



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

## Issued by the Chief Inspector

Name of designated centre:	No.1 Dewberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	13 October 2021
Centre ID:	OSV-0004579
Fieldwork ID:	MON-0033553

## About the designated centre

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

No.1 Dewberry consists of two both detached dormer bungalows located a short distance apart in a rural area. This designated centre provides a full-time residential service for a maximum of 4 male residents over the age of 18 with intellectual disabilities and complex support needs. Two residents live in each of the dormer bungalows provided. Each resident has their own bedroom and other rooms in the centre include bathrooms, sitting rooms, kitchens, utility rooms and staff rooms. Residents are supported by the person in charge, a team leader and the staff team in place.

**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 - 2015 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
Wednesday 13 October 2021	10:15hrs to 19:50hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The residents living in this designated centre were being supported to remain active and to get out into the community. The two houses of this centre were generally seen to be homely but it was noted that improvement was required in the utility room of one house.

This designated centre was made up of two houses located a short driving distance apart. The inspector initially visited one of these houses hoping to commence the inspection there but no residents nor staff were present. As a result the inspector went to the second house where one staff member and two residents were present. While the inspector was present in this house, the inspector reviewed documentation related to this house and also had an opportunity to speak with both residents.

The first resident spoken with indicated that they liked living in this house and liked the other resident they were living with. Places where this resident had lived before this house and some of their family members were also discussed. Throughout the inspector's time in this house it was noted that this resident was extremely courteous and a good host to the inspector, regularly offering cups of tea as well as dinner. At one point the resident was preparing to have dinner in the house and commented positively on the food provided while also telling the inspector that they did some food shopping for the house.

On the outside of this house was a poly tunnel and a hen coup in the surrounding garden area. The second resident living in this house informed the inspector about the work they did to maintain these particularly in relation to cleaning out the hen coup and feeding the hens, something which this resident was later seen to do. Positive views were also expressed by this resident around living in this house and the staff supporting them. This resident attended a nearby day services operated by the same provider two days a week where they were involved in glass recycling. The resident told the inspector that they liked this and also talked about a recent overnight stay away they had where they had gone for a meal and went fishing.

These residents were being supported to get out into community and it was noted that the first resident had also recently gone on overnight stay away. In addition, both residents had meals out, would visit a local pub weekly and go for drives to get some coffee. On the day of inspection, once residents had finished having their dinner, they left the house with the staff member to go for a drive and had not returned by the time the inspector left this house. It was observed that both residents appeared very comfortable in the presence of the staff member on duty who was seen and overheard to engage appropriately with both residents while the inspector was present.

After these residents had left, the inspector used the opportunity to review the house provided for residents to live in. It was seen that this house was generally

presented in a well-maintained and well-furnished manner which helped create a homely feel. In particular it was noted that the kitchen and dining area was spacious with plenty of facilities available for food to be stored although when reviewing such storage the inspector did see there was one vegetable that appeared to require disposal. While the communal areas of this house were generally presented in a clean manner, some improvement in the utility room of the house was required.

In particular, it was seen that a press in this room was visibly dirty while some light fixtures in this area were observed to have a number of clearly visible dead flies and spiders in them. In addition, the inspector observed further instances which were not in keeping with appropriate infection and prevention control practices. For example, a pair of used latex gloves were not disposed of and were left in a bowl on a sink draining board, a set of outdoor working gloves which were dirty were seen to be left on an internal window sill while a bin that was used to dispose of cleaning cloths was full.

Having completed such observations and highlighting them to the person in charge, the inspector left this house to visit the other house. On arrival, staff members and residents, who were attending a nearby day services, had not returned so the person in charge left the inspector in. The inspector then proceeded to have a walk around the premises and it was seen that the house appeared very-well maintained, well-furnished and clean throughout. Two residents lived in this house, each of whom had their own separate areas which were seen to be personalised to their preferences and interests. For example, one resident's area had a number of items referencing their favourite football team along with a colourful mural on the wall of their living area.

Such features reflected a homelike environment. It was seen though that in one of the resident's living areas some closed-circuit television (CCTV) cameras were present. The inspector was informed that these were not only used routinely and were only used in response to particular incidents. A monitor for viewing images captured by these cameras was present in the staff office of this house which was not seen to be turned on while the inspector was present. It was indicated that the provider had a rights committee in place for such matters to be considered and reviewed while residents' rights were also assessed as part of their personal plans.

Like the previous house, it was also seen that this house was provided with a utility room. While this was seen to be clean it was observed that, like the utility room in the other house, there was a bin for cleaning cloths present which was full. A large fridge and freezer were also in this utility room. When reviewing these it was noted that some products which were past their use-by date were still present in the fridge. Aside from the utility room, residents had facilities in their respective areas for food to be stored. In these areas it was seen that appropriate food storage practices were being followed. For example, perishables that had been opened had a sticker on them clearly indicating the date on which they had been opened.

Towards the end of the inspector's time in this house, both residents living there returned, one of whom was spoken with by the inspector. This resident informed the inspector that they had spent their day cleaning cars which they enjoyed. When

asked by the inspector if they liked living in their home, the resident indicated that they did and that there was nothing they did not like about it. Positive comments were expressed by this resident about staff members working in their home with the resident saying that if they ever had any concerns or complaints they would speak to staff or the person in charge about them.

The inspector was informed that the second resident living in this house did not want to speak with him. It was seen though that the most recent annual review completed for this designated centre included some brief feedback from all four residents across the two houses which was noted to be very positive. Similar feedback from one family member of a resident was also outlined in this annual review while it was noted that support was being given to residents to maintain contact with family members. In addition, in the last house visited by the inspector, one resident had also had a recent overnight stay away and had been supported to make a music CD while the other resident was due to have their own overnight stay away soon.

In summary, aspects of the two houses provided for residents to live in were very positive but in one house in particular, it was evident that some improvement was needed around cleanliness and infection prevention. Community activities were being facilitated for residents to participate in and all three residents spoken with by the inspector gave very positive views on their homes and the staff members supporting them.

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

## Capacity and capability

The provider had ensured that appropriate supports were generally in place to support the specific needs of residents living in this designated centre. However, compared to previous inspections, it was found that there had been some slippage in the overall levels of compliance in this centre with areas for improvement including the timely submission of notifications and the centre's monitoring systems.

During this designated centre's previous registration cycle, it been inspected twice where strong levels of compliance were found across the regulations reviewed. Following one such inspection carried out in October 2019, the centre had its registration renewed until March 2023 to provide a home for a maximum of four residents. Given the length of time since that inspection, it was decided to carry out an unannounced inspection of the centre to assess the levels of compliance with the regulations in more recent times.

As required by the regulations a person in charge had been appointed for this designated centre. The current person in charge had been appointed to this role early in 2021, was responsible for a total of two designated centres and had the necessary experience and qualifications to perform the role. Throughout the inspection, the person in charge engaged openly with the inspector and demonstrated a good knowledge of the residents living in the centre. It was noted though, taking into account the overall findings of this inspection, that the arrangements in place to support the person in charge's remit over two centres required review to ensure that there was effective administration of this designated centre.

One such administrative feature relating to the running of any designated centre, is the submission of required notifications to HIQA in a timely manner. Under the regulations HIQA must be informed of certain instances occurring in a designated centre within three days. This is important in order to ensure that HIQA are aware of any event which has the potential to negatively impact residents living in a designated centre. While some notification had been submitted in a timely manner for this centre, the inspector noted one instance which required notification had not been submitted to HIQA for over one month. This matter was discussed with the person in charge during this inspection.

The person in charge oversaw the staff team that was in place to support the residents in this designated centre. Given the assessed needs of these residents, specific staffing arrangements were required to ensure adequate service provision. On this inspection, it was found that these staffing arrangements were in place and were in keeping with the designated centre's statement of purpose as required by the regulations. This was evident from the staff rosters which were maintained in the designated centre. The one staff member spoken with in depth during this inspection demonstrated a good awareness of the residents they were supporting.

Staffing was one of the areas which was focused on by the provider's unannounced visits to this designated centre. These are required by the regulations, are important in reviewing the quality and safety of care and support provided to residents and must be carried out at six month intervals. While the process of some of these was modified on account of COVID-19, it was seen that reports of four such unannounced visits since the October 2019 HIQA inspection were available for the inspector to review with the most recent report dated June 2021. Another regulatory requirement involves the carrying out of an annual review with such a review for 2020 having been completed which included feedback from residents and families while also assessing if the services provided in the centre were in keeping with national standards.

Annual reviews and provider unannounced visits should form part of the monitoring systems in operation for a designated centre to assess the services being provided to residents. Such monitoring should also involve carrying out regular audits to assess, evaluate and improve the services provided. Some improvement was required in this area for this designated centre. In particular, in one house of the centre, it was noted that monthly audits around infection prevention and control had been carried out consistently in 2021 all of which highlighted no areas for



improvement. As discussed elsewhere in this report, it was seen that infection prevention and controls practices in this house needed improvement. During the feedback session for this inspection, a representative of the provider informed the inspector that a new auditing approach had recently been introduced.

#### Regulation 14: Persons in charge

The person in charge appointed had the necessary experience and qualifications to perform the role. At the time of this inspection the person in charge was responsible for a total of two designated centre but taking into account the overall findings of this inspection, that the arrangements in place to support this remit required review to ensure that there was effective administration of this designated centre.

Judgment: Substantially compliant

#### Regulation 15: Staffing

Appropriate staffing arrangements were in place to support the assessed needs of the residents living in this designated centre. Planned and actual staff rosters worked were being maintained for the designated centre.

Judgment: Compliant

#### Regulation 23: Governance and management

Provider unannounced visits were being carried out in line with the requirements of the regulations. Annual reviews were also conducted which focused on relevant standards and included feedback with residents and their families. Reports of provider unannounced visits and annual reviews were available for the inspector to review. Aspects of the monitoring systems in operation for this designated centre required improvement to ensure that certain matters were promptly identified.

Judgment: Substantially compliant

#### Regulation 31: Notification of incidents

An allegation of safeguarding nature had not been notified to HIQA in a timely manner.

Judgment: Not compliant

## Quality and safety

A range of supports were in place to support residents with a focus on ensuring that residents enjoyed a good life. Improvement was required in some areas such as infection prevention and control and medicines.

Under the regulations, residents must have an individual personal plan which should identify residents' health, personal and social needs while also providing guidance on how these needs are to be met. It was seen that the residents of this centre had such plans in place which were noted to have been informed by comprehensive assessments of needs and were subject to multidisciplinary review. For these residents, the provider was following an approach that was focused on ensuring they had good lives with short-term and long-term goals identified for residents that were focused on supporting residents. Such goals including developing residents' independence or maintaining relationships. Progress with such goals was being reviewed and overall, the inspector was assured that suitable arrangements were in place to support residents' health, personal and social needs in this centre.

For example, residents were facilitated to access various health and social care professionals such as general practitioners, opticians, occupational therapists and neurologists while also supported to receive certain medical interventions such as vaccines. Residents' health needs were generally being monitored although the inspector did not note some gaps in the weight monitoring of one resident. Guidance was available on how to support residents with identified health needs although for one resident who was on a texture-modified diet, the inspector did come across two different versions of a feeding, eating, drinking and swallowing (FEDS) plan in circulation which contained some different information. However, a staff member spoken with was aware of the texture-modified diet this resident should be on while the inspector was informed that a speech and language therapist was speaking to the staff team about such matters during a team meeting that was being held on the same day as this inspection.

Support was given to residents around their medicines. Practices related to this were reviewed in one of the houses visited by inspector where it was seen that appropriate secure storage facilities were available. Some documentation relating to residents' medicines was read and some elements of good practice were noted in these. For example, prescription records contained key information relating to residents and the medicines they were to take while a sample of administration records reviewed indicated that residents were getting their medicines at the correct

time. However, other parts of the documentation reviewed highlighted that some improvement was needed in some areas.

Where necessary residents were prescribed PRN medicines (medicines only taken as the need arises). For one resident it was noted that their prescription records for such medicines required greater clarity. Where residents were prescribed PRN medicines, they were also documented PRN protocols in place aside from the prescription records. Such protocols such outline the circumstances when such medicines are to be given and the amounts that can be taken. When comparing another resident's PRN prescription record for particular medicine against the corresponding protocol, it was noted that there were differences in the stated dose to be given, the length of time that could be waited between doses and the maximum dose to be given in a 24 hour period.

When reviewing the personal plan of one resident, reference was made to the resident's medicines being crushed. It was indicated to the inspector that their medicines were to be crushed following a change in needs for the resident and a hospital admission during 2020. Crushing medicines involves changing the form of a medicine from its original state and instructions around this should be included in prescription records. However, when reviewing this resident's prescription records, which had been reviewed in 2021, no reference was made to this resident's medicines being crushed while other related records reviewed also explicitly stated that some medicines were not be crushed. As such taking into account the documents provided, the inspector was not assured that this resident's medicines were being administered in the manner prescribed.

While this was an area in need of review and improvement, the inspector did note that residents were being assessed to determine if they could self-administer their own medicines. Following such assessments and, where appropriate to do so, residents were then being encouraged to take control of taking their own medicines. This was positive in terms of supporting the residents' rights and it was also noted that residents were being consulted and given information on a regular basis through residents' meetings that were facilitated by staff. The inspector reviewed a sample of notes from such meetings where topics discussed included activities, complaints and COVID-19 related information such as hand hygiene and cough etiquette.

In light of the ongoing COVID-19 pandemic it was seen that the provider had assessed matters related to this through a risk management process and through assessments related to outbreak preparedness. A specific COVID-19 contingency plan was also in place for the designated centre which included guidance on how to respond if there were any suspected or confirmed cases of COVID-19 with a specific checklist of steps to follow in such scenarios provided for. This contingency plan also outlined measures to provide staffing covering if required while wider COVID-19 guidance had been put in place by the provider.

Despite these, the inspector noted some inconsistencies in the application of measures to detect and prevent any possible COVID-19. In one of the centre's houses, it was seen that staff were checking their temperatures daily but in some

records reviewed it was noted that on some occasions, staff had only checked their temperatures once and not twice in line with relevant national guidance. Residents' temperatures were also being checked but when reviewing some recent records related to a resident in the same house, reference was only made to the residents' temperature being checked once on some days.

Regularly touched items such as light switches and door handles in this house should have been cleaned at least twice a day. Records related to this cleaning did indicate that it had taken place twice a day sometimes but this was not consistent. These records also highlighted days where the regularly touched items were only cleaned once and some days where no such cleaning was indicated as being carried out. As such taking these into account, coupled with the observations made regarding the utility room in the same house as referenced earlier, the inspector was not assured that appropriate infection and prevention control practices were being consistently followed in this designated centre.

### Regulation 12: Personal possessions

Facilities were available for residents to store their personal belongings but records of residents' personal belongings required updating. For example, one resident's list of personal possessions only had five entries and was dated from 2014.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

Residents were facilitated to engage with the community by going for coffee, eating out, visiting pubs and having oversight stays away. Support was also given to residents to maintain contact with family members.

Judgment: Compliant

### Regulation 17: Premises

Both houses of this designated centre were generally seen to be presented in a well-maintained, well-furnished and homely manner but in one house the inspector did observe some clearly visible dead flies and spiders in some light fixtures and a press that was visibly dirty.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents were involved in shopping for their food. Facilities were available in both houses for food to be stored. A staff member spoken with demonstrated an awareness of texture-modified diets that some residents were on.

Judgment: Compliant

### Regulation 27: Protection against infection

Based on the observations made during this inspection, particularly in the utility room of one house, along with records relating to cleaning and temperatures checks in the same house, appropriate infection and prevention control practices were not being consistently followed.

Judgment: Not compliant

### Regulation 28: Fire precautions

Fire safety systems were provided for in both houses of the centre including fire alarms, emergency lighting, fire blankets, fire extinguishers and fire doors. It was observed though that some fire doors were not closing fully which could potential reduce their effectiveness. Fire drills were taking place regularly including to reflect times when staffing levels would be at its lowest. The record of one such drill carried out suggested a longer evacuation then would be expected. While involved residents' personal emergency evacuation plans had been reviewed since then, a further drill to reflect similar staffing levels had not been carried out.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Based on the records available, one resident was not getting some of their medicines in the form they were prescribed in. Differences were noted regarding a

prescription record and a PRN protocol while a resident's PRN prescription records required greater clarity.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents had personal plans which were informed by comprehensive assessments of needs, were reviewed regularly and had multidisciplinary input. In developing these plans and supporting the needs of residents, it was seen that a particular focus was placed on supporting the residents to enjoy a good life while helped ensure that their needs were met.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to attend various health and social care professionals as required. Interventions such as vaccines were also facilitated. Residents' health was monitored but some gaps were noted in the weight monitoring of one resident. Guidance on supporting residents' assessed needs was available although the inspector came across two different versions of a FEDS plan in circulation for one resident.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Relevant training in de-escalation and intervention was provided to staff members. Guidance on supporting residents to engage in positive behaviour was available but the inspector was informed that one resident required an updated positive behaviour support plan to reflect their current needs.

Judgment: Substantially compliant

### Regulation 8: Protection

Guidance on supporting residents with intimate personal care was in place. Relevant safeguarding training was undertaken by staff members and no immediate safeguarding concerns were identified on the day of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were seen to be treated in a respectful manner during this inspection while residents' rights were also being assessed with a rights committee in place to review matters which could impact residents. Residents' meetings were taking place regularly where residents were given information and consulted.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for No.1 Dewberry OSV-0004579

Inspection ID: MON-0033553

Date of inspection: 13/10/2021

## 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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Provider will ensure that the Person in Charge is supported in their role by ensuring</p> <ul style="list-style-type: none"> <li>- That alternative arrangements to maintain the protected time afforded to support the operational running of the Centre are in place where the Team Leader is on extended leave. This time off roster will be reallocated to an experienced Team member to ensure continuity of supports for the Person in Charge.</li> <li>- The Provider system of structured review meetings between the Sector Manager and Person in Charge has put in place. These meetings focus on all areas under the regulations and on audits to ensure compliance and will provide a support structure for the PIC.</li> <li>- Regular supervisions are in place between PIC and Sector Manager to ensure all issues of concern can be addressed on a timely basis and risk management strategies are discussed and planned for resolution.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will ensure that</p> <ul style="list-style-type: none"> <li>- The PIC and Sector Manager meetings occur on a regular basis using the PIC to Sector Manager Report on each Regulation and that follow up actions are monitored and escalated via the Risk Register as appropriate.</li> </ul>	
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>The Person in Charge has ensured that all notifications have been submitted to the Authority and that all future notifications are complete in a timely manner in line with regulation.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Person in Charge has ensured that</p> <ul style="list-style-type: none"> <li>- The Staff team have been reminded of this requirement to be kept updated by the keyworkers and audited by the PIC in line with the services policy.</li> <li>- The record of person supported possessions has been updated by the keyworkers [31/10/2021].</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider has ensured that the standard of cleanliness in the Centre has been enhanced by ensuring</p> <ul style="list-style-type: none"> <li>- that the press in the utility room has been cleaned out</li> <li>- Cleaning of high areas has been completed [14/10/2021].</li> <li>- A deep clean has been booked for the premises on the [18/11/2021].</li> <li>- Staff will be advised to empty household bins to main refuse bin at night and</li> <li>- The frequency of laundering cleaning cloths will be increased where necessary</li> </ul>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Provider has ensured that</p> <ul style="list-style-type: none"> <li>- The Provider will ensure that infection control audits are enhanced and clearly identify the areas that need improvement and ensure actions identified are completed.</li> <li>- Staff are reminded to ensure infection prevention and control practices are followed consistently,</li> </ul>	

- The PIC will ensure staff to ensure consistency in the recording of cleaning schedules checklists and temperature checks. This is to be completed at times indicated in line with current guidelines.
- Larger bins to be purchased for used cleaning cloths in utility room [02/11/2021] and the frequency of laundering these items is increased where necessary
- Staff reminded to ensure that all gloves disposed of immediately following use
- A plastic container for person supported outdoor items has been put in place in the utility room [14/10/21].

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The Provider has ensured that

- Fire drills with minimum staffing has been completed in the centre [15/10/21].
- The system in place for the Fire Warden to schedule drills in the designated centre is adhered to
- Fire audits are carried out and form part of the PIC/Sector Manager meetings to ensure compliance.
- Staff are advised on how to examine the effectiveness of fire doors during their fire inspections/audits [30/11/2021]

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Person in Charge has ensured that the

- Medication Administration Chart has been rewritten by residents GP for greater clarity in relation to the specific PRN medication.
- The administration route of all medication has been reviewed by GP and is now charted in correct format and
- A PRN protocol rewritten for one resident to ensure the correct dosage is stated and signed by GP [21/10/21]
- The learning from these medication issues will be discussed at the next staff meeting for future learning. [17/11/21]

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The Provider has ensured that</p> <ul style="list-style-type: none"> <li>- FEDS plans for all people supported have been reviewed and the most up to date plan is available to staff and all older versions archived [13/10/2021]</li> <li>- The Person in Charge will ensure that the system of recording residents weight recording and monitoring is improved. The staff are reminded to record the residents weight on the 1<sup>st</sup> day of each month for consistency. A reminder to weigh and record the resident's weight will be written in the diary each month.</li> </ul>	
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>The Person in Charge will ensure that monthly clinic risk meetings are scheduled in advance with psychology and social work present at these meetings for clinical oversight.</p> <p>A Periodic Service Review (PSR) which is the mechanism for reviewing Positive behaviour Support Plans (PBSP) is scheduled for a resident at a Team meeting including multidisciplinary inputs on 17 November 2021. That meeting will determine if the function of the behaviours have changed and if the resident's current PBSP requires updating. If an updated Positive behaviour support plan needs to be developed this will be actioned at that meeting with a view to completion by 31/03/2022</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/10/2021
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	30/11/2021

Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	18/11/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	02/11/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/21

Regulation 28(4)(b)	The registered 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.	Substantially Compliant	Yellow	15/10/21
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 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.	Not Compliant	Orange	17/11/2021
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,	Not Compliant	Orange	13/10/2021



	suspected or confirmed, of abuse of any resident.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	18/11/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/03/2022