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:	Cois na hAbhann
Name of provider:	Inspire Wellbeing Company Limited by Guarantee
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	26 October 2022
Centre ID:	OSV-0005451
Fieldwork ID:	MON-0029102

About the designated centre

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

The centre is registered to provide residential care and support for 21 adults on the autistic spectrum. The centre is located in a rural setting on a large campus in County Meath. The centre comprises of five houses and four single studio apartments which are each linked to one of the houses. Residents in the single apartments avail of the kitchen and laundry facilities in the houses which they were linked to. The centre supported both male and female adult residents. Residents all have their own bedrooms and each house while configured differently, contains a kitchen, sitting room and adequate numbers of bathrooms. The campus has a large grounds, with gardens and a poly tunnel where some residents engage in horticultural activities. The centre is staffed by a mixture of social care staff, care workers and has nursing support available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

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
Wednesday 26 October 2022	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents in each of the five houses and four apartments had a good quality of life in which their independence was promoted. However, improvements were required regarding the up keep and maintenance of the property and consequently infection control arrangements. In addition, the design and layout in one of the houses was not appropriate for the changing needs of a resident in that house. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed by the provider which were in line with the requirements of the regulations. The inspector observed that the residents and their families were consulted with, regarding the running of the centre and played an active role in decision-making within the centre.

The centre is located on a large campus in a rural setting. One other designated centre shared the same campus. The centre comprised of five houses and four studio apartments which are each linked to one of the houses. The centre was registered to accommodate up to 21 residents. However, there was one vacancy at the time of inspection and consequently there were 20 residents living in the centre. There were no plans for any admissions at the time of this inspection.

There are no current plans to de-congregate the centre in line with the Health Service Executive's (HSE's) "Time to Move On from Congregated Settings : A Strategy for Community Inclusion, (2011)". However, it was proposed that if a move wass indicated by any service user's changing needs or by their own choice and preference, it would be implemented in partnership with the person, their family/representatives and the HSE, in line with the rights of services users and person centred support.

For the purpose of this inspection, the inspector visited each of the five houses and the four studio apartments. The inspector met briefly with 15 of the 20 residents living in the centre. A number of the residents met with told the inspector that they were happy living in the centre and that they enjoyed the company of staff and the other residents. Some of the other residents were unable to tell the inspector their views of the service but appeared in good form and comfortable in the company of staff. Over the course of the day, residents were observed going out for walks and on drives to the local village, completing horticultural activities and arts and crafts activities. The inspector noted that each of the houses had fun and appropriate Halloween decorations on display. A number of the residents spoke of a recent Halloween dress up party in a local hotel which had been attended by staff and residents. It was evident that the evening had been greatly enjoyed by all.

There was an atmosphere of friendliness in each of the houses and apartments visited. Staff were observed conversing and joking with residents in each of the houses and responding appropriately to their verbal and non verbal cues. Residents appeared relaxed, happy and content in the company of staff and their fellow

residents. Numerous photos of residents were on display and some pieces of pottery and art which had been completed by residents. Staff were observed to interact with residents in a caring and respectful manner.

Each of the houses and apartment visited were found to be homely and comfortable. Some refurbishment works had recently been completed. This included, including painting of walls and woodwork in each of the houses and the purchase of new pieces of furniture. However, further identified refurbishment work remained outstanding. This included the carpet and flooring in a number of areas which appeared worn and the surfaces on kitchen doors and work tops in a number of kitchen appeared broken and or worn. In addition, a number of the bathrooms had been identified to be in need of refurbishment. Each of the houses had adequate space for residents with good sized communal areas. Each of the residents had their own bedroom which had been personalised to their own taste in an age appropriate manner. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. There was a garden to the rear of each of the houses which had seating and tables for outdoor dining. Some planting of shrubs had also been completed. The residents also had access to a number of large communal garden areas within the campus. Within the wider campus, residents had access to a poly tunnel, an arts and crafts room, coffee dock, a massage area, an orchard with apple trees, a sensory garden and a farm area with two donkeys, a goat, hens and ducks. A pet cat was also seen wandering between houses. Staff spoke about how many of the residents enjoyed planting and consuming some of the vegetables grown in the poly tunnel and fruits from the orchard area.

There was some evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled and assisted to communicate their needs, preferences and choices at these meeting in relation to activities and meal choices through the use of pictures. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including visits, video and voice calls. There was a visiting policy in place and there were no restrictions on visits.

Residents were supported to engage in meaningful activities in the centre. Each of the residents were engaged in an individualised programme coordinated from the centre which it was assessed best met the individual resident's needs. The provider had a day service coordinator and four activity trainers who worked with residents across the campus on a seasonal basis. In addition, a horticulturist was part of the staff team and supported residents to grow a range of fruit and vegetables in the poly-tunnel and large communal gardens. Examples of activities that residents engaged in included, walks and cycles within the campus and to local scenic areas, cookery classes, drives, arts and crafts, literacy skills, cooking, music therapy, board

games, jigsaws, massage, water and sensory games and gardening. Activities and choices were documented on daily notes and activity logs for each resident. A number of residents had membership of a local fitness centre and swimming pool. The provider had four vehicles in place which could be used by staff to facilitate residents accessing appointments and activities in the community. A small number of residents were engaged in a community initiative to deliver meals to elderly people within the community with staff support and using one of the centre's vehicles.

The majority of the staff team had been working in the centre for an extended period. At the time of this inspection, there were three whole time equivalent staff vacancies. These vacancies were being filled by regular agency staff members. This provided some consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to staff and the person in charge.

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

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

The centre was managed by a suitably qualified and experienced person. The person in charge was not available on-site on the day of inspection but spoke with the inspector over the phone. She presented with a good knowledge of the assessed needs and support requirements for each of the residents. She was appropriately qualified and experienced. The person in charge was in a full time position and was not responsible for any other centre. She was supported by one full time and two part-time equivalent team leaders. However, at the time of this inspection the person in charge submitted notice of their resignation. It was reported that a new person in charge was in the process of being recruited.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. There had been a number of changes to the overall governance and management arrangements in the centre in the preceding period. Overall, it was felt that the staff team and residents had adapted well to the changes. The person in charge reported to the director of operations who in turn reported to the chief executive officer. The person in charge and director of operations held formal meetings on a regular basis. In addition, the person in charge had regular formal meetings with the team leaders which promoted effective communication across the centre.

The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. The person in charge had undertaken a number of audits and other checks in the centre on a regular basis. Examples of these included, quality and safety walk around, medication practices, finance and staff documentation. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. At the time of inspection, there were three whole time equivalent staff vacancies in the centre. Recruitment for the positions was underway and there was evidence that the vacancies were being covered by a small group of agency staff. This provided some consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. However, it was identified that a small number of staff were overdue to attend some mandatory training. A training programme was in place and there was a plan in place to address the deficits. There were no volunteers working in the centre at the time of inspection. Staff supervision arrangements were in place. However, supervision in two of the houses was not being undertaken in line with the frequency proposed in the provider's policy. This meant that some staff may not be appropriately supported staff to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained and overall where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. It was noted that the person in charge had submitted their notice of resignation at the time of inspection but that recruitment for a new person in charge was underway.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills and experience to meet the assessed needs of the residents in the house visited.At the time of inspection there were three whole time equivalent staff vacancies. Recruitment for the positions was underway and there was evidence that the vacancies were being covered by a small group of agency staff and two relief staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the residents. However, it was identified that a small number of staff were overdue to attend some mandatory training. In addition, it was identified that staff in two of the houses were not being supervised in line with the frequency proposed in the provider's policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. There were clear reporting structures. The provider had completed an annual review of the quality and safety of the service and unannounced visits, to review the safety of care, on a six monthly basis as required by the regulations. The person in charge had undertaken a number of audits and other checks in the centre on a regular basis.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a written contract of care in place for each of the residents which detailed the services which were to be provided and the fees payable in line with the requirements of the regulations

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, dated October 2022 which was found to contain all of the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents appeared to receive care and support which was of a good quality, person centred and promoted their rights. However, improvements were required regarding the upkeep and maintenance of the premises which had a direct impact on infection control arrangements and to ensure that reviews of personal plans were being undertaken in line with the requirements of the regulations. In addition, the design and layout in one of the houses was not appropriate for the changing needs of one of the residents in that house.

Overall the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Support plans in place reflected the assessed needs of individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. There was evidence that person centred goals had been identified for some of the residents and there was evidence that progress in achieving the goals set were being monitored. There was also a visual support plan which provided a good level of detail and was user friendly. However, an annual personal plan review, in line with the requirements of the regulations had not been completed for some of the residents. The recording of key worker meetings, goals and progress in achieving goals was not consistent across the centre.

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments for residents had been completed and were subject to regular review. These had appropriate measures in place to control and manage the risks identified. Health and safety checks were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities

for learning to improve services and prevent incidences.

Suitable precautions were in place against the risk of fire. There was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in each of the houses. There were adequate means of escape and a fire assembly point was identified in within the campus. A procedure for the safe evacuation of residents in the event of fire was prominently displayed in each of the houses and apartments. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. However, the upkeep and maintenance of a number of areas required attention. For example, worn floor coverings, bathroom facilities and kitchen surfaces. In addition there was limited storage in a number of the offices within houses, with files and boxes being stored on the floor area. This meant that these areas were more difficult to clean from an infection control perspective. There was a COVID-19 contingency plan in place which was in line with the national guidance. A cleaning schedule was in place which was overseen by the person in charge. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Disposable surgical face masks were being used by staff whilst in close contact with residents in the centre, in line with national guidance.

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding policy in place. Intimate care plans were on file for residents identified to require same. These provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. Support plans were in place for residents as required, and from a sample reviewed, these provided a good level of detail to guide staff. A small number of environmental restrictions were used and these were subject to regular review.

Regulation 17: Premises

Each of the houses and the apartments were found to be comfortable and homely. However, the upkeep and maintenance of a number of areas required attention. For example, worn floor coverings, inadequate bathroom facilities, the surface of kitchen doors and work tops were worn in a number of the houses and the surface of a

leather sofa in apartment 2 had a worn surface. It was noted that each of the houses and appartments had recently been re-painted throughout. In addition, the design and layout in one of the houses was not appropriate for the changing needs of a resident in that house.

Judgment: Not compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Individual and environmental risk assessments were in place and subject to regular review. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. However, the upkeep and maintenance of the premises in a significant number of areas required attention. This meant that these areas were more difficult to effectively clean from an infection control perspective.

Judgment: Not compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape. A procedure for the safe evacuation of residents in the event of fire was prominently displayed in the each of the houses and apartments.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' well being and welfare was maintained by a good standard of evidence-based care and support. However, an annual personal plan review, in line with the requirements of the regulations had not been completed for some of the residents. The recording of key worker meetings, goals and progress in achieving goals was not consistent across the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs appeared to be met by the care provided in the centre. Individual health assessments and plans were in place. There was evidence that residents had regular visits to their general practitioners (GPs). Residents had access to a registered nurse who was based on the campus. Dietary guidance for individual residents was being adhered to.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same and these were subject to regular review. A restrictive practices register was maintained which was subject to regular review.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse had been appropriately reported and responded to. Intimate and personal care plans in place for residents identified to require same, provided a good level of detail to support staff in meeting individual resident's intimate care needs. Safeguarding information was on display and included information on the nominated safeguarding officer.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. It was recognised that one to one staffing arrangements for a small number of residents could infringe upon these residents rights. However, all support arrangements were based on individual risk assessments which were subject to regular review. Residents had access to advocacy services should they so wish. There was information on rights and advocacy services available for residents. There was evidence of active consultations with residents regarding their care and the running of the centre. Residents' voice and choice meetings were undertaken in a number of the houses whereas residents in other houses opted to have one to one meetings with key workers versus resident group meetings. Easy to read financial support plans were in place for individual residents. Staff were observed to treat residents with dignity and respect.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cois na hAbhann OSV-0005451

Inspection ID: MON-0029102

Date of inspection: 26/10/2022

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
Outline how you are going to come into compliance with Regulation 15: Staffing: - There are 4.43 FTE outstanding vacancies for Support Worker roles: o The Provider carries out rolling recruitment every 2 weeks; o In addition our recruitment activity plan includes attendance at & running recruitment fairs, engaging with local colleges & targeted social media campaigns; o Vacancies continue to be covered by relief and regular agency staff until filled.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Reg 16(1)(a) - Outstanding mandatory training for 36 staff is scheduled by the PIC to be completed by 28/02/23 Reg 16(1)(b) - The schedule of supervision across all houses has been reinstated by the PIC on 05/12/22, in partnership with the Team Leaders, to ensure all staff receive supervision no less than every 6 weeks in line with the policy. - Individual session reminders for planning purposes have also been added to the weekly dairy by the TL from 01/01/23.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Reg 17(1)(a)
- The changing needs of one resident have been assessed by the PIC on 09/12/22 and raised with the MDT/HSE for consideration of suitable accommodation and support on 09/12/22; Plans for an internal move within the current accommodation have been suspended.

Reg 17(1)(b)
- The Provider has identified a programme of premises upgrades to be delivered in partnership with an Estates Project Manager appointed by the Landlord (HSE) on 1/12/22.
- The works will be phased for the centre, sequenced throughout 2023, with a focus on minimum disruption to the residents.
- Preliminary completion date is 31/12/23, pending appointment of subcontractors and will include:
o Replacement for worn flooring in 5 houses and 4 apartments
o Upgraded bathroom suites in 5 houses (full refit)
o Replacement for identified kitchens and worktops in 5 houses
o Updates to the schedule of works can be provided to the Regulator when available throughout the year;
- The worn leather sofa in Apt 2 has been ordered by the PIC, to be delivered on 31/12/22

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
- The phased programme of premises upgrades (detailed under Reg 17 above) will be completed by 31/12/23; This will facilitate the continued implementation of the Providers' Infection Prevention and Control cleaning schedule and prevention procedures.
- Discussions between the Provider, The Landlord (HSE) and the property owner are ongoing in relation to future premises maintenance.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Reg 5(6)(a)
- Outstanding Annual Personal Plan Reviews will be completed by the PIC for all service users by 31/01/23

Reg 5(6)(b) & Reg 5(6)(c)
- The PIC has scheduled Care Plan development session with the Team Leaders on 17/01/23 to support the consistent implementation of a revised care plan format which ensures maximum participation of each person (or representative) and details the service user's personal goals, the progress towards these goals, and assessment of the plan's effectiveness;
- This session will be repeated (as necessary) to support implementation.
- Progress against this will be routinely reviewed by the Provider as part of the Quality & Compliance dept's Monthly Monitoring Review procedure.

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	31/03/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	05/12/2022

Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	09/12/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/12/2022
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	31/12/2023
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	31/01/2023

	annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/01/2023
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 effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2023