



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

Issued by the Chief Inspector

Name of designated centre:	Luchanna
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	30 May 2023
Centre ID:	OSV-0005677
Fieldwork ID:	MON-0031625

About the designated centre

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

Luchanna is a detached one story house located in a rural area but within a short driving distance to a nearby town that can provide full time residential care or shared care for four residents of both genders between the ages of 18 and 65 with intellectual disabilities, Autism and physical and sensory needs. Each resident has their own en suite bedroom and other rooms in the centre include a kitchen, a sitting room, a main bathroom and a conservatory. Residents are supported by the person in charge, a team leader and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 30 May 2023	09:20hrs to 16:15hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

From conversations with staff and meeting residents, observation in the centre, and information viewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

On arrival to the designated centre the inspector met two staff and a resident who were outside watering some flowers and enjoying the nice weather. After this the inspector was greeted by the person participating in management and the team leader of the centre. On the day of the inspection there were four residents living in the centre. The inspector had the opportunity to meet all four of them. The designated centre had two vehicles available to it, which supported the resident's day programmes. One of the vehicles was out of service on the day of the inspection due to maintenance repairs. The provider had put in place additional supports, such as, covering the cost of taxi services so it did not impact the residents planned activities. Three residents were present when the inspector entered the centre and were being supported throughout the morning as per their wishes by staff members to get ready for the day ahead. The residents appeared content in the presence of the staff members and were able to communicate their needs to them. Interactions between the staff members and the residents were noted to be very respectful in nature.

Throughout the day of the inspection the inspector met the residents. While all residents did not communicate verbally, they indicated through some words, gestures, vocalisations and expressions their satisfaction with the service. An inspector observed one resident in the morning preparing for their individualised day programme with staff and it was a clearly positive experience for the resident who interacted with the staff throughout. The staff was heard supporting the resident with a choice of breakfast and talking to the resident about the activities in place for the day. In the afternoon, the inspector had the opportunity to spend some time with a resident as they watched some tv, the resident appeared happy, comfortable and relaxed in their home. The inspector observed the resident request an item from the shop and they were supported to go to purchase the items of their choice. The residents had a large garden to enjoy activities, there was a trampoline and go karts present, along with footballs & gardening equipment. A person-centred planning process was in place to support each resident in meaningful individualised day programmes and activities. The inspector observed this throughout the inspection as each resident attended different activities of their choice.

The inspector completed a walk around of the premises. Each resident has their own bedroom and en-suite bathroom. They were seen to be individually decorated with residents preferred paint colour on the walls, personal items and pictures on display. There was also a communal bathroom, which had an accessible shower. Residents had access to an open plan dining and kitchen area. There was an adjoining conservatory area which had blinds, sensory items and lights, this was an area the

residents enjoyed to relax in. A utility area and a sitting room were also present. Overall, the premises of both was seen to be well presented, clean, homely and well furnished. The provider had identified areas for maintenance the house which were on a schedule to be completed. This included the refurbishment of an en-suite bathroom and renovations of the kitchen. However, some areas were not identified that needed improvement, such as, rust damage on a hand rail in one en-suite and noticeable staining on the shower door in one of the en-suite bathrooms. Doors, skirting and architrave had damage to the paint which required maintenance.

The residents were supported by staff and family members to complete the HIQA pre-inspection questionnaires, all of which were viewed by the inspector. Such questionnaires covered topics like residents' bedrooms, food, visitors, rights, activities, staff and complaints. In these, activities which were listed as being undertaken by residents included swimming, go-karting, shopping, discos, concerts, shows, horse riding and gardening. Family members also commented on the individualised service the residents received which is tailored to their assessed needs and the benefits this has for the residents and their quality of life. The inspector observed these activities displayed in visual format on a weekly activity schedule for each resident. The residents' questionnaires contained positive responses for all topics.

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

Capacity and capability

The inspector found that the governance and management arrangements within the centre were ensuring a safe and good quality service was delivered to residents. The centre was managed by a suitably qualified, skilled person with accountability and responsibility for the provision of services. The person in charge was not present on the day of the inspection, however, from a review of the documentation they were seen to maintain good oversight of the centre. The person in charge was supported in their role by a team leader, who maintained day-to-day oversight of the centre and worked on delegated duties from the person in charge. The team leader spoke with the inspector on the day about the systems the person in charge had in place to monitor the quality and safety of the service delivered to residents, such as infection control audits, medication management audits and weekly/monthly oversight audits which measured performance in key areas and ensured relevant issues were escalated appropriately. At the time of the inspection the person in charge remit was over two designated centres. The person participating in management informed the inspector about the management systems in place to ensure that the person in charge maintained full oversight of both centres.

A statement of purpose had been prepared and this document provided all the information set out in schedule 1. The provider had carried out an annual review of the quality and the safety of the centre. This addressed the performance of the service against the relevant National Standards and informed identified actions to effect positive change and updates in the centre. The review also incorporated residents' views and consultation with family and staff, which were used to inform the centre planning. The provider had carried out two unannounced six monthly inspections in the previous 12 months. The annual review and the six monthly audits were found to be comprehensive in nature and had identified an action plan in place for any additional improvements to the centre.

The inspector reviewed the staffing arrangements and found that they ensured residents were supported by staff with the appropriate skills and experience. There was a regular and familiar staff team in place that ensured the continuity of care for the residents. There was a planned and actual roster maintained by the person in charge for the designated centre.

The inspector reviewed the staff training matrix and saw that all staff mandatory training was up-to-date. The registered provider had ensured the number and skill mix of staff was appropriate to the number and assessed needs of the residents. Staff were in receipt of regular supervision to support them to carry out their roles and responsibilities to the best of their abilities. The frequency of this supervision was in line with the provider's policy.

During the course of the inspection, the inspector viewed a record of incidents in the centre and it was seen that the person in charge had notified the Office of the Chief Inspector of all notifiable incidents that occurred in the designated centre as required. However, on two occasions the person in charge was late with notifications relating to, any allegation, suspect or confirmed, of abuse to a resident and a quarterly notification of any injury to a resident that did not require notification with three days.

The provider had ensured records of the information and documents in relation to staff specified in schedule 2 were available for the inspector to review. All necessary information for staff was on file including references, Garda vetting, photo identification, and curriculum vitae.

The registered provider had policies and procedures referred to in Schedule 5 in place, these are required to be reviewed and updated at intervals not exceeding three years. The inspector reviewed all schedule 5 policies in the designated centre. It was seen that one of these policies were overdue for review, since January 2023, this was the staff training and development policy.

The inspector found that the provider had systems in place for a complaints process. An easy-to-read complaints procedure was available for residents and a flow chart was on display for residents. Residents had access if needed to an appeals process. Following a review of the complaints log there was evidence of the centre receiving no complaint in the previous 12 months. The inspector spoke to the person participating in management, team leader and staff on the day who all displayed

their knowledge on the process and documentation they would complete if they received a complaint. Staff highlighted they would support residents to make a complaint regarding issues affecting them if and when needed. There were no open complaints on the day of the inspection.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

As required by the regulations the provider had submitted an appropriate application to renew the registration of the centre along with the required prescribed documents.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place and this was maintained by the person in charge. The inspector observed that there were adequate staffing levels in place in order to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training when required. Arrangements were in place for staff to take part in formal supervision.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were in place and available for the inspectors to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good oversight and systems were in place to ensure a safe, consistent and person centred service was provided. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge and the team leader carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. The provider had ensured the unannounced visits to the centre were completed as required by the regulations. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the provider had ensured that the annual review had been completed for the previous year.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider's statement of purpose was found to meet the regulatory requirements and accurately described the services provided in the centre, including governance arrangements.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifications were submitted in writing to the Chief Inspector, including quarterly reports and adverse events as required by the regulations. However, there were two occasions where a notification was submitted late to the Chief Inspector. These notifications were in relation to any allegation, suspect or confirmed, of abuse to a resident and a quarterly notification of any injury to a resident that did not require notification with three days.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints flow chart was on display. Residents were supported to make complaints if desired, actions and resident satisfaction with the outcome were recorded. An appeals process was also available to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. One of these policies had exceeded the three year review period by the provider. This policy had not been reviewed since January 2023. This was the staff training and development policy.

Judgment: Substantially compliant

Quality and safety

The governance and management arrangements ensured that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person-centred. Some

issues were identified in relation to some of the fire evacuation, premises, positive behavioural support and infection prevention and control.

Overall, the provider had ensured that measures were in place to protect residents and staff from the risk of fire. These included up-to-date fire training for staff, fire doors in all bedrooms, and a range of fire safety checks were being carried out by staff in addition to servicing by external specialists. However, there was no documented evidence available to demonstrate that emergency evacuations, such as fire drills, were carried out or simulated to support alternate locations for a resident where the assessed mobility needs had changed. Although detailed and informative personal emergency evacuation plans had been developed for each person, the guidance in some plans did not provide for the management of emergency medication in the event of an evacuation. This presented a risk that some residents might not have access to their essential emergency medications if they had to evacuate the building due to a major emergency.

Arrangements were in place to safeguard residents from any form of harm. These included residents safeguarding plans, safeguarding training for all staff, a safeguarding policy, development of personal and intimate care plans to guide staff, and the support of a designated safeguarding officer.

The designated centre had plans in place to manage an outbreak of COVID-19 if required. However aspects of these plans required review in relation to specific isolation arrangement in place. Where an outbreak of COVID-19 should occur in this designated centre, it was seen that a contingency plan was in place. This plan identified that residents in the centre would be unable to self-isolate and a surge capacity plan in place to be followed. However, this plan did not provide clear guidance on where or how to support each resident to isolate in the event of an outbreak. It was noted in this plan, a placement for isolation arrangements to be risk assessed and consider to send residents home. On discussing this with the management of the centre, it was identified residents would be supported in the centre if an outbreak was to occur, as each resident had their own en-suite and communal spaces would be managed appropriately. This was not clearly documented in the centre's surge capacity plan.

The specific communication needs of residents had been identified and were supported through practices in the centre. Residents were supported to communicate using preferred methods, such as, visual aids. Staff were observed to interact with residents' consistent with their communication needs. All residents had access to Internet and television.

Residents were supported with their emotional and behavioural needs, and could access the services of a behavioural support specialist. Behaviour support plans were in place for residents' and reviewed regularly. Restrictive practices were used in line with the risks presented. Restrictive practices were regularly reviewed and an easy read document of the restrictive practices in place in the centre was available for residents. However, on a review of the residents personal plans it was seen that two residents had sleep charts in place. This meant staff were carrying out the practice of checks every half hour throughout the night. The impact of these checks

had not been considered by the provider and there was no identified assessed need documented in the residents personal care plans or risk identified to support this practice. This practice compromised the privacy of residents.

Residents had access to opportunities and facilities while in the centre. Residents were supported with individual day programmes which were tailored to their assessed needs and preferred activities. They also had opportunities to participate in a variety of activities in the local community based on their interests, preferences and personal goals. For example, some residents were part of the local tidy towns and all of the residents had completed an adapted physical activity course in the local technology university. The inspector observed on the day of inspection the individual day programmes each resident accessed in line with their wishes. Residents were supported to maintain contact with friends and family representatives, with residents regularly visiting and supported to call and message family and friends.

Satisfactory arrangements were in place for the management of risks. Each resident had individual risks identified and a risk register was in place for the centre. These were regularly reviewed by the person in charge and discussed at team meetings.

Regulation 10: Communication

Assessments and plans included residents' individual needs and supports to enable them to communicate effectively and each resident had a communication passport and input from allied health professions to guide their care and support if needed. Residents needs and supports in relation to their communication was understood by the staff team, for example, the inspector observed a staff communicating with a resident using one word phrases as per their communication passport. The designated centre used photographs, pictures, word and gestures to support residents to communicate the plan for the day and week ahead. The provider had ensured the designated centre had access to television, radio and Internet services.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs. Residents had financial assessments in place which identified their assessed needs. Three residents had their own bank accounts, and one resident was in the process of receiving their own bank account. Each resident was supported individually with their own laundry.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, in their day programmes and in the community. Residents in the centre enjoyed many activities, such as Zumba, swimming. Going for walks, meeting with family and friends and attending educational classes in the nearby technology university. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims of the service, and the needs of residents. Some of the facilities were in need of renovation and remodeling but there was a plan in place by the provider for the necessary work. For example, the en-suite bathroom in one bedroom was identified for renovation to make it accessible for a resident and the kitchen had been identified for renovation. Overall, the centre was well maintained, clean, comfortable and suitably decorated. However, the following areas required review, painting of doors, skirting and architrave, rust damage on a hand rail in one en-suite and noticeable staining on the shower door in one of the en-suite bathrooms.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with a choice of food in line with any dietary or preferred meal choices.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that systems were in place in the designated centre for

the assessment, management and ongoing review of risk. The oversight of risk was primarily monitored through the centres risk register and each resident had identified individual risk assessment. These were seen to be reviewed regularly by the person in charge and discussed at team meetings.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken measures to protect residents from the risk of infection. The centre was clean in line with the providers' guidelines. The person in charge conducted regular audits of the infection and prevention and control practices. Regular cleaning schedules of high touch areas in the centre was in place. There was a colour coded mop and cloth system in place. The centre had a contingency plan and surge plan in place to support residents in cases of suspect or confirmed COVID-19. However, these plans for the centre required review to accurately reflect the procedures in place for a resident to isolate if required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, the provider had ensured that strong measures were in place to protect residents and staff from the risk of fire. However, the designated centre had not carried out a fire drill to reflect the changing mobility needs of a resident. Arrangements to ensure that evacuated residents would have access to their required emergency medication required to review to establish if the arrangements in place were effective and safe.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to ordering, receipt, prescribing and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' personal plans were viewed. Documentation in place showed that residents were involved in annual person centred planning meetings and that efforts were made to include family members and people important to the residents in this process. Appropriate goals were clearly identified in these plans and there was clear evidence of progression, completion and ongoing review of goals. Goals in place were meaningful and in line with residents' expressed wishes. For example, one resident was planning an overnight trip with hopes to progress this goal to a holiday aboard. Another resident was learning and progressing their IT skills, along with developing their independence through skills teaching.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had a behavioural support plan in place which was reviewed regularly. The staff members had received training on how to support the residents with behaviours that challenge. On the day of the inspection, the staff spoken to were very knowledgeable of these plans in place and how to support the residents.

Restrictive practices used in the centre had been regularly reviewed with the least restrictive method in place where appropriate. However, the practice of checking residents throughout the night had not been reviewed as a restrictive practice and therefore the impact of this practice on the rights of residents was not considered.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents and that systems were in place to protect residents from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted in this centre, with many of the daily operations

being led by the residents' assessed needs and capabilities. All efforts were made by staff to ensure residents' wishes and preferred routines were respected. The centre had many easy read documents in place which included, visual guide for COVID-19, communication policy, restrictive practices which was centre specific and assisted decision making. The residents had a rights' assessment completed and in place in their personal care plans. Residents' forums meetings were held regularly and were used to discuss the meal plans, activities for the week in the centre and in the community.

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	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Luchanna OSV-0005677

Inspection ID: MON-0031625

Date of inspection: 30/05/2023

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>To achieve full compliance with Regulation 31 The Person in Charge will ensure that all notifications requiring submission within three days are promptly submitted within the correct timeframe.</p> <p>Additionally, a comprehensive checklist specifically for quartile notifications has been designed. The checklist will enable the Person in Charge and Team Lead to effectively monitor and track all incidents that necessitate quarterly notifications. By using this checklist, we will ensure that all relevant incidents are identified and included in the quartile notifications, as required by the regulations.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Training and Development policy was reviewed in April 2023. However, it was not accessible to the inspector on the day of the inspection. The revised policy has been placed in the Schedule 5 folder. The staff members have been informed about the updated policy, and it will be further discussed during the upcoming team meeting in July 2023.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To comply with Regulation 17, the Person in Charge will ensure that all maintenance issues are promptly resolved by the local maintenance team. The Person in Charge has already contacted the local maintenance team and scheduled the necessary work for completion. Additionally, the designated center has regular environmental audits in place, which include action plans, to ensure that maintenance concerns are addressed on an ongoing basis.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Person in Charge has revised and updated the contingency plan and surge plan to ensure compliance with Regulation 27. These plans now include clear and comprehensive self-isolating procedures for service users in the event of a positive case of COVID-19 within the designated center.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In order to comply with Regulation 28, the Person in Charge will take the following actions:</p> <p>The Person in Charge will ensure that the simulated Fire Drill incorporates the use of a ski sheet for the evacuation of the service user in the event of a fire at the designated center. This drill will simulate a scenario where a service user requires assistance due to limited mobility, and the ski sheet will be utilised as a safe and effective evacuation aid.</p> <p>Two service users' evacuation plans will be thoroughly reviewed and updated to ensure the inclusion of rescue medication. The revised plans will outline clear procedures for accessing the necessary medication during an evacuation, ensuring the service users' safety and well-being.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>To comply with Regulation 7, the Person in Charge will undertake a thorough risk assessment specifically focusing on the practice of night checks for two identified service users in the designated center.</p> <p>This assessment will involve a comprehensive evaluation of the necessity of regular night checks, considering them as a potentially restrictive practice.</p> <p>Based on the outcomes of the risk assessment and consultation with the General Practitioner, the Person in Charge will make informed decisions regarding the future of the night checks. If it is found that the practice is not necessary or appropriate, it will be promptly removed from the care routines of the two service users.</p>	

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)(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.	Substantially Compliant	Yellow	31/08/2023
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.	Substantially Compliant	Yellow	28/06/2023
Regulation	The registered	Substantially	Yellow	31/08/2023

28(4)(b)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Compliant		
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	08/05/2023
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	31/07/2023
Regulation 04(3)	The registered	Substantially	Yellow	27/07/2023

	<p>provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.</p>	Compliant		
Regulation 07(4)	<p>The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.</p>	Substantially Compliant	Yellow	31/08/2023