

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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 3
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	13 September 2024
Centre ID:	OSV-0005047
Fieldwork ID:	MON-0036218

About the designated centre

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

Mullingar Centre 3, operated by the Muiríosa Foundation, is a modern bungalow based on the outskirts of Mullingar town. It is a full-time community house which provides support based on a social model for residents with severe to profound intellectual disabilities and physical care needs. The building design is suitable for individuals with high support needs and can accommodate a maximum of four individuals, both male and female. The residents are supported by a 24 hour staff team consisting of nursing staff, social care workers and support workers. There is a large entrance hall and wide corridors. There are four large double bedrooms, three of which are en-suite and one with a wet room. All bedrooms are personalised and designed to each individual's personal preferences. Each resident is supported to avail of community based facilities that are of importance to the individual and which reflects their support plan. A wheelchair accessible vehicle is available for use by the designated centre.

The following information outlines some additional data on this centre.

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

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 13 September 2024	10:00hrs to 18:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were positive. Residents were receiving a service that met their assessed needs by a staff team who were very knowledgeable in their support requirements.

However, some improvements were required and they will be discussed in more detail later in the report. They related to the premises, in relation to some minor identified issues, fire precautions in relation to some fire containment measures and external emergency lighting, and medicines and pharmaceutical services oversight in relation to medication stock within the centre.

The inspector had the opportunity to meet the four residents that were living in the centre. The inspector briefly spoke with two residents who communicated that they 'were happy' and that staff were nice.

Some residents, with alternative communication methods, did not share their views with the inspector, and were observed throughout the course of the inspection in their home.

Activities residents participated in depended on their interests. They included going out for meals and attending music therapy and massage sessions. On the day of this inspection, the residents were observed to relax watching movies or listened to music in the open plan dining and living area. Other activities they participated in on the day ranged from arts and crafts, a walk around a local rugby club, going out for coffee and one resident visited a friend that they used to live with.

Staff were observed to warmly engage in conversation with residents. A staff member was observed to respectfully explain what each modified food type was when they were supporting a resident to have their dinner. Two staff were then observed to take their time when supporting with feeding and drinking. They were observed to go at each resident's pace and staff provided them with more food or drink when they indicated that they were ready.

The provider had arranged for staff to have training in human rights. A staff member spoken with communicated how they had transitioned to work in this centre in order to support a resident that had recently moved to the centre. They completed social stories in advance of the move and refreshed the information on different occasions to ensure the resident's understanding. They wanted to make sure that the resident was happy with the move. They communicated to the inspector that by providing information to residents in a manner they could understand upheld their rights and understanding of situations to make informed decisions.

The inspector noted there had been a recent bereavement in the centre. Staff had supported residents in the grieving process by providing easy-to-read information

related to grief. Residents were supported to attend the wake and funeral of their house mate. The resident's family purchased a lamp for the hall of the centre and they told staff that it represented 'shine a light on me' in remembrance of their family member.

The inspector observed the house to be tidy and for the most part clean and in a good state of repair. Each resident had their own bedroom and en-suite bathroom. There was adequate storage facilities for personal belongings. The inspector observed pictures displayed in different areas of the residents. There were different art supplies, jigsaws, board games, and an egg chair that was available for use by the residents.

There was a large front and back garden. The inspector observed some potted plants and flowers growing in different areas in the front garden which helped make the space an inviting one.

The back garden had different areas for use. For instance, a table and seating, a gazebo and a shed that was nicknamed the 'pamper palace' that was used by the residents to get their nails painted.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from all four questionnaires was returned. All four residents required staff support to complete the questionnaires with three of the questionnaires completed by staff on the residents' behalf. Feedback from all four questionnaires was positive and all questions were ticked as 'yes' they were happy with all aspects of the service and the care and support they received. One resident provided verbal communication of their answers to a staff member to record. They communicated that they liked their room and that they had chosen the paint colour. When asked if they were happy living in the centre they stated "yes I am".

The inspector also had the opportunity to speak to one family representative in person who was attending the centre to visit their family member. They communicated that they were very happy with the service. They said that 'the staff couldn't be better' and the 'person in charge was fantastic'. They felt that there was very open communication and felt that they were kept very well informed. They also said they observed staff to use respectful communication with residents. They said they knew how to raise a concern or complaint if they needed to and would be happy to report it to the staff or manager if required.

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

Capacity and capability

This inspection was announced and was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in April 2023. From a review the actions from the previous inspection, the inspector found that they had been completed by the time of this inspection.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent, monitored and appropriate to residents' needs. For example, there was a defined management structure in place, a full-time person in charge was employed and the provider completed six monthly unannounced visits to the centre to assess compliance levels.

The provider arranged for a statement of purpose and function to be completed and available in the centre as required by the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

The inspector reviewed a sample of rosters and they demonstrated that there were sufficient staff on duty to meet the needs of the residents. In addition, there were systems in place to monitor and facilitate staff training and development. For example, staff were receiving formal supervision and had access to training, such as how to support people in the area of intellectual disability and dementia.

The inspector reviewed the most recent admission to the centre and found that the resident was supported in moving to the centre through an individual transition plan and had the opportunity to visit the centre in advance of the move. They were also provided with a contract of care.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to fulfil the requirements of the role. They were a qualified social care professional and they were employed in a full-time capacity within the organisation. They split their time between this and two other centres they managed. They were supported in the role within this centre by a team lead. They demonstrated that they were familiar with the residents' care and support needs. For example, they discussed with the inspector some of the additional support needs that residents had.

Two staff spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

For example, a sample of rosters were reviewed over a two month period from August to September 2024. They indicated that there was sufficient staff in place at the time of the inspection to meet the assessed needs of the residents.

Staff personnel files were not reviewed at this inspection other than to review sample the Garda vetting of one agency staff and one permanent staff member. Both had up-to-date vetting and that demonstrated to the inspector that staff were Garda vetted to facilitate safe recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix for all training completed. Additionally, the inspector reviewed a sample of the certification for five training courses for all staff which included regularly used relief staff and an agency staff. This demonstrated to the inspector that staff received a suite of training in order for them to carry out their roles effectively. For example, staff were trained in areas, such as:

- fire safety
- safeguarding adults
- oxygen
- assisted decision making
- eating drinking and swallowing
- aseptic techniques
- staff also received a range of training related to the area of infection prevention and control (IPC), for example hand hygiene.

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

The inspector also reviewed seven staff supervision files and spoke with the person in charge in relation to supervision. This demonstrated to the inspector, that there were formalised supervision arrangements in place as per the frequency of the provider's policy. From supervision sessions observed, they were found to provide staff with opportunities to raise concerns if necessary.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were suitable governance and management systems in place at the time of this inspection. There was a defined management structure in the centre which consisted of a team lead, who held an enhanced nurse role, and the person in charge who reported to the area manager. One staff member spoken with was familiar with the reporting structure of the centre and organisation.

The provider had carried out an annual review of the quality and safety of the service provided as per the regulations. There were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis which included resident and family consultation. There were other provider led and internal centre audits completed to assess the quality and safety of care and support provided to residents in the centre. This was to ensure that any identified issues would be rectified or escalated within in a timely manner.

For example, there were periodic audits completed by the staff members, the team leader or the person in charge in areas, such as:

- hand hygiene checks and IPC audits
- monthly key-worker reports on care plans
- health and safety
- medication
- fire safety
- transport
- quarterly finance audits.

From a review of the most recent team meetings minutes since January 2024, they demonstrated that they were taking place on average monthly and that incidents were reviewed for shared learning with the staff team. They were also used as an opportunity to refresh the staff on organisational procedures, for example the colour coded cleaning system was discussed in the August 2024 meeting.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector noted that, from a review of the documentation for the most recent admission to the centre and from speaking with two staff members and the person in charge, the resident was observed to be involved in the move. The inspector observed that they had the opportunity to visit the centre on many occasions prior to moving in. Easy-to-read information had been provided to the resident regarding the move and their consent was sought.

One staff member that worked in the centre the resident used to live, moved to this centre in order to support the resident and provide continuity of care.

Additionally, the inspector observed that a contract of care was in place for them. As required by regulations, it contained information related to what that fees would be charged to the resident and it was signed by the resident and a family representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date, accurately described the service provided and contained all of the information as required by Schedule 1 of the regulations. For example, it contained information related to the arrangements made for dealing with complaints and the organisational structure of the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspection found that the residents were receiving a good standard of care that met their assessed needs. However, as previously stated some improvements were required in relation to the premises, fire precautions, and medicines and pharmaceutical services.

The inspector observed the premises to be tidy and for the most part clean and in a good state of repair. Some minor areas were identified for improvement, for example to ensure all areas could be cleaned effectively.

For the most part, there were suitable fire safety management systems in place, which were kept under ongoing review. For example, the fire detection and alert system was serviced quarterly by an external professional. However, improvements were required to some fire safety arrangements that were in place, for example with regard to the fire containment properties of a door in one room.

From a review of medicines management, the inspector observed that for the most part there were suitable arrangements in place. For example, medicines with a shorter shelf life once opened had the date of opening recorded to ensure they would be used within recommended time frames. Some improvement was required with regard to the stock count for medicines received into the centre.

Residents were being supported with their healthcare and emotional needs. Residents had access to allied health professionals as required. For example, residents had access to a general practitioner (GP) when needed.

The inspector reviewed restrictive practices that were in use in the centre. For example, bedrails and lap belts on wheelchairs. They were assessed as necessary for the safety of the residents and subject to review.

From a review of the safeguarding arrangements, the provider had arrangements in place to protect residents from the risk of abuse, for example staff had received training in adult safeguarding.

Residents were being communicated with using recommended communication methods. Additionally, residents were supported to engage in leisure and recreational activities as per their interests.

There were arrangements in place that ensured residents were provided with wholesome food that was consistent with their dietary requirements.

The inspector observed, there was a residents' guide in the centre that contained the required information as set out in the regulations.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, identified risks had associated risk assessments in place.

Regulation 10: Communication

Communication was sufficiently facilitated for residents in accordance with their needs and preferences. For example, the inspector observed pictures were available to support residents to make informed choices regarding meal and activity options and support their understanding of the choices available. The majority of the staff team had received a group training session in simplified sign language in order to better support communication with the residents.

The inspector observed from a sample of three residents' documentation that they had received an assessment from speech and language therapist (SLT) as to how best to communicate with them and what supports they required. For example, it was recommended for one resident that they were supported to make a memory box and the inspector observed the resident look at some pictures from their memory box.

In addition, from a sample of two residents' communication plans, the inspector observed that they had clear documented communication needs. Their documentation included a communication dictionary to guide staff as to how the person may communicate. For example, it guided staff to what the person might be trying to communicate by three guiding sections 'what I do, what that means and what should you do'. Two staff members spoken with were clear as to how residents

communicated and how staff should communicate with them.

Additionally, the inspector observed that the residents had access to the televisions, phones and Internet within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure and recreation. For example, as previously stated, the inspector observed jigsaws as well as art and craft supplies available for residents to use in the centre.

The inspector observed that since the last inspection, there was an improvement in residents' participation in activities that were external to the centre. One family member also communicated to the inspector that they too had noticed an improvement in activities that residents participated in. The person in charge communicated to the inspector that they were committed to ensuring that residents continue to have opportunities for a meaningful day.

The inspector reviewed the activity planners for the previous two weeks for two residents. They demonstrated residents' daily recreation and activities that they participated in. From the sample reviewed, residents were observed to participate in activities based on their interests. For example, they were observed to attend church, go out for dinner, participate in a choir group, and attend music therapy and massage therapy.

From a sample of two residents' goals reviewed, the inspector observed that they were also supported to develop goals for themselves to work towards. They included shorter goals, such as going to a music festival or a boat trip and also longer term goals, for example maintaining a friendship with a previous housemate.

Judgment: Compliant

Regulation 17: Premises

The inspector observed the premises to have all the facilities of Schedule 6 of the regulations available for residents use. For example, rooms were of a suitable size and layout suitable for the needs of residents and residents had access to cooking and laundry facilities.

Generally, the premises was found to be in a state of good repair and it was found to be clean. However, the inspector observed that some areas required repair or replacement in order to ensure they could be appropriately cleaned and some areas

required additional cleaning. The areas related to:

- one resident's en-suite had a strong malodour
- large areas of the surface of one press in the utility room was peeling which would mean it could not be adequately cleaned and
- the washing machine detergent drawer had some mildew in it.

Each resident had their own bedroom and en-suite bathroom with adequate space for their belongings. The inspector observed that there was adequate space in the centre for the residents. For example, there was an open plan kitchen and dining room area that also had a television in it and there was a separate sitting room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Staff had been provided with specific training in relation to eating, drinking and swallowing. Two staff spoken with were very knowledgeable with regard to each resident's diet requirements.

Speech and language therapy (SLT) support plans were in place to guide staff practice for residents who required modified diets. Staff were observed to follow residents' support plans appropriately and were observed providing assistance with eating and or drinking in a respectful manner. From speaking with a staff member and from observing them prepare food for a resident, they did so in a manner that facilitated the food to be as appealing as it could be while still ensuring it met the requirements of their modified diet. For example, staff prepared each blended food type separately on the plate. This was in order to allow each food's natural colour and smell to be present and would therefore be more appealing for the resident instead of serving it all mashed together.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations. For example, it contained a summary of the services and facilities made available to the residents as required by the regulations. The guide was made available to each of the residents in their bedroom.

Judgment: Compliant

Regulation 26: Risk management procedures

There were adequate systems in place to manage and mitigate risk and keep residents safe in the centre. For example, there was a policy on risk management available reviewed by the provider in June 2024 and a location specific safety statement in place reviewed in May 2024.

A risk register was maintained for the designated centre which was reflective of the presenting risks. Risks specific to individuals, such as choking risks or slips, trips and falls, had been assessed and control measures identified.

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed that the centre's boiler and equipment used to support residents had received an annual service, for example a shower chair and the hi lo beds. The centre's vehicle was found to be taxed, serviced and had an up-to-date national car test (NCT).

Judgment: Compliant

Regulation 28: Fire precautions

For the most part, there were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced.

Improvement was required to some of the fire containment measures in the centre as it was not evident that the sitting room door was a fire containment door. It did not have a self closing device fitted and did not have intumescent strips or cold smoke seals to help slow the spread of smoke and fire. Any room leading onto a protected hallway is required to have a fire containment door fitted in order to not impact on the escape routes. In addition, the inspector observed that two external emergency lights were not working.

The inspector reviewed a sample of three of the residents' personal emergency evacuation plans (PEEP). For the most part, they were observed to be up to date and provided clear information to guide staff regarding any evacuation supports required. However, they did not always guide staff as to how many staff were required to support each resident to evacuate. Periodic fire evacuation drills were taking place. The inspector reviewed the documentation of the last five drills and they included an hours of darkness drill.

A fire containment door that was used for compartmentalising the centre was observed to have larger than recommended gap where the door met the frame and when it automatically closed it didn't sit in the frame properly. That had the potential to limit the door's ability to contain fire and smoke if required. The provider

arranged for those issues to be amended on the day with evidence shown to the inspector.

Subsequent to this inspection, the inspector asked for assurances regarding the fire safety measures for the 'pamper palace' in the back garden. The provider arranged for their fire officer to review the building and written confirmation of works that were planned to be completed was submitted to the Chief Inspector of Social Services (The Chief Inspector) in order to ensure adequate fire compliance. It was confirmed in writing that any works required will be completed by 11 October 2024, for example the installation of a fire extinguisher and a smoke detector. In the meantime, the provider had made the decision that residents would refrain from using the 'pamper palace' until the works are completed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that for the most part there were adequate arrangements in place for medicines management within the centre. Prescribed medicines were dispensed by a local pharmacy and found to be appropriately stored in a locked medication cabinet.

The inspector observed, from a review of two residents' medicines documentation, that an up-to-date prescription was on file for them that listed the details of the medicines they were prescribed. Medicines were observed to have pharmacy labels attached to support correct administration as prescribed.

The inspector reviewed two residents' medication stock counts in the presence of the person in charge. From a review of the medication stock control form it was not evident, when completing a stock intake, if staff were comparing the pharmacy labels and kardex prescription form against incoming medicines. This oversight check would have helped ensure that medicines matched their prescription and that all required medicines were accounted for.

In the absence of the previously described oversight checks, this had the potential that some medication errors may occur or may not be identified in time to mitigate the chances of a medication error. From a review of incidents, the inspector observed that a medication error had occurred in July 2024. A prescribed medication that was on the resident's signed prescription sheet was not checked as received during the medicines stock intake from the pharmacy and therefore not observed that it was missing. That resulted in a staff member not being able to administer the medication when it was required.

Judgment: Substantially compliant

Regulation 6: Health care

The health care needs of residents had been comprehensively assessed. Healthcare plans outlined supports provided to residents to experience the best possible health, for example a high cholesterol support plan was in place as required. It was evident that residents were facilitated to attend appointments with health and social care professionals as required, for example a GP, a neurologist, an occupational therapist (OT) and a speech and language therapist (SLT).

All three staff spoken with were extremely knowledgeable on residents' assessed needs and their healthcare plans in place. For example, they were able to describe in detail the epilepsy care plans and percutaneous endoscopic gastrostomy (PEG) protocol.

On review of other arrangements in place to meet the requirements of this regulation, it was observed from the two files reviewed that residents were supported to avail of vaccinations, for example the flu vaccine.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements for positive behavioural support. If required, residents had access to members of the multidisciplinary team to support them to manage behaviour positively.

The registered provider had systems in place to ensure that where restrictive practices were used, for example a lap belt or a bedrail, that there was governance over these practices to ensure that they were necessary. For example, the person in charge had completed a restrictive practice self-assessed questionnaire in order to assess how the centre was operating in terms of best practice and within national policy.

The inspector observed that there was a restrictive practice log maintained that described when restrictive practices were used and for how long. The restrictive practices in place were recommended by an OT and were reviewed periodically. Additionally, consent was sought from family representatives for the use of the practices.

Judgment: Compliant

Regulation 8: Protection

There were adequate systems in place to safeguard residents. For example, there was an organisational adult safeguarding policy in place and staff were trained in adult safeguarding.

One staff spoken with was clear on what to do in the event of a safeguarding concern. Potential safeguarding risks were reported to the relevant statutory agency and a safeguarding plan was put in place in order to minimise the chances of further safeguarding risks to the residents.

From a sample of one resident's finance documentation, the inspector observed that their finances were checked by staff daily and each time money was spent to ensure their money was accounted for and safeguarded.

The inspector also reviewed a sample of two intimate care plans. They guided staff as to supports residents required and identified if residents had any preference for the gender of staff that supported them.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mullingar Centre 3 OSV-0005047

Inspection ID: MON-0036218

Date of inspection: 13/09/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• The source of the malodour has been identified and the maintenance team have carried out works to remove the underlying issues and the odour has now receded. (Complete)• A replacement press door has been ordered and is awaiting delivery. Upon delivery, door will be fitted which will ensure adequate cleaning of the area. 30.11.2024• The issue with the washing machine has been rectified, this item is on a cleaning schedule and will include the drawer area to ensure no further issues will occur going forward. (Complete)	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none">• Sitting Room door will be replaced with a suitable fire door and free swing door closer. 15th of November 2024• Two external emergency lights are now fixed. (Complete 04/10/2024)• PEEP's updated accordingly to reflect how many staff are required to support each resident to evacuate. (Complete 13/09/2024)• Fire safety measures in the 'pamper palace' Fire Alarm, Fire Extinguishers and fire alarm to be installed. Fire extinguishers (Complete 04/10/2024), smoke detector Complete (15/10/24). Fire alarm installation scheduled for 18/10/2024.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: <ul style="list-style-type: none">• The appendix 2 document has been amended to include an additional column which gives assurance that the medication coming in to the centre has been received accordingly. The additional column is cross referenced with the individuals Kardex. (Complete)	

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/11/2024
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	04/10/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/11/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal	Substantially Compliant	Yellow	16/10/2024

	and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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