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:	Highwater Lodge
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	17 August 2023
Centre ID:	OSV-0005407
Fieldwork ID:	MON-0037130

About the designated centre

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

Highwater Lodge is a home for four people, male or female, over the age of 18 years. The centre currently supports two individuals. The provider describes the aim of the service to be to provide a residential setting that is homely, and promotes the privacy, dignity and safety of those who access the service. The centre operates all year round and staffing is provided day and night to meet support the needs of the residents. The designated centre is a large detached, modern house in a rural setting near a small town. There are spacious and nicely laid out gardens, and various private and communal living areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 17 August 2023	09:45hrs to 16:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor levels of compliance with the regulations and standards. The inspector found that overall, the residents who lived in the centre enjoyed a good quality of life and received a good standard of person centred care and support. There were good levels of compliance found across a number of regulations with improvements required in areas such as notification of incidents, management of residents' personal possessions and premises. An urgent action was issued on the day of inspection in relation to fire safety.

The designated centre comprises a large two storey home set on a private site in close proximity to a small village. The centre is registered for a maximum of four residents and is currently home to three individuals. The centre consists of a communal living room, kitchen-dining room, sun-room, utility room shared bathrooms and four individual bedrooms one of which is en-suite with an additional bedroom used by staff. The house has access to an external garden set mainly to lawn and raised patio space.

There were three residents present on the day of inspection and the inspector met and spent time with all three. Two residents met the inspector early in the morning prior to leaving for a planned outing with staff. One resident had dressed smartly for their day out and showed the inspector their bow tie. They explained that they had been to climb a local hill the day before and that they had made it to the top which they were happy about. The other resident was packing belongings and preparing for their day with minimal support from staff. They took time to say good bye before leaving the centre. One resident was still in bed when the inspector arrived and later went out for an activity in the local stables with their support staff. They sat with the inspector while they had their breakfast and showed the inspector their watch. The staff member supported the resident to explain that watches were important to them.

The inspector had the opportunity to observe all residents engaging in interactions with the staff team. There was a warm and welcoming atmosphere in the house. All residents who engaged with the inspector or who were observed, were comfortable in their home, and with the levels of support offered by staff. They were observed to seek out staff support as they needed it during the inspection, and staff were observed to respond in a kind and caring manner. Staff who spoke with the inspector were very familiar with residents' care and support needs, and they spoke with the inspector about residents' likes, dislikes, goals, and talents. From what the inspector saw, was told and read, residents were very busy and enjoying a good social life in their local community.

Residents in the centre, led busy and active lives and were supported to engage in and attend a number of different activities. One resident had been on a short holiday the week before the inspection and this was reported to have been very

enjoyable and plans were in place for another holiday as a result. Another resident was scheduled to go on a short break the week after the inspection and there was evidence of planning for this and discussion regarding what to see and do.

Residents presented with a combination of some spoken language or non-verbal means of communication with some using a combination of verbal and non-verbal cues. Two residents had recently moved into the centre, one in November 2022 and one in December 2022, the other resident had lived in the centre for a number of years. Residents were also coping with the loss of a peer who had passed away in recent months. All residents were taking time to get to know one another and developing routines for living together. This was positively supported by the staff team at a pace which encouraged residents to feel comfortable when engaging with each other. As the premises was spacious and the communal areas were large and spread throughout the house this also allowed individuals living here to spend time alone or in smaller groups if they preferred.

In summary, from what the inspector observed, from what residents told us and a review of documentation, it was evident that residents were supported to have a good quality of life in the centre. All of the residents appeared comfortable and content in the company of staff and in their home. The next two sections of the report present the inspection findings in relation to the governance and management arrangements in the centre and how these arrangements affected the quality and safety of care in the centre.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service. Improvement was required in the management and oversight of residents' finances as detailed under Regulation 12 below.

There were systems to ensure that staff were recruited and trained, to ensure they were aware of and competent to, carry out their roles and responsibilities in supporting residents in the centre. Residents in this centre were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required.

In addition, staff took the opportunity to talk with the inspector about residents' strengths and talents. They spoke about how important it was to them to ensure

that residents lived in a comfortable home where they were happy, safe and engaging in activities they enjoyed. There had been a change in the local management team since the last inspection, both in the roles of person in charge and person participating in management. Together they were implementing the provider's systems and processes and there was evidence of staff support and oversight of staff practice in place within the centre. The person in charge and person participating in management of the centre were both found to be familiar with residents' care and support needs and motivated to ensure they were happy and felt safe living in the centre. They were available to residents and staff both in person or on the phone during the week, and there was an on call manager available in their absence.

Regulation 15: Staffing

The provider had ensured there was a consistent staff team in place to deliver person-centred, effective and safe care and support to residents. The inspector found that there were at all times sufficient numbers of staff present with the necessary experience to meet the needs of the residents who live in this centre. The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

The person in charge reviewed the effectiveness of the staffing arrangements on an ongoing basis. Where staff were unavailable in either a planned or unplanned capacity due to leave or illness then the provider used staff on part-time contracts or had a small team of consistent relief staff available that were used to fill gaps on the roster.

A review of planned and actual rosters indicated that there was an appropriate number of staff who had the required knowledge and skills to support residents in line with their assessed needs. The provider had worked to recruit staff to fill any vacancies that had arisen and the centre was operating with a single vacancy that was being recruited for on the day of the inspection. The inspector found and observed that the residents enjoyed good continuity of care. Planned and actual rosters were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the

appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, management of behaviour that challenges and safe medication practices. Staff had also completed a number of training sessions in areas related to infection prevention and control such as hand hygiene, respiratory etiquette and personal and protective equipment. Training on a human rights-based approach to health and social care was being rolled out by the provider with some staff having already completed this training and others scheduled for same.

Staff supervision was scheduled in advance and occurring in line with the provider's policy. The person in charge had completed supervision for all staff since starting in the role. As part of the providers quality improvement plan the person participating in management outlined that the content and structure if these was to be reviewed

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge. They were shortly to also have the support of a senior social care worker who was newly appointed into the role of team lead. The person in charge was also supported in their role by a senior manager who fulfilled the role of persons participating in management for the centre.

Six monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner. The provider had carried out an annual review of the quality and safety of resident care in the centre for 2022. These reviews also included detail on the consultation which had taken place with residents and their representatives.

There were a number of monitoring systems in place such as monthly overview reports, internal health and safety audits, medication reviews, financial reviews, IPC audits and quality reviews. Senior managers completed compliance audits and met with the person in charge on a monthly basis. Actions were recorded and tracked for each of these and reviewed regularly to ensure relevant tasks were completed.

Team meetings with staff took place on a regular basis. The minutes of these meetings demonstrated that there was a standing agenda in place which included items such as incidents, results of audits , risk assessments, fire, IPC, safeguarding and training. There was evidence of residents rights as part of the team discussion and there was evidence of sharing learning across the organisation in addition to

serious incidents being reviewed and learning from these implemented.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their responsibility to notify the chief inspector of incidents and events that occur in the designated centre as required by the Regulation. The inspector found however, that no notifications had been made on a quarterly basis of injuries other than those that are required to be notified within three days. The inspector reviewed the incident and accident records and found a number of minor injuries recorded that had not been notified as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had an up-to-date complaints policy and associated procedures were in place to guide staff. There was an easy-to-read version available for residents and the details of who to speak to if they wished to make a complaint was found to be on display in the hallway of the centre. Staff members maintained records of when they discussed the complaints process with residents and also what communication supports or prompts were used. There was also a record kept of who was available to advocate on a residents behalf if required and what positive steps had been taken to promote use of the process.

The inspector reviewed the complaints register kept and found no complaints recorded as received in the preceding six months. There was evidence of an auditing system that was being implemented to ensure that no complaint had been received and not accurately recorded as such.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had a policy and procedures in place related to new admissions. As already stated there had been two recent admissions into this centre and the provider and person in charge had followed all steps in relation to the admission and

transition of an individual to live in the centre.

The inspector reviewed pre-admission documentation detailing assessments that had been completed, there was evidence of social stories, visual aids and communication boards used to support residents with the process. A transition pathway had been used that included visits to the centre and engagement by residents into selecting decór for their rooms and participating in the display of personal items. Contracts were in place and signed by the resident or their representative that outlined the service to be provided and the predicted charges.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. The provider and person in charge supported and encouraged residents' opportunities to engage in activities in their home or local community.

As outlined at the beginning of the report , residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes. Throughout documentation related to residents, there was an emphasis on how best to support residents to understand information and on consent. Residents had communication support plans in place in addition to personal communication dictionaries and hospital passports. Every effort had been made to ensure that residents could receive information in a way that they could understand Staff were aware of communication supports residents required and were noted to be responsive and kind.

From speaking with residents and staff, and from a review of a sample of residents' assessments and daily records the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside of the centre. They were attending activities, day services, using local services, and taking part in local groups. In addition, residents had meaningful goals documented in their personal plans that they had an active part in developing.

Regulation 10: Communication

The person in charge and the staff team had worked to ensure that the complex communication needs of residents was considered throughout the day and in their home. There were daily schedules on display in the kitchen that were supported through the use of symbols or photographs. Throughout documentation related to residents, there was an emphasis on how best to support residents to understand information in addition to gaining consent. Residents had communication support plans in place and hospital passports were detailed on how to support an individual with their understanding or to express themselves. Every effort had been made to ensure that residents could receive information in a way that they could understand. Staff were aware of communication supports residents required and were noted to be responsive and kind.

The centre had access to the Internet and residents had areas where they could engage with assistive technology such as electronic tablets or smart phones.

Judgment: Compliant

Regulation 12: Personal possessions

The provider and person in charge ensured that residents had access to their personal items. The residents' belongings, photographs and personal equipment were available to them in their home both in their bedrooms and in communal areas. Minor improvement was required to ensure that staff belongings were not left in a manner that was untidy in the house such as bags on resident furniture. The inspector found that significant improvement was required in the financial oversight systems and in the practices to safeguard resident finances and the access to their monies.

Not all residents in this centre had accounts with clear pathways in place to guide in the use of these or that was clear the accounts were theirs. Where residents were supported in the management of their accounts by others external to the provider the inspector found that the residents are not safeguarded by the financial oversight practices in place. This was an area identified on the previous inspection as requiring review. The provider and person in charge did not have access to bank statements and no reconciliation or oversight of spending was taking place. In addition, where a statement had previously been received the inspector found that there was evidence of a large transfer of money. The provider had not followed up to ensure that this had been completed in line with a residents wishes nor that the transferred money was in an account in the residents name and subsequently safeguarded.

The inspector sampled residents' files and found that some assessments of a resident's capacity to manage their money were completed but were not used to inform a money management plan to guide staff practice. The provider had oversight systems in relation to cash and receipt checks, however as stated there were no subsequent oversight practices via reconciliations against bank statements.

This practice was not in line with the providers' policy.

Judgment: Not compliant

Regulation 17: Premises

The centre comprises a large two storey house located close to a small village. The residents each had their own bedroom, two were on the ground floor and two on the first floor with one of these currently vacant. There are large and spacious communal areas including a kitchen-dining room, sun room, sitting room and utility room. There were also two large shared bathrooms. Residents belongings are on display throughout the house and it presented as warm and welcoming.

However, a number of areas required maintenance such as flooring that required replacement due to wear and tear or as an outcome of incontinence management. Some furniture required refurbishment or replacement such as the surface of the kitchen table, side tables or sofas. While the sun room required review as it was laid out in a manner that reflected it's use for storage it was also observed to be comfortable with residents seen to relax here over the course of the day.

Externally an area set aside for residents who smoke needed review as it was unclean and the area to dispose of cigarette butts was full and overflowing. However the garden and raised patio area were welcoming with coloured furniture and areas for sitting and a small greenhouse for residents to grow herbs or vegetables also to the front of the house.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the policies, procedures and practices relating to risk management in the centre. The provider's risk management policy contained all information as required by the Regulation. The provider and person in charge were for the most part identifying safety issues and putting risk assessments in place. Arrangements were also in place to ensure that risk control measures were relative to identified risks. The inspector found however, some potential risks that had not been identified and therefore not assessed for. For example, the location of a number (18 containers) of thickening agent required for the management of eating drinking and swallowing difficulties which are a prescribed medication located in an accessible cupboard in the kitchen.

The inspector reviewed a sample of both individual and centre specific risks and found that these were regularly reviewed and there was evidence of the risk ratings

increasing or decreasing in line with changing needs. All actions for each risk were noted to be clear and detailed in guiding staff practice.

There were systems to ensure vehicles were roadworthy and well maintained. There were systems in place for responding to emergencies and feedback and learning from incidents was shared amongst the team at team meetings. Recent serious incidents in the centre which had been notified to the Chief Inspector had been appropriately responded to, risk assessments updated and new control measures were in place. There was evidence of shared learning across the team following incidents such as these and adverse events, both during staff meetings and at handover. General and individual risk assessments were reviewed and updated in line with residents' changing needs, and in line with incidents in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Under this regulation the provider was required to address an immediate risk that was identified on the day on the inspection. The manner in which the provider responded to the risk provided assurance that the risk was adequately addressed.

The inspector found that there were inadequate containment measures in place in the designated centre. In a storage area there were open or missing sections of wall and ceiling leading into the roof void of the property. This did not provide for effective containment of fire within the house. This in combination with a bedroom fire door sticking in an open position had the potential to seriously compromise resident safety in the event of a fire. The provider responded on the day of inspection by ensuring that a specialist maintenance technician was available in the premises and repaired the walls and holes within the storage room in addition to repairing the fire door.

There were systems to ensure fire equipment was serviced and maintained. The inspector found that frequent audits and reviews of fire safety processes and equipment were being completed although audits of fire doors had not identified that one bedroom door was not functioning as required. Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. Fire drills were occurring regularly. A drill to demonstrate that each resident could evacuate the centre when the least number of staff are on duty had also been completed in line with the provider's policy.

Judgment: Not compliant

Regulation 6: Health care

The provider and person in charge ensured that residents were being supported to enjoy best possible health. An annual overview of assessed health needs and supports was in place and this was also used to maintain an overview of appointments and other health related matters. Health assessments informed residents' plans of care and these were found to be regularly reviewed and updated to ensure they were reflective of their needs. Risk assessments were in place to address any risks identified in health care plans.

All residents accessed a GP of their choice and health and social care professionals in line with their needs and the resulting care plans were detailed in nature and guiding staff practice. Where residents had hospital admissions they were supported with up-to-date hospital care plans and staff support as indicated.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed. Positive behaviour support plans were in place for those residents who were assessed as requiring them and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider, when implemented, and in an ongoing review and monitoring basis. There were systems for recording when a restriction was used out of context or unexpectedly and evidence that restrictions were reduced or removed where possible. One area of the house, a storage room for personal protective equipment, was found to be locked on the day of inspection and not recorded as a restriction. On discussion the provider and person in charge indicated that the room had previously been used for the storage as medicines and recorded as locked and the practice had continued when the function of the room changed without review. This was discussed, reviewed and amended on the day of inspection.

Judgment: Compliant

Regulation 8: Protection

Notwithstanding the findings against Regulation 12 the provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre.The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. Safeguarding was a standing topic at staff meetings to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Safeguarding plans that were in place were reviewed and implemented in line with National guidance and there was clear guidance for staff to follow.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights and their responsibilities through residents' meetings and discussions with staff and their keyworkers.

Over the course of the inspection the inspector observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

Residents had access to information on how to access advocacy services and could freely access information in relation to their rights, their responsibilities, safeguarding, and accessing advocacy supports. There was information available in an easy-to-read format on the centre in relation to infection prevention and control, and social stories developed for residents in areas such as living with someone else, making a complaint and fire safety.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Highwater Lodge OSV-0005407

Inspection ID: MON-0037130

Date of inspection: 17/08/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The SM and PIC discussed the requirements for quarterly notifications to be submitted regarding minor injuries with the inspector on the day of the inspection. The inspector informed the SM and the PIC of the difference between the NF03 and the quarterly returns. The PIC and SM have printed a copy of the statutory notifications handbook for reference and implemented a checklist for recording of minor injuries to be submitted quarterly. The SM will include the NF39Ds in the quarterly restrictive practice committee meeting notes to remind all PICs to submit minor injuries when submitting restrictive practice data.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The PIC has arranged for clear pathways to ensure oversight of the residents finances. The PIC has received bank statements for the residents finances and reconciled with transaction sheets of spending. The large transfer of money has been reviewed and evidence of it being transferred to a saving account has been received. The savings account is in the name of the resident. The PIC has updated the residents money management plans to guide staff on practice. An advocate has been contacted to support the resident regarding finances and their right to have statements forwarded to own address.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The PIC has rearranged the sun room area to be a comfortable area for the residents to relax in. The PIC has made arrangements for the staff to have a designated area to store their personal items and bags. The PIC has removed old furniture and coordinated the	

room to provide additional space for residents to move about in.

The PIC on the day of the inspection arranged for the smoking area to be cleaned and the disposal unit for cigarette ends was emptied and cleaned. The PIC has arranged for a disposal unit specifically for the resident to dispose of his cigarette ends and is supported to use this by his 1:1 staff, the staff cleans the bucket after use.
The PIC has arranged for the staff team to take cigarette breaks away from the building with provisions provided to dispose of cigarette ends.
The PIC has added oversight of the smoking areas to the weekly environmental walkarounds.

The registered provider has made arrangements for the flooring to be addressed with the PIC making arrangements for the works to be carried out at earliest convenience.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The thickening agents were removed form the kitchen cupboard on the day of the inspection and moved to the medication cabinet. The PIC has ensured all medications are labelled with an open date and staff have been made aware of the importance of ensuring the thickener in use is stored in a cupboard not accessible to the residents. The medication risk assessments for each resident have been updated to reflect the control measures implemented to ensure their safety.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Following the observation from the inspector the Senior Manger contacted the registered provider to inform of the urgent action required.
Pictures of the identified area were sent to the provider and to the maintenance technician to inform them of the issue.
The maintenance technician arrived to the center within the hour having liaised with the registered provider on the work required.
The maintenance man discussed with the SM and inspector what was required and left to purchase materials.
The holes in the storage area were sealed with a fire proof sealant and the missing sections of the wall and ceiling were covered with a fire resistant plaster board.
The fire door was tightened by the maintenance technician and is now operating effectively.
The inspector was given opportunity on the day to discuss with the maintence man the actions required and prior to her leaving the center she reviewed the completed tasks and was satisfied with the action completed.
The PIC will amend the environmental walk around check list to include regular review of the storage press and ensure fire doors sticking are addressed immediately.

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.	Not Compliant	Orange	30/10/2023
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.	Substantially Compliant	Yellow	30/10/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Substantially Compliant	Yellow	30/10/2023

	suitably decorated.			
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	21/09/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	23/08/2023
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	17/08/2023