

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

Issued by the Chief Inspector

Name of designated centre:	Blossomville
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	15 March 2023
Centre ID:	OSV-0001822
Fieldwork ID:	MON-0038191

About the designated centre

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

Blossomville is a purpose built single storey bungalow located in a town. The centre comprises of six bedrooms, two sitting rooms, a kitchen-dining room, a utility room, a staff office and bathroom facilities. The centre has a maximum capacity of six residents and can provide full-time residential care to residents with intellectual disabilities and /or autism who present with behaviour that challenges and additional needs. Both male and female residents over the age of eighteen years can reside in the centre. The staff team comprises of an area manager, a person in charge, social care workers, nurses and care assistants.

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
Wednesday 15 March 2023	09:30hrs to 18:45hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents living in this centre generally appeared calm and content while one resident spoken with gave some positive feedback. While parts of the centre were seen to well-presented and homelike, other areas did need some further maintenance or cleaning. Staff were pleasant and respectful when interacting with residents.

Six residents lived in this centre, all of whom were present in the centre on day of inspection and were met by the inspector. Upon the inspector's arrival at the centre these residents were either in the centre's larger sitting room, their bedroom or in bathrooms. One of these residents was soon met by the inspector as they moved between the sitting room and their bedroom. This resident indicated to the inspector that liked living in the centre and when asked by the inspector what they liked about living there, they responded by saying "the house".

When asked, the resident said that they there was nothing they were unhappy about and that they felt safe in the centre. The resident also indicated that they liked their bedroom which they showed to the inspector. It was noted that this resident's bedroom was nicely presented and furnished while being personalised to the resident's individual interests. For example, the resident had a lot DVDs in their room and there was a number of movie posters on the bedroom walls. Storage facilities for the resident's personal belongings was also provided for within their bedroom.

Each resident living in the centre had their own individual bedroom with bathroom facilities and communal areas also present within the premises provided. It was seen that parts of this premises were generally presented in a homelike manner with the centre's large sitting room in particular observed to be nicely furnished with couches, a television and a fire place. There was a movable desk that had been specifically made for one resident to enable them to complete jigsaws in the larger sitting room. The inspector was informed that this desk could be moved to the resident's bedroom also.

While large parts of the centre were reasonably maintained, there were other areas where some maintenance or cleaning was needed. The kitchen-dining room did have facilities to store food and drinks with presses and a large fridge-freezer provided. While such storage facilities were seen to be clean inside, it was noted that the handles to some presses were worn as was an internal window sill. In addition, it was observed by the inspector that there was some visible dirt present on the kitchen's floor at the base of some presses while part of the piping for the kitchen's sink was also visible which also was seen to be unclean.

The bathrooms of the centre were also clean in some aspects. However, in the centre's shower room the inspector observed that there was some black mould like substance in the grouting of some of the tilework in the shower area. It was also

particularly noticeable that the toilet in this shower room was particularly unclean in multiple areas. This was highlighted to the centre's person in charge and it was indicated that this toilet was presented in this manner due to there being limescale in the centre's water supply. Other toilets in the centre, which used the same water supply, were seen to be reasonably clean when viewed by the inspector.

The inspector also observed that the premises was provided with fire safety systems including a fire alarm, fire extinguisher, fire doors, and emergency lighting. The fire evacuation procedures were on display in the centre on a noticeboard just inside the centre's front door. Further Information was presented on this board that identified the centre's designated officer (person who reviews any safeguarding concerns) and outlined how residents could make complaints. Easy-to-read information on such matters was also available for residents in the centre while notes of weekly resident meetings indicated that topics such as safeguarding, complaints and meals choices were regularly discussed with residents.

Aside from the resident who the inspector had met shortly into the inspection, most of the residents in this centre either did engage verbally or interact with the inspector. Residents generally appeared calm or content during the course of the inspection and during the day with one resident was seen to have particular routines while also spending some of their time alone in the centre's smaller sitting room. Other residents spent a lot of the time in the centre's other communal areas on the day of inspection but it was also observed that some other residents went out for drives or to go swimming in the centre's bus in the company of the staff members on duty.

Those staff members were observed and overheard to engage pleasantly and respectfully with residents throughout the day. For example, staff were heard to ask residents if they wanted cups of tea while on another occasion staff put on particular music for one resident at their request. It was observed though that towards the end of inspection one resident appeared to be in their bedroom asleep. The door to this resident's bedroom was left wide open at this time and on numerous occasions doors were heard to close with a noticeable bang as staff and residents entered and exited certain rooms that were near this resident's bedroom. It did not appear that the resident was woken by this.

In summary, while one resident gave positive feedback most residents did not meaningfully engage with the inspector. Residents were directly interacted with by staff in a pleasant and respectful manner on the day of inspection. Some areas of the centre, such as the larger sitting room and a resident's bedroom, were seen to be nicely presented but some areas were observed that needed further cleaning most notably a toilet in the centre's shower room.

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

Capacity and capability

This inspection found good supports being provided to residents overall, but some improvement was needed around aspects of staffing and the submission of required notifications to the Chief Inspector. Some requested documents and information were not provided,

The designated centre was registered until December 2023 and had last been inspected by the Health Information and Quality Authority (HIQA) in February 2022. While that inspection did find good levels of compliance in some areas it did highlight that some staff concerns had not been reported in a timely manner. Such concerns had been investigated by the provider since that inspection carried out on behalf of the chief inspector. Further information from the provider was required by the chief inspector given the outcome of one such investigation in the months leading up to the current inspection. Such information was received and indicated that certain measures were to be implemented following the outcome of this investigation and during this inspection there was evidence that most of these measures had been completed, but some remained outstanding. For example, it was highlighted that some identified training had not been undertaken by a staff member at the time of this inspection.

Other records provided during this inspection indicated though that staff had completed training in other areas such as fire safety and safeguarding. Regular staff meetings were being held with notes of these indicating that safeguarding and reporting of any concerns were discussed. There were also records available which indicated that staff working in this centre were receiving regular supervision where again matters related to safeguarding were recorded as being discussed amongst others. Overall, it appeared that the provision of supervision and support for staff had noticeably improved from the February 2022 inspection.

It was also indicated to the inspector that the consistency of staff working in the centre had also improved. Having a consistency of staff is important to help promote consistent care and professional relationships while it was also highlighted that having familiar staff was particularly important given the assessed needs of some residents. The centre did have some staff vacancies though with some agency staff (staff sourced from an agency external to the provider) being used to fill these. It was indicated though that the agency staff working in this centre regularly worked there. The inspector spoke with one agency staff member on the day of inspection who said that it was their first day working in the centre since before Christmas. This agency staff did demonstrate a good knowledge of the residents living in this centre.

In keeping with the requirements of the regulations, providers must ensure that they maintain specific documentation relating to all staff working in a centre including any agency staff. Such documentation includes written references, full employment histories, evidence of registration with professional bodies and evidence of Garda Síochána (police) vetting. While staff files relating to staff employed

directly by the provider were not reviewed during this inspection, the inspector requested assurances that all required documents were in place for agency staff working in the centre. While some assurance were received during the inspection that some of the required documents, including Garda vetting, were in place for three agency staff, further assurances were needed around other documentation and also that a fourth agency staff member had Garda vetting. As such the provider was requested to submit further assurances in this area the day following inspection. However, no further information in this area was received from the provider.

Aside from maintaining specific staff documentation, the regulations also required that staffing in a centre be in keeping with the needs of residents and the centre's statement of purpose (an important governance document that informs the basis of a condition of registration). The inspector reviewed the statement of purpose which outlined specific staff to resident ratios that were to be in place for the centre at day and night along with details of the staffing in full-time equivalent (FTE) figures. It was noted though that the FTE figures outlined in the statement of purpose were lower than the actual staffing levels that were provided for residents. Included amongst the FTE figures was an area manager position but there was no area manager in post at the time of this inspection.

From reviewing staff rosters for 2023 it was noted that the required staffing ratios were generally provided for both day and night. However, the inspector did note that there had been one instance in February 2023 where only two staff had been on duty at night rather than three staff as was outlined in the centre's statement of purpose. Other documentation reviewed also indicated that there had been instances when this had occurred during 2022. While it was acknowledged that there were staffing challenges in the health and social care sector generally, the provider would need to ensure that appropriate staffing arrangements were maintained in the centre both day and night particularly given that the fire evacuation plan for the centre, which had been reviewed in February 2023, which expressly referenced that there should be three staff on duty at night.

Staffing was an area that was reviewed by the provider's monitoring systems in place. These included six monthly unannounced visits to the centre by a representative of the provider. Reports of these visits were available for the inspector to review along with copies of audits completed in the centre while the provider had also ensured that an appropriate person in charge had been put in place to provide local oversight for the centre. However, under the regulations the provider is required to complete an annual review of the centre and make a copy of this available for review. On the day inspection it was indicated that the most recent annual review was not in the centre but was held elsewhere. The inspector requested a copy of this to be submitted the day after inspection but this was not provided.

Despite, this the inspection did find good supports being provided to residents and that some issues highlighted by the February 2022 inspection had been addressed. It was noted though that seven regulations which were actioned during the February 2022 inspection were also found to have regulatory action on the current

inspection including actions related to cleaning and the premises. In addition, when reviewing records in the centre it was noted that an incident where a resident suffered an injury that needed first aid had not been notified to the Chief Inspector as required. Under the regulations such incidents should be notified to the Chief Inspector on a quarterly basis.

Regulation 14: Persons in charge

A suitable person in charge had been appointed for this centre. While the person in charge was responsible for a total of two designated centres this was not found to negatively impact the running of this centre.

Judgment: Compliant

Regulation 15: Staffing

There had been some occasions when only two staff had been on duty in the centre rather than the three staff that was outlined in the centre's statement of purpose. An area manager was indicated as being part of the staffing compliment for the centre but not in place at the time of inspection. Actual rosters kept in the centre did not indicate some staff's second name.

Judgment: Substantially compliant

Regulation 16: Training and staff development

One staff member had not completed some specific training at the time of inspection that had been previously indicated to HIQA would be completed.

Judgment: Substantially compliant

Regulation 19: Directory of residents

While the directory of residents in place contained much of the required information, it did not include the marital status of residents nor the address of any authority, organisation or other body who arranged residents' admission to the centre.

Judgment: Substantially compliant
Regulation 21: Records
Assurances were not received that all of the required documentation for agency staff working in this centre were being maintained.
Judgment: Not compliant
Regulation 23: Governance and management
The provider did have monitoring systems in place but seven regulations which were actioned during the February 2022 inspection were also found to have regulatory actions on the current inspection. A copy of the most recent annual review for the centre was not provided despite a request made.
Judgment: Not compliant
Regulation 3: Statement of purpose
While a statement of purpose was in place, details of the FTE staffing arrangements were inaccurate.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
An incident where a resident suffered an injury and needed first aid had not been notified to the Chief Inspector as required.
Judgment: Not compliant
Regulation 34: Complaints procedure
Systems were in place for recording complaints. Information about the complaints

process was on display in the designated centre while complaints were discussed with residents during weekly resident meetings.

Judgment: Compliant

Quality and safety

Residents had personal plans in place and there were systems in place the review of risk. Some actions were identified though relating to cleaning and positive behaviour support.

A system was in operation for the electronic recording and review of incidents that occurred in the centre. This contributed to the management and review of any risks in the centre as it was noted that incidents that had happened in the centre were taken into account when reviewing risk assessments for individual residents and the centre generally. The inspector reviewed a sample of such risk assessment and noted that they described risks and their potential impacts while also outlining control measures for mitigating the likelihood of these risks happening. The risk assessments seen by the inspector had been recently reviewed by the person in charge and amongst these were risk assessments related to COVID-19.

The centre also had a COVID-19 contingency plan provided that had been recently reviewed. However, the inspector was informed that some resident would likely refuse to be tested for COVID-19 but the contingency plan did not outline measures or additional precautions to take in the event of this happening. The contingency plan also lacked detail in some areas. For example, guidance was not provided for within the plan on what to do if a staff member developed symptoms of COVID-19 while on shift. It was seen though that the contingency plan did contain guidance for areas such cleaning and the use of personal protective equipment which are important infection prevention and control measures. Throughout this inspection staff members on duty were seen to wear face masks.

Cleaning schedules and records were also reviewed during this inspection with such records indicating that cleaning was consistently done in the centre during 2023. It was also indicated to the inspector that a deep clean of the centre had been conducted in December 2022. However, while parts of the centre were observed to be reasonably clean, as referenced earlier some visible dirt was seen in the kitchen area while one toilet, which was used by residents, was visibly unclean. The February 2022 inspection of this centre had highlighted that improvement was needed regarding cleaning in this centre and the observations of the inspector on this inspection indicated that improvement was still needed in this area.

Staff had undergone training in infection prevention and control as well as training in de-escalation and intervention. Such training can be important in supporting residents to engage in positive behaviour. Given the assessed needs of residents living in this centre, it was seen that they had been provided with positive behaviour

support plans to provide guidance for staff in this area. When reviewing this guidance it was read by the inspector how staff following a consistent approach was strongly emphasised. However, notes of a staff team meeting indicated that staff had not followed a consistent approach for one resident during a recent incident. In addition, while staff spoken with did demonstrate a reasonable knowledge of this resident's positive behaviour support plan in some areas, the inspector did get some varying responses for a particular intervention that was to be used.

Residents' positive behaviour support plans were contained within residents' overall individualised personal plans which are intended to set out the health, personal and social needs of residents. In keeping with the requirements of the regulations, these plans had been informed by a clear assessment process, were subject to an annual multidisciplinary review and were also available for residents in an accessible format. As part of the personal planning process, goals were identified for residents during person-centred planning meetings which were attended by residents and their relatives. There was evidence that, in general, residents were being supported to achieve their goals which included attending community based activities such as eating out and attending matches. It was noted though that a goal that had been identified for one resident in March 2022 around supporting them with an element of their personal finances, was not indicated as being achieved or not despite having a target date of June 2022.

Regulation 12: Personal possessions

A goal that had been identified for one resident in March 2022 around supporting them with an element of their personal finances, was not indicated as being achieved or not despite having a target date of June 2022.

Judgment: Substantially compliant

Regulation 17: Premises

While parts of the premises were seen to be well presented, some maintenance was required in some areas. For example, the handles of presses in the kitchen were worn as was an internal window sill.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Resident meeting notes indicated that residents were asked about meals.

Information was available for residents who required specific diets. Facilities were present in the centre for food to be stored.

Judgment: Compliant

Regulation 26: Risk management procedures

A system was in operation for the electronic recording and review of incidents that occurred in the centre. Incidents that had happened in the centre were taken into account when reviewing risk assessments. A sample of risk assessments read by the inspector had been recently reviewed and outlined measures to reduce the likelihood of the risk occurring.

Judgment: Compliant

Regulation 27: Protection against infection

The COVID-19 contingency plan for the centre did not contain some specific information relating to the residents of this centre and lacked information in other areas. Based on observations of the inspector, some improvement continued to be required regarding cleaning.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire systems were provided for the centre with maintenance checks carried out by external contractors to ensure that they working effectively. Fire drills were conducted regularly in the centre. While the times of day that some of these drills were done were very similar, it was read that evacuation times were low and drills had been done at times to reflect times when three staff would on duty. Overall fire evacuation plans were in place for the centre while residents had individualised personal emergency evacuation plans provided. The fire evacuation procedures were on display in the centre and staff had undergone fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans were in place which had been informed by a clear assessment process, were subject to an annual multidisciplinary review and were also available for residents in an accessible format. Residents and their families were supported to be involved in the review of these personal plans through a person-centred planning process.

Judgment: Compliant

Regulation 7: Positive behavioural support

Taking into account the notes of a recent staff meeting and discussions with staff during this inspection some improvement was needed to ensure that a consistent approach was followed when supporting residents with their behaviour.

Judgment: Substantially compliant

Regulation 8: Protection

Where necessary safeguarding plans were in place and staff spoken with demonstrated a good understanding of these. Where necessary relevant safeguarding referrals were made. Staff had undergone safeguarding training.

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 19: Directory of residents	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	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	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Blossomville OSV-0001822

Inspection ID: MON-0038191

Date of inspection: 15/03/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To regain compliance with Regulation 15 the staff rosters have been amended and now reflects the full names of all staff. Regular relief staff are used to fill current vacancies and will be used particularly at night to ensure the staffing ratio reflected in the Statement of Purpose is maintained until permanent staff are recruited. Recruitment is ongoing for the position of Area Manager, Social Care Workers and Healthcare Assistants.</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: To come into compliance with Regulation 16 the identified staff member will receive the required training in relation to Code of Conduct.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: To comply with Regulation 19 the Directory of Residency has been reviewed and now includes the marital status of each resident and the address of the organization/authority</p>	

who arranged the residents to the centre.	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The outstanding documentation identified on the day of inspection has been received and confirmation of same has been submitted to HIQA. The HR department have engaged with the agencies contracted to the services to secure all necessary documentation as outlined in Schedule 2 relating to agency staff and this will be maintained for all agency staff going forward and available for inspection as required by the Chief Inspector</p> <p>The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: To comply with Regulation 23 the annual review for the residence was completed on the 03/01/23 and forwarded to Hiqa on the 05/04/23. Future annual reviews will be completed as required and made available in the designated centre. The Compliance Manager is currently reviewing our monitoring systems to ensure that they measure our compliance appropriately and will amend and introduce additional systems where this is indicated</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been reviewed and now reflects the correct WTE staffing arrangements.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>To regain compliance with Regulation 31 an NF39D has been submitted retrospectively to reflect the identified incident which was omitted in the NF39D submitted previously. Quarterly notifications will form part of KPIs going forward.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A residents identified goal in relation to their personal finances has been completed and documentation now reflects same.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To regain compliance with Regulation 17 the maintenance manager has compiled a schedule of works for the identified areas of concern and same will be addressed in order of priority.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To meet the requirements of Regulation 27 the Covid 19 contingency plan for the centre</p>	

has been updated to include the additional information in relation to the management of a suspected case of Covid 19 among staff members. The in-house cleaning supervisor will support the staff in addressing the identified cleaning deficits. Methods of cleaning will be reviewed and training in the area of cleaning and hygiene for staff will be facilitated by the cleaning supervisor. An external cleaning company will be engaged to ensure the designated centre is deep cleaned. Any items deemed beyond successful cleaning will be replaced.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

At team meetings the Person in Charge will remind all staff of the need to ensure a consistent approach, as detailed in the residents positive behavior support plans, to the management of residents behaviour's that may challenge

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	27/03/2023
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	31/07/2023
Regulation 15(4)	The person in charge shall	Substantially Compliant	Yellow	27/03/2023

	ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.			
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	12/05/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	12/04/2023
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the	Not Compliant	Orange	05/04/2023

	chief inspector.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	09/06/2023
Regulation 23(1)(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Not Compliant	Orange	05/04/2023
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	08/05/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	27/03/2023

	purpose containing the information set out in Schedule 1.			
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	12/04/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	14/04/2023