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:	Waxwing 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	15 June 2023
Centre ID:	OSV-0004918
Fieldwork ID:	MON-0031915

About the designated centre

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

This designated centre is comprised of one detached single storey premises located in a small housing development in a rural location. It is close to a large city and transport is provided. Residential services are provided to a maximum of six residents and the house is staffed on a full-time basis. The provider aims to provide each resident with a safe homely environment, quality care and supports appropriate to their individual requirements; this is achieved through a process of individual assessment and planning. The provider aims to support residents of all abilities but who are experiencing a need for increased care and support in relation to their disability or increasing age. Residents are supported to enjoy a quieter pace of life but to have continued access to the day service and the wider community in line with their preferences and ability. The model of care is a social model and the staff team is comprised of social care workers and support workers. Direct team management is by an administrative team leader. This person reports directly to the person in charge who is based off site. The house is comprised of six individual bedrooms, two bathrooms, a sitting room, dining room / kitchen, utility room, store room and staff office. A large garden to the rear of the property is secured.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 15 June 2023	10:30hrs to 17:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This inspection was completed for the purpose of renewing the registration of this centre and it had been announced. The governance structure in this centre did not support good operational management and oversight of staff training, assessment of need and personal planning and three regulations were found not compliant.

The inspector met the person in charge in the morning and signed in, hand hygiene was practiced on arrival and throughout the day by the inspector and the person in charge.

Most of the residents were up and having breakfast and getting ready to go to out for the day. One resident was having a full Irish breakfast as was their choice. The resident said they like a cooked breakfast occasionally and the staff always supported them with this and they said the were enjoying it. It was noted that each resident was having something different for breakfast and residents were supported with this indicating that the centre was very person centred. The residents chatted to the inspector about what they would do during the day and those residents who communicated verbally said they were going to day service and enjoyed going there. The had the opportunity to engage with peers and have tea, join in the music and other activities. The inspector asked the residents if they were happy in their home and felt safe there, positive responses were received both verbally and through body language; gestures, smiles and vocalisations. The residents were noted to be well dressed and well presented on the morning and there were adequate number of staff on duty to support their needs. The residents were enjoying the staff members company and it was all very jovial and respectful.

One resident was on a semi-retirement programme and could decide to arrange their own day programme with the staff on duty. The residents appeared very happy, were very comfortable with staff and were afforded time to make their wishes known. Some residents were observed to remain in bed and were supported to get up when they choose to. Residents told the inspector that they enjoyed going for drives in the bus and going to parks and shopping and they spoke of individual interests in hurling, country music and animals. They also enjoyed treatments, therapies and meals out which allowed for a positive social interaction in their community.

Family visits were welcomed and encouraged within the centre. One resident visits family in a nearby county and thoroughly looks forward to this.
Another person supported enjoys weekly visits a family member and calls are facilitated a number of times a week to other family members.

On arrival at the centre it was observed that the front of the house was tidy,weeds had been cleared and the house was maintained to a good standard. The house was clean overall and the bathrooms and bedrooms had freshly washed floors, windows were open for fresh air and generally the centre was well maintained. The residents

rooms were very personalised with photographs of family and outings around the room. There was beautiful bed linen, cushions, throws and bedrooms were painted in colour the residents chose. Three residents have their own armchairs in the communal area which they chose themselves.

One resident did not engage with personalising their bedroom or home as they said they were returning to their old house. They were not interested in unpacking fully and putting away any of their clothes. They said very clearly that they want to return to their previous home. The inspector spoke with the person in charge regarding this matter and it will be discussed under the regulations.

The residents returned in the afternoon and the inspector had another opportunity to interact with them. They were getting ready to have dinner and were in very good form. They said they had a good day and enjoyed coffee out and day service activities. Residents helped with setting the table and practiced hand hygiene before dinner. The staff members treated the residents respectfully at all times and the inspector noted that there was a very relaxed atmosphere in the centre.

In summary, the inspector found that the provider offered the residents a good quality of care and support in a person centred service and their rights were respected. There were weekly house meetings where residents could express preferences and it provided a forum for residents to make choices about their plans/activities for the week ahead, the meals they would like that week along with giving them a space to air any complaints they may have or changes they would like in the centre.

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 to each resident living in the centre.

Capacity and capability

The residents received a good standard of care and support in this centre, they had meaningful activities in their day and were supported to maintain relationships with friends and family. However the management structure in this centre did not support effective governance, operational management and administration of the designated centre.

The staffing numbers on the day of inspection were adequate to meet the needs of the residents. Previous rotas reviewed by the inspector indicated a stable staff team that knew the residents well and met their needs in a kind and caring way. The skill mix of staff was suitable to meet the needs of the residents and the staff were progressive in promoting the rights of the residents and were person centred in their care approach.

While an annual review of the centre was completed in 2023 for the year 2022 and the centre also had two unannounced visits in 2022 they were not effective in identifying deficits in staff training, assessment of need and the personal planning process. The remit of the person in charge was too broad to ensure effective governance, operational management and administration of the designated centres concerned. This was discussed with the provider on the day of inspection and they were committed to reviewing the issue. There were regular team and supervision meetings carried out to support, develop and performance manage all staff members to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. There was internal audits completed such as medication audits and safeguarding reviews which indicated that the person in charge had good oversight of these areas.

On the day of inspection the inspector reviewed the training record and found that 75% of the staff team were out of date in medicines management training, the person in charge scheduled the training immediately. The staff team had completed training in other areas and were able to outline elements of the training to the inspector on the day such as safeguarding of vulnerable adults. The staff were very familiar with the measures to adhere to a safeguarding plan which was in place in the centre. They had also completed infection, prevention and control, fire precautions training and management of behaviour that is challenging.

The provider had established and maintained a directory of residents in the designated centre which included the information specified in Schedule 3 of the regulations. These contracts were signed by the residents or their support person and the details explained to the residents.

The inspector reviewed notifications on the day of inspection and found that the person in charge had notified HIQA of all incidents that had occurred and also provided a written report to the chief inspector at the end of each quarter of any restrictive practice or injury to residents.

There was an accessible complaints process available to residents and staff supported them to understand this process at house meetings and on an ongoing basis through service user consultation. There was evidence that residents had been supported to make complaints.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all required information for the purpose of renewing the registration of this centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the actual and planned rota over a number of weeks and found a core staff team was in place. The staff team was comprised of social care workers and support workers and a waking night staff each night, the skill mix was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Medicines management training was out of date for most of the staff team and epilepsy management training was out for 40% of the team, this was going to be addressed with the medicines management training. Staff members were all trained in safeguarding of vulnerable adults, managing behaviour that is challenging and infection prevention and control.

Judgment: Not compliant

Regulation 19: Directory of residents

There was a directory of residents maintained in the centre which outlined when the resident came to reside in the centre, where they resided previously and an overview of their personal and medical history.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre although the remit of the person in charge was too broad for them to maintain effective oversight and monitoring of the centre. They had responsibility for three centres and a separate role as a regional manager. The poor compliance in regulation 16 and regulation 5, was not indicative of good governance, operational management and administration of the designated centre.

The provider had completed the required audits for the centre although they did not identify the deficits in training or in the assessment of need and personal plan, this process required review to ensure its effectiveness. The residents and families gave

positive feedback when sought through a questionnaire. Staff supervisions were undertaken quarterly and team meetings were occurred regularly.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Admission criteria for this centre are governed by the providers national policy on applications for service/supports, transfers and withdrawal of service/supports. As part of the admissions process any specific needs of the individual (e.g. mobility needs) will be considered to ensure that the centre can appropriately meet the needs of the person. The contract outlined the services to be provided, fees to be paid and was signed by the resident or their advocate.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider has an accident and incident (AIRS) reporting system in place. The team leader reviews AIRS as they occur and the person in charge completes a monthly review of AIRS to identify any pattern or trend. AIRS are reviewed to determine the requirement to notify the case holder of adverse incidents. The inspector reviewed these on the day of inspection and found that all notifications were submitted in line with requirements. AIRS were also used to refer for psychiatry and psychology review.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no active complaints at the time of inspection and there was information on display to support the residents to make a complaint if they so wished. Most complaints were resolved locally to the satisfaction of the resident however one resident had made a complaint and was not satisfied with the outcome as they wished to return to live in their previous centre. The resident had an external advocate support them with their complaint but due to the increasing needs of the resident it was not possible for them to return to their previous centre and the complaint was closed. However the provider confirmed on the day of inspection that they were putting a business case forward for additional funding to look at

alternative options for the resident.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge who had the required experience, qualifications and skills to manage the centre however the remit of the person in charge was too broad. The person in charge had responsibility for three designated centres and was an area manager; they also had responsibility for managing a day service. There was a team leader in this centre but they were new and needed time to familiarise themselves with systems and processes. The person in charge did not have effective governance, operational management and administration of the designated centre concerned.

Judgment: Not compliant

Quality and safety

Overall the centre provided a good quality of care and support to the residents. The residents led active and meaningful lives in the centre and their rights were respected. The residents said they felt safe in the centre however their were issues in relation governance and management that required review. A comprehensive assessment of need and personal plan required to be developed for residents.

The assessment of need for the residents had not been reviewed and updated to reflect the changes in need and circumstance of the residents. The personal plan was not current and did not adequately support the residents assessed needs. The residents needed to be supported to choose goals and to set out a plan to achieve these goals and to achieve their full potential. The goals outlined were out of date and were not person specific but general in nature.

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. It was of sound construction and kept in a good state of repair externally and internally and was clean and suitably decorated.

There was easy-to-read information on advocacy, complaints and the confidential recipient available to residents and they were also informed regarding infection prevention and control. Staff supported the residents understanding of these services at house meetings where they were discussed.

The person in charge was aware of their responsibilities in ensuring that a

comprehensive transition support plan would be developed to support residents in the event that they were to move residential centre or have a stay in hospital.

The provider had implemented good practices in relation to the management of risk. There was register of all risks identified and these were assessed and measures and actions put in place to control the risks. Staff were knowledgeable in relation risk and the specific risk that pertained to each resident such as mobility risk and the need to follow protocols and have the required equipment in place such as grab rails and ensure residents were wearing suitable footwear.

The centre had good practices in relation to the servicing of fire equipment and had personal egress plans in place for residents. Regular fire checks were completed in the house and staff were trained in fire precautions. The staff were knowledgeable about personal egress plans and they had completed both day and night time simulated drills which indicated that residents could be evacuated safely.

There was a medication management policy in place which was reviewed every two years. The person in charge maintained oversight of medicines management through an audit system although this did not take account of staff training. There was a significant gap in training in the safe administration of medication. The person in charge committed to ensuring this was part of the medication audit going forward and that the training deficit would be addressed immediately; this has been addressed under Regulation 16. There was a locked storage cabinet for medication which was organised and clean. Medication was administered as prescribed by the physician on the medication administration record and signed for by staff.

While there were some healthcare supports in place such as eating and swallowing plans there were gaps in the follow up of recommendations for one resident. There was evidence of mental health reviews with the psychiatrist and psychologist

The staff in the centre received training in the safeguarding of vulnerable adults and residents were protected and kept safe from any form of abuse and all incidents were investigated through the appropriate channels. There were protocols in place around personal and intimate care and residents were supported to learn skills of self care and protection.

Overall the residents rights were respected in this centre and staff were observed to offer choice to the residents during the day of inspection. Residents had weekly meeting in the house with staff, during this staff support residents to make decisions about, activities, meals and anything of interest to them. Staff include all residents in the decision making process in an informal and person centred way. Residents are supported to learn about advocacy and recently one resident used an advocate from an external agency to support him with an issue.

Regulation 17: Premises

The premises was maintained to a good standard both internally and externally. The premises had new flooring fitted recently and the kitchen, bedrooms and communal living areas were all clean and fresh. The house was warm and cosy with lots of lovely touches such as armchairs in the sitting room which the residents had chosen themselves. The residents bedrooms were lovely with bed linen and paint color chosen by the residents.

Judgment: Compliant

Regulation 20: Information for residents

There was an accessible complaints process, residents guide and advocacy information available for the residents. Information regarding the confidential recipient was visible on the notice board and there was evidence that complaints, advocacy and safeguarding were discussed at weekly house meetings with residents. Infection prevention and control posters and visuals supports were also on display throughout the centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was currently no one moving in or out of the designated centre. The person in charge was aware of the requirement to have transition supports in place for residents if they were transitioning to or from the centre or returning from a hospital stay.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a good risk management system in place which identified and assessed both general and person specific risks. These included the risks associated with the transmission of infection, residents declining mobility, challenging behaviour and disturbed sleep patterns. The control measures implemented were proportionate to the risk, maintained the residents safety, supported their independence and encouraged a positive risk taking culture.

Judgment: Compliant

Regulation 28: Fire precautions

Fire drills were carried out monthly and alternated between day and night simulated evacuations and staff were able to safely evacuate the residents in an average of two minutes. There was an L1 fire panel and emergency lighting in place. Servicing takes place on the fire alarm system, fire extinguishers and emergency lighting regularly. A fire register is in place and fire extinguishers and fire blankets were in place throughout the centre. The person in charge had PEEPs in place for all residents and these outlined the required information to ensure the safe egress of the residents in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had good practices in relation to the safe administration of medicines. They had a policy on administration and medication management process which was in date and reviewed every two years. There was good systems for ordering, storage and recording of administration of medication. There was also a process for supporting people who want to administer their own medication however currently all residents required support with medication. The team leader completed a quarterly review of medication errors and PRN (as required) usage and forwards same to the review to head of community services. The area manager completes a medication audit quarterly which indicated good oversight of medication administration practices.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had not ensured there was an up to date assessment of need in place for the four resident which reflected the resident's needs, and outlined the supports required to maximise the resident's personal development. Subsequently the personal plan was dated and had information that was not relevant to the resident currently and did not reflect changes in need and circumstances. The personal plan had not been reviewed to assess its effectiveness and did not account for the decline in residents cognitive ability and increasing mobility needs. There was some evidence of health care reviews but the social care and personal needs of the resident had not been assessed. The goals that were developed with the resident

were from the previous year and were basic rights such as meeting family, going shopping and community integration. The residents required a full and comprehensive assessment of need to be completed.

Judgment: Not compliant

Regulation 6: Health care

Overall the healthcare supports were good and there was evidence of healthcare appointments with the general practitioner and regular checks of cholesterol and blood pressure. There was evidence of mental health reviews and dementia screening. However one resident's recommendations from a multi disciplinary meeting had not been followed up and they required and eye and ear test. The provider committed to addressing this immediately.

Judgment: Substantially compliant

Regulation 8: Protection

There was a system in place to ensure all residents were safe in the centre and and protected from all forms of abuse. There was one safeguarding plan in place currently and all staff were familiar with the measures in place to safeguard the residents. All staff were trained in the safeguarding of vulnerable adults. There was also a safeguarding policy in place to guide the staff and which was reviewed and every two years.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were maintained in the centre and they were encouraged in active decision making. They were consulted regarding the running and organisation of the centre and choose meals and activities. There were weekly resident meeting and advocacy meetings where residents could raise any issues of concern. The staff in the centre were very person centred and while they had not completed formal rights training they were very knowledgeable regarding this area and treated the residents with the utmost respect.

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	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 14: Persons in charge	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Waxwing 1 OSV-0004918

Inspection ID: MON-0031915

Date of inspection: 15/06/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Medication Management Training o This training was arranged for four staff who attended this training on 26/06/2023 o One staff who was not available on this date id booked to attend this training on 17/08/2023 o One staff who is on leave of indefinite duration will be scheduled to attend training once their return to work date is confirmed • Epilepsy Management Training o All staff are now compliant in Epilepsy Management training • The training matrix which records the training status of staff in the center, will be monitored monthly by the Team Leader and Person in Charge and required training will be booked for staff. • The Team Leader will complete an Individual Training Needs Assessment for each staff member yearly and will notify the staff of all training due to be completed in the coming 12 months. • Support and Supervision will be utilised to ensure training is completed within the required time lines.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A Team Leader/ Centre Administrator is in post in the designated centre.	

• This person performs the majority of the tasks of a person in charge but the overall responsibility lies with the nominated Person in Charge who carries the legal responsibility.
• The Person in Charge and the Centre Administrator work closely to coordinate the management of the centre.
• Team Leader/ Centre Administrator will continue to work to achieve the required duration of managerial experience to be appointed to the Person in Charge role. The Team Leader/ Centre Administrator possess the required academic qualifications for a Person in Charge post.
• A training and mentorship development program is being developed to support new Team Leader/ Centre Administrator and Persons in Charge.
o The training component of this program will be run in September 2023
o The mentoring component will also be rolled out commencing in October 2023
• Supports to the Person in Charge is given through a number of management forums and through direct support from PPIM's to the centre.

Regulation 14: Persons in charge	Not Compliant

Outline how you are going to come into compliance with Regulation 14: Persons in charge:
• A Team Leader/ Centre Administrator is in post in the designated centre.
• This person performs the majority of the tasks of a person in charge but the overall responsibility lies with the nominated Person in Charge who carries the legal responsibility.
• The Person in Charge and the Centre Administrator work closely to coordinate the management of the centre.
• Team Leader/ Centre Administrator will continue to work to achieve the required duration of managerial experience to be appointed to the Person in Charge role. The Team Leader/ Centre Administrator possess the required academic qualifications for a Person in Charge post.
• A training and mentorship development program is being developed to support new Team Leader/ Centre Administrator and Persons in Charge with the aim of improving and supporting Governance and management within the designated centre.
o The training component of this program will commence in September 2023
o The mentoring component of this program will also be rolled out commencing in October 2023
o Full implementation of this program will be achieved by 31/10/2023
• Supports to the Person in Charge is given through a number of management forums and through direct support from PPIM's to the centre.

Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • A time bound plan has been developed by the Team Leader and Person in Charge to ensure all residents will have an up to date PCP completed by 31/08/23. • PCP training has been completed by the team leader and three staff/keyworkers. Staff trained in the new PCP process will develop PCPs in line with this process. • Priorities identified will be SMART and this will be overseen and supported by the team leader and Person in Charge and will include developmental and aspirational priorities • The review process for the new PCP's will include ongoing regular documentation and evidence of actions completed towards the completion of priorities. • The Team leader will review PCP's to ensure the required documentation is completed to in the review process	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: • The required eye and hearting tests have been completed • Referral has been completed to Memory Clinic 30/06/2023	

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	31/10/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	17/08/2023
Regulation 23(1)(c)	The registered provider shall ensure that management	Not Compliant	Orange	31/10/2023

	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 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/08/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	31/08/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is	Not Compliant	Orange	31/08/2023

	the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/06/2023