



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

Issued by the Chief Inspector

Name of designated centre:	Kiltartan Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	19 July 2022
Centre ID:	OSV-0005294
Fieldwork ID:	MON-0037386

About the designated centre

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

Kiltartan Services provide residential accommodation to six residents who have a moderate to severe intellectual disability and or autism or mental health difficulties. Support can be provided to individuals who may present with complex needs such as medical, mental health and or sensory needs and who may require assistance with communication. This service can accommodate male and female residents from the age of 18 upwards. The centre is a large detached bungalow which can accommodate four residents, and two self-contained apartments each of which can accommodate one resident. There is a large garden to the front of the centre. The centre is located in a rural area, but is close to several villages. Residents at Kiltartan Services are supported by a staff team which includes a social care leader, nursing staff, and care staff. Staff are based in the centre when residents are present, including at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 19 July 2022	09:30hrs to 16:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to have a good quality of life and residents who met with the inspector were happy and they were supported in a warm and homely environment.

On the morning of inspection some residents were having a sleep-on in bed and others were up-and-about having breakfast and getting ready for the day ahead. Some residents who availed of this service considered themselves retired and they had an integrated service which facilitated them to remain at home and enjoy various activities throughout the day. One resident who had an integrated service still enjoyed going to day services and staff members described how she enjoyed popping in there to have a cup of tea. The remaining residents attended day services between four and five days a week, with some having a sleep-in on the morning of inspection before they were supported to attend day services at a time that suited them.

The inspector met with all six residents who were using this service. Residents met with the inspector throughout the day as they were coming and going from community outings or attending their day programme. Residents interacted with the inspector by smiling and using some verbal communication skills such as single words and also some gestures. All residents appeared relaxed and comfortable in their home and they interacted warmly with the staff members who were supporting them. There were three questionnaires returned to the inspector as part of the inspection, with two completed on behalf of residents by staff and one by a family member. All responses indicated a high level of satisfaction with the service, with response from the family member stating that care was wonderful and that the resident was really looking forward to a trip to an adventure park during the summer.

The centre had been recently redeveloped and refurbished with the necessary works requiring residents to move to alternative accommodation. The residents had moved back into their new home a number of weeks before the inspection and they were still adjusting to their new home and environment at the time of inspection. The inspector found that the centre was warm, bright and spacious with a very modern feel. Each resident had their own ensuite bedroom with two residents having their own self contained apartments which could be accessed through their own doors or via the main centre. There were pictures on display of residents enjoying outings and one resident had a large portrait, in the form of a collage, on display in their apartment. Both apartments were spacious and one resident was delighted to show the inspector their bedroom and walk in wardrobe which they were very proud of. In this apartment it was very evident that their family was important to them and there were numerous pictures of them attending family events and also meeting country music stars. The importance of family for this resident was also followed through in the personal plan where notes showed where they were supported to have visitors

and also attend recent events such as family birthday parties.

The inspector met with seven staff members, including the person in charge and a team leader who held responsibility for the day-to-day operation of the centre. Both managers were found to have a good understanding of the service and staff members who met with the inspector could clearly outline residents' care needs and also aspects of care including safeguarding, infection prevention and control (IPC) and also the use of some restrictive practices.

Overall, the inspector found that this centre was a pleasant place in which to live and it was clear that the wellbeing and welfare of residents was the priority of both the provider and staff who supported them. Many areas of care were found to be maintained to a good standard; however, some areas of care including staffing, fire safety, healthcare and personal planning did require further review to ensure that they were in-line with the general good level of care which was found on this inspection.

Capacity and capability

The inspector found that the provider management systems in place which promoted the quality and safety of care which residents received. The managers which were employed to oversee care were found to promote the best interests of residents and the renovation which had been recently completed created a warm and homely environment for residents to enjoy.

As mentioned earlier, the centre had undergone major renovations which meant that residents had to be accommodated elsewhere for a significant period of time. Residents had just moved back to this centre a number of weeks prior to the inspection and they were well settled back into their home at the time of inspection. The team leader and the person in charge facilitated the inspection and they demonstrated a good understanding of the the residents' care needs and also of the resources and arrangements which were in place to support these needs.

The residents who used this service had moderate to high support needs which was clearly set out in the centre's statement of purpose. The provider had responded to a change in resident's needs, which had occurred in the recent past, with additional staffing deployed due to an increase in the risk of falls for this resident who was assessed as requiring one-to-one staffing in their own apartment. The inspector found that this was a positive response which also had the added benefit of reducing the use and the implementation of some restrictive practices for this resident. This additional staffing was deployed for set hours during the week; however, outside of these hours, a staff member relocated from the main house to this apartment to ensure that this resident's safety was promoted at all times. This action, although was promoting safety in the centre, did have the potential to leave

other residents at a staffing deficit. Four of the five remaining residents had high support needs such as modified diets, visual impairment, assistance with mobility and personal care, supervision at meal times and two residents required additional supervision due to safety concerns. Although, there was no serious incidents or deficits in care identified as a result, the staffing arrangements had not been re-assessed prior to residents returning to the centre to ensure that the quality and safety of care could be sustained in the long term.

Staff members who met with the inspector had a good understanding of resident's individual needs and they were observed to be kind and caring in their approach to care. The centre had a very homely feel and staff were observed to frequently stop and chat to residents as they were passing by or sitting relaxing. Some residents were also wheelchair users and staff stopped and lowered themselves to the resident's eye level when chatting which indicated that they were giving them their full attention. Residents had their own communication styles and although the inspector was unable to understand some words which residents spoke, staff members were attuned to their words and responded to the questions and queries which residents had raised. For example, staff reassured a resident that they would be heading to their local shop, which they had visited for years, to buy their cigarettes as planned. Staff also chatted with the resident how well known they were in the area and how the shop keeper looked forward to their custom each Saturday.

There was a planned and actual rota in place which accurately reflected the staffing arrangements in the centre. Staff had also received training in areas such as safeguarding, behavioural support and also in response to COVID 19 with additional training in IPC, hand hygiene and the use of personal protective equipment (PPE) facilitated. Although, staff training was promoted, two staff members had not completed fire training. The person in charge was aware of this and they were scheduled to complete this training within one month of this inspection. The inspector reviewed a sample of staff files and found for the most part that all requirements of Schedule 2 of the regulations were in place which promoted residents' safety; however, a vetting disclosure for one long term staff member was out-of-date. The provider was aware of this issue; however, the absence of an up-to-date vetting disclosure could have the potential to impact on safeguarding in this centre.

The management of the centre had a schedule of staff supervision in place and also a schedule of team meetings were in place and due to recommence following a settling in period in the centre. Staff who met with the inspector said that they felt supported in their roles and there was a prominent management presence with either the team leader or person in charge attending the centre throughout each week.

Although, there were areas for improvement identified in this inspection, the overall finding of this inspection was that residents were happy and that overall arrangements which were put in place by the provider promoted their welfare.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application as set out in the registration regulations which indicated the the provider was aware of the legal requirement to register this centre. The application was also submitted within the required timelines.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had a good understanding of the service which was offered to residents and they were supported in their role by the management structures which were implemented by the provider. They attended the centre on a regular basis and they also had a schedule of support and supervision in place with the centre's team leader who held responsibility for the day-to-day operation of the centre. This ensured they were aware of issues or changes in regards to resident's individual care needs and also of any concerns which may impact on the quality or safety of care which was provided.

Judgment: Compliant

Regulation 15: Staffing

The provider maintained an accurate rota which indicated that residents received continuity of care from a familiar staff team. Team meetings and support and supervision sessions also had scheduled dates in place which facilitated staff to raise concerns in regards to care practices in the centre. Although, many staffing arrangements were well maintained, improvements were required in regards to completing up-to-date vetting disclosure for one staff member. Adjustments were also required in regards to staffing, as the provider had not re-assessed residents' needs, prior to their transition back to this centre, to ensure that the centre's staffing resources were adequate to their changing needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were supported to attend scheduled supervision with their line manager and

team meetings were due to recommence. The provider had a training programme in place which assisted in ensuring that residents were supported by staff who could meet their needs. A refresher programme was also in place to ensure that staff were kept up-to-date with changes in training requirements with a full programme of training completed in response to COVID 19. Improvements were required however, as not all staff members had completed the required fire training.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were no residents residing in this centre for a significant period of time due to renovations which were required. Due to the vacancy in this centre, the provider had not completed the centre's six monthly audit or the annual review; however, the provider was aware of the requirement to complete these upon the return of residents to the centre. The person in charge and the centre's team leader were completing a range of internal audits in areas such as fire safety, medications, incidents and weekly safety checks which assisted in ensuring that the overall safety of care which was provider was maintained to a good standard.

Judgment: Compliant

Quality and safety

The inspector found that residents were active members of their local community and that their rights and welfare were actively promoted. In addition, the arrangements which the provider had implemented ensured that the quality and safety of care was generally held to a good standard. Although there were several areas identified for improvement, overall residents enjoyed living in this centre and they were supported by a well informed staff team.

Residents who met with the inspector appeared happy and content in their home and they were out and about throughout the day of inspection. Some residents attended their respective day services and three residents who had an integrated service attended medical appointments and also went to local restaurants for tea and cake. By talking to staff and reviewing records it was clear that residents were well supported with community engagement and as mentioned earlier a resident was well known in the local area and they liked to shop locally on a weekly basis. Each resident had a personal plan in place which was reviewed at least annually and also following any changes in their care needs. Residents attended their annual planning meeting where they identified goals for the upcoming year. The inspector reviewed a sample of plans and found while some plans were updated regularly to

reflect progression with these goals, one plan had not been update to the same standard, and failed to outline how the resident had been supported with their goals. Although the management team could explain how they were supported, the lack of updates in the personal plan had the potential to impact on continuity of care.

Some residents who used this service required additional support with behaviours of concern. The inspector reviewed a sample of behavioural support plans and found that they were comprehensive in nature and guided staff in regards to the potential situations which may result in these behaviours occurring. Plans also clearly outlined how staff should respond in these situations to support the resident so that they would return their baseline of behaviour with the least amount of impact upon them. Upon reviewing records in this centre it was apparent that the care which was offered ensured that behaviours of concern rarely occurred. There were also a number of restrictive practices in place due to safety concerns such as the risk of falls and dangers which may be found in the kitchen. The inspector found that these were implemented as the least restrictive practice and were subject to regular review to ensure that they were required. As mentioned earlier a resident's needs had recently changed and the provider had resourced the centre with additional staffing hours due to a risk of falls. The inspector found that this action had the addend benefit of reducing restrictive practices for this resident and resulted in them having free access to all areas of their apartment.

The centre was cleaned and also maintained to a good standard. The provider had appointed a dedicated cleaner who was found to have detailed knowledge of the cleaning and disinfection procedures in this centre. They spoke confidently about the colour coded system of mops and cloths used to reduce the risk of cross contamination and of the dilution rates, including the safe preparation, of a named disinfectant which was also used. The cleaner worked in this centre five days a week and a staff member who met with the inspector also had detailed knowledge of the cleaning arrangements. The provider had contingency planning in place which outlined how the centre would respond to a potential outbreak of COVID 19. Planning also included individual isolation plans for residents. Although this was a positive aspect of care, some improvements were required as individual isolation plans lacked sufficient detail in regards to where exactly one resident would isolate and also the arrangements for nutrition and hydration and the specific locations for donning and doffing zones for PPE.

Fire safety was taken seriously by the provider and extensive fire safety measures had been installed including fire doors, alarm system, emergency lighting and fire extinguishers. Staff were completing regular checks of this equipment to ensure it was in good working order and an external company were contracted to ensure that fire safety equipment was serviced as required. Additional fire notices were clearly displayed and each resident had an individual plan to advise on their evacuation requirements. The provider had taken an additional measures in employing a fire safety consultant to conduct a fire safety talk which was specific to the centre and to also conduct a fire drill with minimal staffing. Although, this drill indicated that all residents could be evacuated, the drill was not prompt in nature and the fire consultant did include recommendations in order to hasten the evacuation;

however, the inspector found that although the provider was proactive in regards to fire safety, an additional fire drill had not been completed, to include the above mentioned recommendations, to ensure that residents could be evacuated in a prompt manner.

The centre had a homely atmosphere and staff members were warm and considerate in their approach to care. There were no active safeguarding plans in place and the renovated centre gave the residents more private areas in which to relax which had a positive impact on the safeguarding of residents. Staff were observed throughout the inspection to consult with residents in regards to their thoughts and care preferences and scheduled residents' meetings were due to occur subsequent to the inspection. Information on rights was also clearly displayed and the person in charge indicated that any issues which may arise at these meetings would be brought forward to a regional advocacy meeting which was attended by the provider.

The inspector found that residents enjoyed a good quality of life and that their rights and welfare were actively promoted. Although, there were several areas of care which required improvements, overall the inspector found that adjustments in these areas would further build upon the many positive examples of care which were found on this inspection.

Regulation 11: Visits

Residents were actively supported to have visitors and visitors were required to complete a COVID 19 checklist prior to entering the centre which promoted residents' overall safety. Residents had ample space to have visitors in private and a review of records showed that residents regularly attended family get events such as birthday parties.

Judgment: Compliant

Regulation 13: General welfare and development

Some residents considered themselves retired and they had an integrated service offered to them. Staff members explained that one retired resident enjoyed a calm and planned schedule and she had a range of activities such as foot massage, arts and crafts and community trips planned for their week ahead. Other residents attended their respective day services where their training and education needs were met. One resident also enjoyed baking and independent living skills had been developed to enhance their experience of baking.

Judgment: Compliant

Regulation 17: Premises

The premises had been recently renovated resulting in a warm, cosy and modern home for residents to enjoy. Each resident had their own ensuite bedroom and there was ample areas for residents to relax. Resident's personal space was also decorated with items of person interest , including art work and family photographs. The centre was adapted to suit the needs of residents with reduced mobility and residents had access to suitable laundry facilities.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained the overall responsibility for signing off on accidents and incidents; however, the centre's team leader generally reviewed each incident to ensure that there were no immediate safety concerns. The team leader also completed reviews on a quarterly basis to ensure that there were no negative trends which may impact on the quality of safety of care provided. The management of the centre also completed robust risk assessments in areas such as COVID 19, fire safety and also resident specific risks to ensure that safety was promoted.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was clean, well maintained and there was an assigned cleaner which promoted IPC. Staff members were observed to regularly wash their hands and there were sufficient stocks of PPE in place. Staff also had a good knowledge of IPC measures and the person in charge assumed overall responsibility for the management of this area of care. Some improvements were required to guide staff where exactly one resident would isolate, the arrangements for their nutrition and hydration and also the specific locations for donning and doffing zones for PPE.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and robust measures were introduced to promote residents' overall safety. Fire doors were in place throughout and fire safety plans indicated how both the centre and individual residents would evacuate their home in the event of a fire occurring. Site specific fire safety training has also occurred for some staff members and two fire drills had taken place following residents returning to this centre following the completion of refurbishment. Some improvements were required as two staff members had not completed mandatory fire safety training and fire drills required further review to ensure that all residents could evacuate the centre in a prompt manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents has personalised plans in place which were reflective of their personal interests, likes and dislikes. Personal plans also outlined individual resident's healthcare needs and how they may require some interventions in terms of behavioural support. Residents were actively involved in decisions about their care and they attended formal reviews of their personal plan which assisted them to identify personal goals. A review of a sample of personal plans showed that one resident's plan was regularly updated with updates in regards to the progress of their goals; however a second plan which was reviewed was not updated to the same standard and the provider did not clearly demonstrate that the resident was fully supported in achieving their individual goals.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were well supported to see their own general practitioner for regular health check ups and also in times of illness. Residents were also reviewed by allied health professionals such as physiotherapists and occupations health as changes in areas such as their mobility occurred. As mentioned earlier, some residents had reduced mobility and the centre's team leader outlined how a resident had recently received a pressure relieving mattress . However, there was no tissue viability score in place in which to monitor relevant resident's skin integrity.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Some residents was assessed as requiring support with some behaviours of concern. These residents had comprehensive behavioural support plans in place which clearly identified these behaviours and the recommended interventions that staff should employ as to minimise the impact on the quality and safety of care which the resident received. There were also some restrictive practices in place; however, there was a clear rationale for their use and they were also subject to ongoing review. The provide had also demonstrated how a change in staffing allocations had reduced the requirement for some restrictive practices.

Judgment: Compliant

Regulation 8: Protection

The centre had a warm and homely feel and there were no active safeguarding concerns in place. The refurbishment of the centre also had facilitated some residents to have their own individualised space which had a positive impact on overall safeguarding. Staff members who met with the inspector had undertaken safeguarding training and they had a good understanding of safeguarding precautions in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed that residents were actively engaged with throughout the inspection. Staff members chatted freely with residents as to how they would like to spend their day and there were also clearly displayed menu plans and photographs of staff members to depict rota shift patterns. There was also a schedule of residents' meeting in place and these were to commence in the weeks subsequent to the inspection.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kiltartan Services OSV-0005294

Inspection ID: MON-0037386

Date of inspection: 19/07/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to come into compliance with Regulation 15 The Person in Charge can confirm that a staff member whose Gardaí vetting had expired has since completed the Gardaí Vetting application and the vetting process is now up to date.</p> <p>The Person In Charge can confirm due to the Changing Needs of one Resident that additional hours of support are been placed in the Designated Centre at weekends and this will be reviewed at year end.</p> <p>Due to the changing needs of some Residents a referral has been made to some members of The Multi-D Team for them to assist the Person in Charge and Staff Team with carrying out a revised assessment of the needs of each Resident. Once completed this will inform us of the resources and staffing which will be required to meet the Residents needs going forward and the Statement Of Purpose and Function will be changed to reflect this also.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: In order to come into compliance with Regulation 16 The Person In Charge can confirm that the Two Staff requiring Fire Training will have this completed by the end of the month.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p>	

In order to come into compliance with Regulation 27 The Covid 19 Management Outbreak Plans will be updated with more precise information and instruction on exactly where each Resident will isolate and the procedure to use for donning and doffing for each Individual Resident required to Isolate due to Covid 19. In addition more information will be included on the outbreak plans to instruct staff on the supports necessary for provision of meals and drinks and for monitoring the nutritional status of each Resident whilst they are isolating.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 In order to come into compliance with Regulation 28 The Person In Charge can confirm that the Two Staff requiring Fire Training will have this completed by the end of the month.

As the Residents have just relocated back to this Designated Centre following its refurbishment the Person In Charge will arrange for further Fire Training and Fire drills to be carried out on a regular basis. This will be done in order to learn and adapt evacuation procedure if necessary and to provide confidence that the Residents and staff can be evacuated safely in the event of a Fire.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 In order to come into compliance with Regulation 5 The Keyworker for the Resident whose Personal Outcomes file was not up to date at time of inspection has now updated the plan to reflect how the Resident is doing in terms of meeting her expressed Goals. Each keyworker will be asked going forward to carry out a quarterly review of the plans in place and provide a written summary of progress of goals in the Residents Personal Outcomes File.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 In order to come into compliance with Regulation 6 For Three Residents requiring assessment of skin integrity, A Waterloo Pressure Area Assessment has now been completed.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/11/2022
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	15/08/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	30/08/2022

	as part of a continuous professional development programme.			
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	20/09/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	01/11/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the	Substantially Compliant	Yellow	30/08/2022

	effectiveness of the plan.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	14/08/2022