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:	Liffey 3
Name of provider:	St John of God Community Services CLG
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	05 January 2023
Centre ID:	OSV-0005785
Fieldwork ID:	MON-0035178

About the designated centre

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

Liffey 3 is a designated centre operated by St John of God Community Services CLG. The designated centre is comprised of two apartments that provide a residential service to adults with a disability and one house that provides respite services to adults with a disability. Both premises are located in a South Dublin suburb. Each of the apartments has three bedrooms, two bathrooms, a storage room and a shared living, kitchen and dining area. The apartments have capacity to accommodate up to five residents. The respite house is an end of terrace house with five bedrooms (two of which are en-suite), a staff office, six bathrooms, a sun room, dining room, large kitchen and living area and is registered to accommodate up to six adults. The centre is staffed by a team of social care workers and health care assistants. Staff are managed by a person in charge who is a social care leader.

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 5 January 2023	10:50hrs to 18:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

Liffey 3 provides residential care provision to adults with an intellectual disability in South West Dublin. The designated centre consists of two buildings located a short drive away from each other. One house is a large end-of-terrace house which was registered to provide respite care for a maximum of six adults; however, for a number of years, one resident was living full-time in the building. The second building in this designated centre contains two apartments that can accommodate five residents. Each of the apartments has three bedrooms, two bathrooms, a storage room and shared living, kitchen and dining areas.

The respite house was visited during the centre's most recent inspection, which took place 31 March 2022. The aim of this inspection was to visit the two apartments that made up part of the designated centre, ensuring all residential properties that made up the designated centre had been visited and inspected during the registration cycle.

The inspector met with the person in charge, the programme manager and one member of staff during the inspection. All demonstrated their awareness of their roles and responsibilities within the designated centre. They were familiar with the assessed needs of the residents and shared responsibilities.

The inspector had the opportunity to meet with the three residents living across the two apartments. Apartment one had one resident living in the centre at the time of the inspection, who was supported by day staff and sleepover staff. Two residents lived in the second apartment, and those residents had the support of live staff working during the night, as well as day staff. The inspector found that residents were well engaged by staff members and that the centre was equipped to meet their individual needs. All three residents appeared relaxed and they were supported by staff which were assigned to them for the day.

Two residents were spending time in their rooms resting instead of attending their day services as they had displayed signs of illness earlier in the day. Both residents spoke with the inspector and discussed their lives and how they liked to spend their time. They explained how staff members supported them in getting out and about and how they liked shopping and music. Residents' bedrooms were seen to be well-kept and styled to each individuals preferences. Residents proudly showed the inspector their bedrooms, and they pointed out new items in their bedrooms that matched their interests, such as computer tablets, handbags, lights and musical instruments. Staff members had a pleasant rapport with residents and it was clear that they had a good understanding of their needs.

One resident spoke of their plans to celebrate a milestone birthday in 2023 and how staff were assisting the resident in planning for the celebrations. The resident further explained they enjoyed participating in social activities with staff. These outings included going to the panto, Christmas markets and the zoo. Both residents

attended day services two or three times a week on alternative days, allowing both residents one-on-one time with staff on their days off. Residents also took part in activities in the home such as literacy and exercise programmes. Family feedback gathered during the provider's annual review of the service indicated that family members with the level of service being provided.

The inspector observed warm and engaging interactions between staff and residents and they were observed several times during the inspection laughing and joking with one another. There was an atmosphere of friendliness. It was evident that the staff knew the residents well and supported them in telling the inspector of their achievements and things they liked to do and showing the inspector activities they have been engaged in. The inspector observed that residents' rights were upheld, and the inspector saw staff facilitating a supportive environment that enabled the residents to feel safe and protected.

The inspector completed a walk around of the designated centre with the person in charge. At the time of the inspection, a blinds company was measuring the windows for the installation of new blinds. It was evident some upgrade and maintenance works were required to the centre. These included bathroom repairs and painting, as escalated by the person in charge. One resident showed the inspector a bathroom and showed the inspector that a part of the shower was not working. Premises issues will be discussed further under regulation 17: Premises.

On the previous inspection, it was identified that improvements were required to setting out clear contracts of care in accordance with national legislation and that contracts of care clearly outlined the terms and fees payable. The sample of contracts of care reviewed by the inspector had been reviewed since the last inspection and clearly defined the fees to be paid and how these fees had been determined. Residents' finances were assessed by applying the Residential Support Services Maintenance and Accommodation Contributions (RSSMACs) framework. This ensures that contributions made by residents are reasonable and fair and that each resident's contribution is based on what they can afford, taking account of the resident's individual circumstances to ensure the avoidance of financial hardship. The inspector found as a result of these assessments; residents retained sufficient income for personal use to support independence and participation in community activities.

Other records reviewed included notes of residents' meetings called 'Speak up meetings' that took place in the centre every month. Such meetings were facilitated by staff and were used to give residents information on issues such as complaints, safeguarding, and COVID-19 and for residents to talk about topics important to them.

In summary, the inspector found that each resident’s well-being and welfare was maintained to a good standard. The person in charge and staff spoken with were found to have a very good understanding of the residents’ healthcare needs and associated supports. Residents were being supported to develop and maintain their independence and be involved in the day-to-day running of the centre. The inspector found that the apartments met the assessed needs of the residents living

in the centre at the time of inspection.

However, premises refurbishment works were required across both apartments to ensure they were maintained to a good standard and could promote optimum infection control standards.

The next two sections of this report will 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 provided.

Capacity and capability

The findings from this inspection demonstrated the provider's governance and management structure and oversight systems were successful in promoting a safe and person-centred service for the residents. This was demonstrated by the increased levels of compliance with regulations found during this inspection. The person in charge and programme manager had a very good understanding of the residents' needs and were be advocating for the residents' interests and well being.

On the previous inspection in March 2022, seven regulations inspected were found to be not compliant. The provider was requested to attend a cautionary meeting with the Health Information and Quality Authority (HIQA) to discuss the findings of the inspection. During the meeting, the provider was requested to submit a robust and comprehensive compliance plan to address the failings key date specified, and measurable milestones included. The inspector found that areas of improvement highlighted to the registered provider had been addressed, namely escalation of safeguarding concerns and the governance of the centre.

There was a clearly defined management structure within the centre with associated roles and responsibilities. The person in charge was full-time and commenced working in the centre in February 2020. The person in charge reported to a residential coordinator, and they reported to the programme manager. The programme manager who commenced in their role in August 2022 was met with, as part of this inspection, was found to be providing effective oversight and monitoring of the centre.

The inspector found that the centre was managed by a suitably qualified, skilled and experienced person in charge. The person in charge was found to have a good knowledge of the care and support requirements for residents living in the centre and was in a full-time post. It was evident that the person in charge had regularly escalated and highlighted premises issues to the person participating in management and other members of the senior management team.

The inspector reviewed the available staffing resources within the apartments. There were no vacancies at the time of the inspection. In addition, the person in charge

outlined that the provider had implemented additional staff supports in response to residents' changing needs. However, these hours were currently unfunded; therefore, relief staff were used to complete these shifts. The inspector reviewed rosters preceding the inspection and found that a small pool of relief staff was used, ensuring residents received continuity of care and support from staff familiar with the resident's needs and how best to provide support to the residents.

The provider had completed all required audits and there was a schedule of internal reviews occurring which assisted in ensuring that care was generally maintained to a good standard. The inspector found that the monitoring systems in the centre ensured that any potential quality or safety risks were escalated to the appropriate person or department and that these issues were generally responded to and addressed quickly, premises issues aside.

Under the regulations, certain events occurring to residents of a designated centre must be notified to the Chief Inspector of Social Services within a specific time period so that the inspectorate is aware of any events which may be negatively impacting residents. The inspector reviewed a sample of incidents for the centre; the person in charge had maintained records of incidents occurring in the centre and notifications of any adverse incidents. For the most part, notifications of adverse events had been notified, but the inspector identified a small number of incidents of a safeguarding nature that had not been notified.

Registration Regulation 8 (1)

A provider had submitted an application to vary a condition of registration of the designated centre. On review of the application, the inspector found numerous errors contained within the statement of purpose and residents' guide that did not align with the proposed changes being made by the provider. These included:

- The statement of purpose conditions of registration had been changed prior to approval by the Chief Inspector of Social Services.
- The service description within the statement of purpose and residents' guide referred to respite and respite procedures when the service was being reconfigured to provide full-time residential care.
- The complaints officer listed had ceased their position in the organisation.

The provider was required to fully review the statement of purpose and residents' guide in order to accompany the application.

Judgment: Not compliant

Regulation 14: Persons in charge

There was a full time post of person in charge in the centre. The centre was managed by a suitably skilled, qualified and experienced person in charge. The inspector observed that the person in charge was well known to residents and staff and was knowledgeable in their role. The person in charge demonstrated a good understanding of the service, and it was apparent that they were committed to delivering a good quality service.

Judgment: Compliant

Regulation 15: Staffing

Staff who were on duty on the day of inspection had a good understanding of residents' assessed needs. A review of the rosters indicated a consistent staff team was in place and staffing ratios were well maintained. The rosters showed the staff on duty during the day and overnight. These showed that the provider had two staff on-duty in line with the resident's needs. Staffing levels were found to be based on the needs of residents in each apartment.

Staff who met with the inspector also stated that they felt well supported in their role and that any issues which they may have would be received and addressed by management.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had implemented management systems to ensure that the service was appropriate to the residents' needs, consistent and effectively monitored.

A suite of audits had been completed by the person in charge on a variety of areas such as medicines management, fire safety, personal planning, infection prevention and control, mealtime experiences, and finances.

Six-monthly reports and annual reviews had also been carried out on the safety and quality of care and support provided in the centre. Where areas for improvement were identified within these audits, plans were put in place to drive improvement. This process was monitored using a quality enhancement plan. Additionally, the provider had also ensured an annual review of quality and care was completed for the previous year.

The annual review for 2021 included feedback from residents and families, and it effectively addressed the quality and safety of care and support in accordance with relevant national standards. It was noted that this annual review was of a high

quality, included resident and family feedback and an easy-to-read version was devised for residents.

Staff had access to the support of the management team should they have any concerns relating to residents care and support in the centre and members of the management team met with were committed to ensuring a quality and safe service was delivered to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider addressed actions arising from the previous inspection under this regulation.

Residents had a written agreement with the provider that outlined the terms of residency. The fees and charges that were the responsibility of the resident had been clearly outlined in the agreement. The care and support that the residents would receive were detailed in the agreement.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not notified the Chief Inspector of all three day notifiable events as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

Residents were aware that they could speak with staff members and the person in charge if they were unhappy, and would like to make a complaint. There had been no recent complaints in the centre.

The registered provider had a complaints policy, which outlined how complaints would be dealt with. The complaints procedure included an appeals process. Information regarding the complaints procedures were available, including a document with accessible information developed for residents.

Judgment: Compliant

Quality and safety

This inspection found residents were well supported and they enjoyed a good quality of life. Interactions between staff and residents were observed to be warm in their approach to care and the the centre also had a pleasant atmosphere. Residents also had regular access to their local communities, and transport was in place to facilitate them in pursuing personal interests. Where residents needs' were changing, it was apparent that all efforts were being made to meet these needs.

The inspector identified improvements were required in relation to the premises to ensure it was maintained to a good standard which would also enhance the infection control measures in the centre. Some improvement in the area of risk management systems was also required.

The inspector was aware, through other inspections within the wider organisation, that the provider had a number of unresolved premises issues and had difficulty getting timely maintenance to all of its designated centres. The programme manager informed the inspector that there were now quarterly reviews with the operational manager and regional director to ensure senior oversight of the necessary steps to ensure that the centres are maintained in good condition internally and externally as required by the regulations.

The previous inspection had reviewed the admission process and placement of residents in the centre. It was recognised by the provider that the centre did not meet the assessed needs of one resident. There was evidence that the resident and their representatives had consistently raised concerns regarding the suitability of the service and requested alternative accommodation that was based on the resident's individual assessed needs. The provider had also identified that the current arrangement was not optimal and had escalated the issue to their funder. However, at the time of the inspection, there was no identified time-bound plan to address the resident's current living environment.

The inspector was assured that appropriate action had been taken to ensure the security of tenure for the resident, thus addressing quality of life issues for the resident, including goal setting and long-term planning. The provider submitted an application on 24 December 2022 to register a new designated centre that would better suit the needs of the resident.

Individualised assessments on residents' health, personal and social care needs had been undertaken to inform the development of personal plans. It was evident residents were supported with their healthcare needs by the staff team in conjunction with the oversight from a community public health nurse and allied health professionals within the organisation. For example, one resident required ongoing input to manage a degenerative diagnosis resulting in significant changing

needs. At the time of this inspection, the resident's needs were being well managed with ongoing monitoring by the staff team.

Systems were in place to safeguard the residents, and where required, safeguarding plans were in place. The inspector reviewed a sample of documentation relating to alleged safeguarding incidents that had taken place over the last twelve months. The inspector found that overall, the incidents had been reviewed in an effective manner. The inspector observed one safeguarding issue currently open in the centre relating to adverse peer-to-peer verbal interactions. The inspector noted that there was a reduction in safeguarding concerns due to the effectiveness of the safeguarding plans implemented.

The inspector reviewed the risk management system in the centre. Risks in the centre had been identified and assessed, and the measures to mitigate these risks were in place; for example, specific healthcare interventions were put in place in response to risks identified for individual residents. In addition, there was an incident management system in place in the centre, including reporting and recording adverse incidents, reviewing risks, and ensuring the appropriate follow-up care is provided to residents to prevent the re-occurrence of incidents.

The inspector noted, however, that improvement was required to the incident reporting system. Staff were constricted to the number of characters submitted into the system when recording an incident. While this did not affect the reporting of incidents such as vehicle damage and slips, trips, and falls, it did not allow for the effective recording of behavioural incidents.

Local recording systems were available for the recording of such behavioural incidents but did not form part of the same data analysis generated by the incident reporting system. During feedback, the inspector was informed that risk management and incident review was currently being reviewed at a regional level to determine areas of best practice.

Regulation 13: General welfare and development

The registered provider had provided residents with facilities and opportunities to participate in activities in accordance with their interests. Residents were also supported to develop and maintain personal relationships and links with the community.

The inspector found that residents were supported to have active personal and social lives in accordance with their interests. Residents were central to decisions about their day-to-day care and long term personal goals, and staff supported residents to engage in activities and hobbies of their interest

Residents told the inspector they socialised in their local community, visited family members and friends and had visits to their homes.

Judgment: Compliant

Regulation 17: Premises

The inspector conducted a walk-around of the centre and found that the premises required upkeep and renovation. Painting was needed throughout the centre (some of the bedrooms had been recently painted by staff).

Overall, each apartment was warm, well-ventilated and bright throughout. Each resident had their own private bedroom space and had toilet facilities adapted to meet their needs. However, premises improvements were required, across both apartments, to ensure they were maintained to a good standard and in a manner that ensured optimum infection control standards.

For example, the inspector observed the presence of a build-up of mould in two of the bathrooms, and grouting was also heavily stained. The carpets in places also were defective and discoloured.

The programme manager was conscious of the requirement for the premises upgrade and had completed a review of the designated centre in November 2022.

Judgment: Not compliant

Regulation 26: Risk management procedures

Overall, there was effective management of risk in the centre with evidence of staff implementing the provider's risk management policies and procedures.

A risk register was maintained and updated as required. The register provided a good overview of all managed risks in the centre. Where there were risks, these were subject to a formal risk assessment. This ensured that there were clear control measures in place to reduce the risk.

Improvement was required to the incident reporting system to ensure it captured all details of an incident to allow for effective review, analysis and oversight.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs were well supported. Residents had access to a general

practitioner (GP) and other relevant allied health care professionals when needed. The centre had support from psychiatry, speech and language therapy, occupational therapy and physiotherapy, to name a few.

During times of illness, residents' health needs were appropriately supported in consultation with their GP and other appropriate multi-disciplinary team members. There was appropriate guidance available to staff to support residents with their healthcare needs, and staff demonstrated a comprehensive understanding of these needs. This resulted in residents' health being well supported. This was evidenced through feeding, eating, drinking, and swallowing (FEDS) care plans being prescribed to residents where required.

Residents were provided with health action plans which included a comprehensive assessment of their healthcare needs and identified supports required to meet those needs.

Judgment: Compliant

Regulation 8: Protection

There was a clear process regarding the management of allegations of suspected abuse, which included the appointment of a designated officer in the organisation.

Staff completed safeguarding training in order to prevent, detect and response appropriately to safeguarding matters, and staff spoken with were aware of the safeguarding procedures.

The inspector was satisfied that incidents of a safeguarding nature were investigated in line with National policy, however improvements were required to the notification of such incidents as addressed under Regulation 31: Notification of incidents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents spoken with by the inspector provided positive feedback about living in this designated centre. Staff members present and the person in charge engaged with residents in a positive and respectful manner throughout the inspection.

Residents were consulted in the running of the centre and in decision making through monthly resident meetings and through the annual report consultation process.

Residents' rights were respected in the centre with residents having choice and control in their daily lives. Key working sessions and residents' meetings were used as platforms to discuss residents' rights and advocacy regularly.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Liffey 3 OSV-0005785

Inspection ID: MON-0035178

Date of inspection: 05/01/2023

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**
Registration Regulation 8 (1)	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): Liffey 3 is currently undergoing changes to its structure and governance arrangements. An app to vary has been submitted to the Authority outlining what these changes will look like. The changes have also been made to the Designated Centres Statement of Purpose and Residents Guide. It is acknowledged that the incorrect Statement of Purpose and Residents Guide were submitted to the Authority in December 2022, however, the correct versions have now been submitted.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: A meeting of all Social Care Leaders within the Liffey Residential remit was held on 26/01/23 where notifications were discussed. All SCL's were informed of the non-compliance within this inspection with the Person in Charge of Liffey 3 leading the conversation to highlight what lead to the non-compliance. It was discussed that all incidents of alleged or potential abuse must be notified regardless of where the incident may have taken place. This was also discussed by the Programme Manager at the bi-weekly Management Team meeting to ensure that this learning was shared across the Liffey region and not just the Liffey residential service. A retrospective NF06 has now been submitted in relation to the incident highlighted by the inspector.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A comprehensive list of works has been submitted to the St John of God Housing Authority who have committed to completing the required works from their 2023 budget. A commitment has been given that the works will be completed by end of May 2023. All works are also listed on the Designated Centre's Quality Enhancement Plan which is subject to monthly review by the PIC. QEP is a standing item on the monthly Designated	

Centre meeting to ensure required works are followed up on, currently a log is sent to the Housing Association monthly as an update on what is still outstanding.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: PIC has met with staff team to discuss the writing of NIMS reports. Staff were reminded of the importance of language contained with a NIMS report ensuring that it is at all times person centered. A session on report writing was also facilitated by Person in Charge for the staff team on 12th January 2023. PIC also discussed with staff the importance of providing as much information as possible within the NIMS report. All NIMS within the DC continue to be reviewed at team meetings with PIC and staff team. NIMS and incidents are also standing items at DC meetings between PIC, Coordinator and Programme Manager.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	31/05/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/05/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and	Not Compliant	Orange	31/05/2023

	facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/01/2023
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	31/01/2023