last inspection. A review of staff training records indicated that all staff were now in date for mandatory training courses in areas such as fire safety, safeguarding, manual handling and food safety. Where there were staff requiring a refresher training session, this had been booked.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that while there were management systems and structures in place, these did not ensure adequate oversight over the quality and safety of care of the residents. There were clear reporting structures in place with staff reporting to the person in charge who in turn reported to a Clinical Nurse Manager. The provider had completed six monthly unannounced visits and an annual review which included residents' voices in line with the regulations. Some of the six monthly reviews had been completed by desktop only due to the COVID-19 pandemic. The person in charge carried out audits on a number of areas such as complaints and the risk register each quarter. However, there were significant gaps in documentation of these audits, with large sections left blank. The latest audit was yet to be completed and it was unclear what actions were completed or progressed.

Judgment: Not compliant

Quality and safety

As stated earlier in the report, this inspection had mixed findings in relation to the lived experience of residents in the centre. The inspector found that residents were receiving a person-centred service and that they were being supported to have best possible health. Many of the residents attended a day service during the week and

were now enjoying activities such as going to mass, getting their nails done and going shopping due to easing of restrictions. The inspector viewed a sample of residents' files. The files viewed showed that residents had an annual review of their needs completed and corresponding care plans drawn up. The provider used a traffic light system on files to filter information for staff working with them and to ensure that essential information was easily accessed. Residents had person-centred support plans in place which were regularly reviewed. Photographic evidence was available showing residents enjoying activities of their choosing. Other residents had this information on their tablets. It was evident that staff had gone to significant effort to support and engage residents in new activities during the COVID-19 restrictions. Assessments were on each residents file relating to money management and medication management.

Residents' health care needs were found to be well met. Residents had access to a GP and a number of other health and social care professionals. These included psychiatry, psychology, occupational therapy and speech and language therapy. A clear record was kept of residents' appointments attended. Residents were supported to access national screening programmes such as BreastCheck where they consented to do so. Some of the residents in the centre had behaviour support needs. One particular resident had complex needs which required very specific support and a consistent approach from staff. There was a risk assessment in place but this was done some years ago and required an update to ensure it remained relevant and in line with their current presentation. This was self-identified by the person in charge and they had made a referral for additional support. However, it remained that case that staff were not operating on guidance which was reflective of the resident's current presentation.

The inspector found that residents were protected from all forms of abuse. Residents were able to tell the inspector who they would speak to if they had a concern. Where safeguarding concerns had been raised, these were appropriately documented, reported and investigated. Over the course of the inspection, a resident reported a concern to the inspector and this was immediately acted upon by the person in charge. Intimate and personal care plans were found to give clear guidance on the level of support required in different areas of personal care and were respectful of residents' rights to privacy and bodily integrity. Finances were safeguarded through audits and regular checks of residents' finances. Personal possessions were also protected through use of inventories. Safeguarding was also a standing agenda on staff and resident meetings which ensured ongoing conversations about resident safety and welfare and ensured that both staff and residents knew what to do in the event they had a concern.

The quality and homeliness of each premises this centre varied significantly. House one outlined earlier in the report required maintenance to improve a number of areas such as paintwork, mould on the ceiling, a damp patch on the roof in the hallway and painting and replacing flooring in some areas. Of concern to the inspector in this property was the suitability of the annex for two residents in addition to the mould and malodour coming from the drain in the bathroom.The inspector found that some of these areas were not identified on house audits as requiring attention. The second house was largely well maintained and well suited to

the residents who lived there. In the downstairs bathroom which was used by one resident, the inspector noted a pipe coming from the wall which was wet and dripping onto the floor. There was a small amount of mould on the shower screen. The third house was generally in a good state of repair and had a newly refurbished kitchen. The shared bathroom upstairs required refurbishment. The longstanding issue of the resident in the annex not having access to their own bathing/ showering facilities remained unresolved. The bathroom in the main house was shared by three residents who lived in the house. This was the cause of conflict in the house as residents in the house did not wish for the other resident to use their bathroom. The resident had voiced dissatisfaction to the provider about this and the inspector on previous inspections. However, they were not present for the inspector to speak with on the day of this inspection.

The provider had made significant improvements in risk management procedures. There were appropriate systems in place to identify, assess and mitigate against risk. There was learning from adverse events and this was shared at staff meetings. Trending of incidents occured and this analysis indicated that there had been a reduction in medication errors and slips, trips and falls in the latter half of 2021. The risk register was up to date and regularly reviewed. It enabled oversight of risk in the centre and their review dates. Individual risk assessments were documented in residents' files and kept up to date.

Infection prevention and control practices required improvement. The provider had a number of policies and procedures in place to guide staff such as cleaning, hand hygiene and isolation. On arrival to the centre, the inspector noted that there were not appropriate measures in place for visitors to have temperature checks carried out. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed and reviewed in one of the houses. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support residents and staff to manage the service in the event of an outbreak of COVID-19. Some areas in all houses required attention in relation to cleanliness such as shower heads, mould and vents. While cleaning schedules were in place, spot checks did not appear to occur and the frequency of cleaning of areas where there was a suspected or positive case required review. Daily infection prevention and control audits were completed by assigned shift leaders, however these did not appear to identify areas requiring attention in some of the houses such as lime scale build up and mould. Due to the nature of two of the houses, isolation was difficult for residents as they were required to share bathrooms. There were appropriate systems in place relating to waste and laundry management. Staff and residents temperatures were taken twice daily and logged. There was a requirement to replace many of the bins to pedal operated bins.

The provider had good fire safety management systems in place. There were detection and containment measures in place. Each house had emergency lighting which was in good order in addition to fire fighting equipment. These were serviced and regularly checked. Each resident had a personal emergency evacuation plan in place. Fire drills took place by day and night and were well documented. In one of the houses, an elderly resident was noted to require significant assistance in

evacuating the building at night. Due to the resident's risk of falls and the nature of their flat, equipment to support quicker evacuation was not suitable. The inspector viewed correspondence to indicate that staff raised their concerns with the person in charge who in turn raised this issue to senior management. This had resulted in an additional waking staff being assigned to the unit to ensure the ongoing safety of residents.

Medication management had improved since the last inspection. The inspector found that there were now appropriate systems in place for the safe administration of medication. The staff member who the inspector spoke with demonstrated the systems in place for ordering, receiving, storage of and disposal of out of date medication. Staff had all completed training in medication management. Medication errors had significantly decreased. Where an error did occur, there were systems in place to analyse the reasons for the error occurring and identifying solutions to ensure that this did not reoccur. Medication errors were discussed at each staff meeting. A review of some of the resident's medication administration records indicated that they were well maintained and signed appropriately. However, for residents who required PRN medication, there was no protocol in place for when to administer this. The inspector reviewed a sample of residents' medication prescription and administration records (MPARs) and found that information relating to each medication a resident was on was not available with these records. The staff member who the inspector spoke with reported that they tended to look for that information online where required.

Regulation 17: Premises

Both of the annexes required significant work to ensure they met the residents' needs. There were not enough showering and bathing facilities for residents in one house and the annex attached. The other annex had an unsatisfactory living arrangement, with residents having a very small living space. For one resident, this was not suitable to their needs due to changing mobility and being at high risk of falls. The bathroom in this annex had a significant amount of mould on the ceiling and very poor ventilation. As outlined in the body of the report, there were a number of areas of some of the properties which required maintenance.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had put systems in place to ensure oversight of risk across the three houses. There were systems in place to identify , assess and manage risks for individuals and at centre level. These assessments were reviewed in line with identified time lines. There was evidence of learning and actions arising from

adverse events.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control practices required improvement. The provider had a number of policies and procedures in place to guide staff practices such as cleaning, hand hygiene and isolation. Some areas in all houses required attention in relation to cleanliness such as shower heads, mould and vents. While cleaning schedules were in place, spot checks did not appear to occur and the frequency of cleaning of areas where there was a suspected or positive case required review. Daily audits were completed by assigned shift leaders, however these did not appear to identify areas requiring attention in some of the houses such as lime scale build up and mould. Due to the layout of two of the houses, isolation was difficult for residents as they were required to share bathrooms. There were appropriate systems in place relating to waste and laundry management. Staff and residents temperatures were taken twice daily and logged. There was a requirement to replace many of the bins to be pedal operated. There were adequate supplies of PPE.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had good fire safety management systems in place. There were detection and containment measures in place. Each house had emergency lighting which was in good order in addition to fire fighting equipment. These were serviced and regularly checked. Each resident had a personal emergency evacuation plan in place. Fire drills took place by day and night and were well documented. In one of the houses, an elderly resident was noted to require significant assistance in evacuating the building at night. Due to the resident's risk of falls and the nature of their flat, equipment to support quicker evacuation was not suitable. The provider had responded to this risk by placing an additional staff member on duty at night time.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management had improved since the last inspection. The inspector found that there were now appropriate systems in place for ordering, receipt, prescribing, storing, disposal and safe administration of medication. Medication errors had significantly decreased in the centre in the latter half of 2021. Where an error did occur, there were systems in place to analyse the reasons for the error occurring and identifying solutions to ensure that this did not reoccur. Medication errors were discussed at each staff meeting. However, for residents who required PRN medication, there was no protocol in place for when to administer this. The inspector found that information relating to each medication a resident was on was not available with residents' MPARs. The staff member who the inspector spoke with reported that they tended to look for that information online where required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an annual assessment of need carried out which informed their care plans. These were regularly reviewed. Residents had a person centred plan developed each year and the inspector viewed photographic evidence of residents working on and achieving the goals which they had set for themselves.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to have best possible health. They had access to a GP and a number of other health and social care professionals. A clear record of any appointments attended was kept by staff. Residents were supported to access national screening programmes such as BreastCheck and more importantly ensured their consent or de-consent for these procedures.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had received training in the management of behaviours that challenge since the last inspection. Where restrictive practices were required, these were prescribed, logged and regularly reviewed with multidisciplinary input. However, it was noted

that one of the behaviour support plans which the inspector viewed was out of date and according to staff members, not reflective of the resident's current presentation. This required review.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that residents were protected from all forms of abuse. Residents were able to tell the inspector who they would speak to if they had a concern. Where safeguarding concerns had been raised, these were appropriately documented, reported and investigated. Over the course of the inspection, a resident reported a concern ot he inspector and this was immediately acted upon by the person in charge. Intimate and personal care plans were found to give clear guidance on the level of support required in different areas of personal care and were respectful of residents' rights to privacy and bodily integrity. Finances were safeguarded through audits and regular checks of residents' finances. Personal possessions were also protected through use of inventories.

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 8 (1)	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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

Compliance Plan for The Park Group - Community Residential Service OSV-0004038

Inspection ID: MON-0030313

Date of inspection: 25/01/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 8 (1)	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): Alternative suitable accommodation has been identified for the one resident who's needs are currently not appropriately met in the centre. A transition plan is in place and has commenced to support this person to move to their new home. This will reduce the number of residents in the centre and bring the centre back in compliance with conditions of registration.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge will ensure all names of staff including relief staff are recorded on the rosters	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider has established a governance and oversight team for the centre comprising of members of the Executive Team and local Management Team to oversee the implementation of an action plan to address areas of non-compliance and ensure delivery of quality person-centered supports to residents. The provider visits and six monthly audits will be undertaken in line with regulation. Audits will be completed by the person in charge and a clear plan for improvement put in place where gaps are identified. The PIC and PPIM will ensure a schedule of audits are under taken throughout the year The PIC will ensure Audits are complete and a clear plan for improvement put in place where gaps are identified. Actions from audits will be monitored and updated.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Alternative suitable accommodation has been identified for the one resident who's needs are currently not appropriately met in the centre. A transition plan is in place and has commenced to support this person to move to their new home.
A plan has been drafted by the Director of Logistics for works to complete an extension to the identified annex which will provide a suitable bathroom for the resident.
The mould has been treated and removed in the annex bathroom. The maintenance team have reviewed ventilation in the bathroom, opened and cleared the vents around the existing skylight and cleaned the roof of the bathroom.
The PIC has completed a schedule of maintenance works required for the centre which will be addressed by the maintenance team

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The Provider has requested that the CNS in IPC completes an infection control audit for the centre.
The PIC has reviewed cleaning schedules for the centre to ensure robust cleaning schedules are in place including a plan for increased cleaning in the event of an outbreak.
A schedule of maintenance works has been identified and will be actioned to ensure the centre is compliant with infection, prevention and control measures.

All bins have been replaced with pedal bins.

Alternative suitable accommodation has been identified for the one resident who's needs are currently not appropriately met in the centre. A transition plan is in place and has commenced to support this person to move to their new home which will provide for suitable isolation facilities if required.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The residents PRN medication will be reviewed by the psychiatrist to include a clear protocol for administration.

Medication information leaflets relating to medicines in use are in place in a medication folder in each house. All staff are aware of the location of this information and this will be further discussed at the next staff team meeting.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The behavior support plan is in the process of being reviewed by the MDT and the CNS behavioural support. The behavior support plan is currently being reviewed by the MDT and the CNS behavioural support.

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Red	25/04/2022
Registration Regulation 8(2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition; (b) where the application is for the variation of a	Not Compliant	Red	25/04/2022

	condition, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition, the reason or reasons for the proposed removal; (d) changes proposed in relation to the designated centre as a con-sequence of the variation or removal of a condition including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the designated centre; that the registered provider believes are required to carry the proposed changes into effect.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(1)(a)	The registered provider shall	Not Compliant	Red	30/11/2022

	ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Red	25/04/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Red	25/04/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Red	25/04/2022
Regulation	The registered	Not Compliant	Red	30/04/2022

23(1)(c)	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.			
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	Red	25/04/2022
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of a medication-related intervention in respect of a resident, such record is kept in a safe and accessible place in the designated centre.	Not Compliant	Orange	28/02/2022
Regulation 07(3)	The registered provider shall	Substantially Compliant	Yellow	25/04/2022

	ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			