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:	Centre 8 - Cheeverstown House Community Services (Kingswood/Tallaght)
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6w
Type of inspection:	Announced
Date of inspection:	22 September 2021
Centre ID:	OSV-0004131
Fieldwork ID:	MON-0026641

About the designated centre

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

This designated centre is registered to provide full-time residential care and support for up to 12 male and female adults with an intellectual disability. The centre consists of five separate units in the community in a large town in Co. Dublin. There are three two-storey residential homes in the community, one single-occupancy apartment in an apartment complex and one level-access house. There are gardens to the rear of each of the houses and a small but secure patio area at the back of the ground floor apartment. Each of the residents living in the centre has their own bedroom which can be personalised to their own taste. The centre employs sleepover staff, 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:	11

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 September 2021	9:30 am to 7:20 pm	Gearoid Harrahill	Lead
Wednesday 22 September 2021	9:30 am to 7:20 pm	Marie Byrne	Support

What residents told us and what inspectors observed

Throughout the day, the inspectors had the opportunity to meet with all 11 residents living in the designated centre as they went about their day, went on errands and outings, relaxed in their homes and engaged in hobbies. Some residents showed the inspectors around their home and spoke with them about their routine, their interests, hobbies, sports, and what they did and did not like about their house, their support staff and their daily lives. All 11 residents completed a satisfaction survey prior to this visit and used it to raise matters that were important to them.

The designated centre consisted of five suburban residences. Three residents lived in their own space, with the other two houses accommodating five and three people respectively. Residents who lived alone preferred having their own private space which allowed them to furnish and decorate their house how they wished and pursue their own routine without being affected by the routine of others. In the shared houses, residents got along with one another well and supported one another. The inspectors observed caring and friendly interactions between residents, including instances where residents assisted their peers to communicate their experiences to the inspector.

Inspectors observed a mealtime experience in three of the houses during the inspection. There was a calm and relaxed atmosphere and staff on hand should residents require any assistance. Residents were observed to be offered choices in relation to what they wished to eat or drink and each resident appeared to be enjoying their meal.

Some residents enjoyed being able to return to their favourite community and social activities as social restrictions relating to COVID-19 eased. Residents spoke to inspectors about meeting up with their friends, visiting family, attending social clubs, gyms, churches, snooker halls, bowling, cinemas and shops. Some residents pursued their hobbies and recreation at home, with residents showing the inspectors their artwork, collections of films, and items they had purchased with their wages and savings. Residents were within walking distance to some of their preferred local amenities to do groceries, exercise and work out, use public transport and meet up with friends. Some residents and staff wished to have more ready access to vehicles to optimise their opportunities for community access. Some residents were in paid or voluntary jobs and were happy that they had been able to return to these as it was something they looked forward to each week. A resident showed an inspector all their favourite possessions and photos and talked about how much they looked forward to having their nails and hair done, doing drama, and having reflexology every week. They talked about the things they liked to do around their home such as preparing and cooking their meals. They had a passion and talent for art and showed the inspector some of their art certificates and art projects they had completed. One resident proudly told an inspector that they had recently completed a sponsored walk and raised money for their day service, and another resident

showed off their gold and silver medals for golf with the Special Olympics.

During the inspection a number of residents went out with staff to have their hair done, go out for lunch, and to go to the gym. Residents were also observed engaging in chores around their home such as cleaning and food preparation. They were also taking part in activities with staff like t-shirt painting and other arts and crafts projects.

Residents all had single private bedrooms in their home and comfortable, homely living rooms. Residents had comfortable furniture and access to television and online services. Each house had a nice garden or back yard which provided a quiet, private space to sit outside. Residents who used mobility equipment had space to store it without creating an obstruction to others. Information boards with reminders on things such as day planners, appointments, and which staff members were due on shift were on display and residents referred to them when needed. An inspector had the opportunity to spend some time in one of the gardens with a number of residents. They showed the inspector the rhubarb, the apple trees, the strawberry plants, the pear tree and all the flowers which were growing or in pots in their garden. A number of residents said they loved spending time in their beautiful garden.

Inspectors observed natural, friendly and encouraging interactions between residents and their support staff. The inspectors found that residents had built up a good rapport with their staff, and were seen joking and laughing with them. A number of residents told inspectors that they liked staff, that they were good to them, and were their friends. However, a number of residents said that there were not always enough staff, and that they preferred when regular staff were working as they didn't like it when unfamiliar staff were supporting them, who "don't always listen to or understand me". Two residents expressed that they did not like that their house's staff kept being relocated to cover shifts in another house, as having only one person in the house limited their ability to get out and about. The residents had been supported to make a complaint about this to management, and told the inspectors to whom they would speak if they ever felt unhappy in their home. Residents were also encouraged to raise any concerns or topics for discussion at regular house meetings or with their keyworker.

On the day of the inspection, and on the day before, works relating to fire containment were completed on a number of doors in two of the premises. This work included the installation of self-closing mechanisms on the doors. Two residents spoke with an inspector about the impact these closing devices had on their access to areas of their home. One resident stated they could not open the doors and required assistance to move from room to room, and another resident said they didn't like it when their doors was closed as they had a number of health conditions and wanted staff to be able to hear them if they needed any assistance, particularly at night time. It was not evident that residents were consulted or advised regarding people coming into their home and having these devices being installed.

The next two sections of this report will 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 provided.

Capacity and capability

Inspectors found that the service provider had identified where improvements were required to provide a safe and effective delivery of support for their residents, and had acknowledged that the management, resource and staffing arrangements were not sufficient. While audits and service reviews had identified areas for development and set out timelines for these to be addressed, there was limited evidence of progress with these actions.

The provider had recognised in their own audits and reviews that staffing levels were insufficient to meet the number and needs of residents. In their latest six-monthly review the provider indicated that there were not sufficient staff to facilitate residents' independence or to support them to engage in meaningful activities. There were 3.5 whole time equivalent (WTE) vacancies in social care workers and care assistants at the time of the inspection, and inspectors were informed by residents that personnel were being moved at short notice from one area of the designated centre due to shortages in other areas. This impacted on residents' mobility supports and opportunities to engage in activities outside of their home.

Staff had access to training in line with the organisation's policy and residents' assessed needs. However, a number of staff required training or refresher training in a number of areas determined by the provider as being required to effectively support the residents. There were systems in place for formal staff supervision but it was not being completed in accordance with the intervals outlined in the provider's policy.

The person in charge of the designated centre was a provider-level manager who was filling in as an interim arrangement while permanent recruitment to the full-time role was in progress. This was the third time this contingency arrangement had happened in 18 months, and had been the case in this designated centre since May 2021. The provider advised that there was a challenge in the role of person in charge in providing effective oversight of a designated centre consisting of five separate locations. While the person in charge was suitably qualified and experienced for the role and was knowledgeable of their responsibilities under the Health Act and the regulations, their important responsibilities with other services did not allow for adequate time to dedicate to maintaining effective oversight and governance of this designated centre.

The provider had completed their annual report of the designated centre for 2020 and followed this with a six-monthly provider audit in May 2021. These reviews acknowledged achievements of the service such as: providing meaningful activities and engagement for residents whose routine were affected by COVID-19, making

changes to resident support that had resulted in a marked decrease in incidents relating to safeguarding and stress of residents in their home, and supporting residents to move from shared accommodation to single occupancy homes to more effectively meet their assessed needs. For areas requiring development, particularly around staff recruitment and supervision, premises development, and consultation with residents, actions for quality enhancement were outlined with times and persons responsible identified. However, a number of these objectives' timelines had passed by the time of inspection without any progress made. Improvement was also required in these reports to ensure that they were composed in consultation with the residents and their representatives, and reflected their commentary, feedback, suggestions and experiences in the designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of the service along with associated documentation within the required timeframe.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably experienced and qualified for their role and was knowledgeable of their duties. However they were not full-time in the role and were responsible for other commitments, creating a challenge to maintain effective management and oversight of all five locations of this designated centre.

Judgment: Not compliant

Regulation 15: Staffing

Inspectors found that there were not sufficient staffing numbers in the centre to meet the number and needs of residents. There were 4.5 whole time equivalent vacancies at the time of the inspection. This included 1.5 social care workers, 2 care assistants and the person in charge post. The inspectors were informed that the provider was recruiting to fill these positions, and at the job offer stage for the person in charge post. A number of residents told inspectors that there were not enough regular staff, and they included this on the questionnaires they completed in advance of this inspection.

From the sample of rosters reviewed it was not always evident that residents were in receipt of continuity of support as a large volume of shifts were being covered by

different relief staff, and a small number of agency staff. For example, in one of the houses over a four week period, 25 shifts were covered by eight different staff; six from within the organisation and two agency staff. In addition, six shifts were marked as unfilled in that house during the same four week period. In some of the rosters reviewed, personnel were not named so there was no record of who was in the house that day.

Inspectors reviewed a sample of personnel files and found that they contained the majority of the required information under Schedule 2 of the regulations. However, in two of the three files reviewed, there were gaps in the staff members' employment histories.

Judgment: Not compliant

Regulation 16: Training and staff development

For the most part, staff had completed training and refresher training required by the regulations, though a small number of staff were due refresher training in fire safety awareness, safe manual handling and the safe administration of medicines. A number of these staff were booked onto the next available training day. In addition, a number of staff required training in line with residents' assessed needs, as only small numbers of staff had completed training in areas such as supporting people with autism, epilepsy, rescue medication, and dementia.

Staff supervision was not being completed as regularly as planned in line with the provider's policy. There was a supervision schedule in place and the majority of staff had one formal supervision meeting in 2021.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had appropriate insurance policies in effect for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Staffing resources were not suitable to provide effective support for the residents, with a high reliance on contingency arrangements such as relief staff, agency staff and personnel redeployed from other houses to meet the staffing complement. Lack

of continuity in these arrangements had an impact on delivery of resident care and support needs and support with their preferred routines and activities.

The provider had identified where there was a requirement for improved resources related to premises, vehicles and personnel, as well as improvement in other areas of the quality and safety of the designated centre, however at the time of the inspection, many of these objectives had not had any progress in accordance with the provider's own time frames of work.

The annual review of the quality and safety of care did not reflect the commentary or feedback gathered from residents or their representatives on their experiences with the service.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose for the designated centre which included the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A number of adverse incidents in the designated centre were not notified to the chief inspector within the required time frame of three working days, in some instances by a number of weeks.

Judgment: Not compliant

Quality and safety

Inspectors found that the day-to-day operation of the designated centre ensured that residents were being supported to get involved in interesting and meaningful engagement in the community and at home. Some improvements were required in the physical infrastructure of the designated centre to provide a service which optimised the safety and accessibility of the environment for the residents. Development was also required to ensure that there was an accurate and accessible record of progress with resident individual goals.

Inspectors reviewed a sample selection of plans and staff guidance on delivering resident supports, which were informed by a comprehensive assessment of need. Overall, the plans were person-centred and tailored to the support requirements and preferences of the residents, and the inspectors found good examples of where commentary from the resident contributed to the content of said plans. Staff guidance on matters such as communication methods, modified diets, positive behaviour support and mobility assistance were clear, with input from the relevant clinicians and therapists. Where staff were instructed to chart data such as fluid intake, blood pressure, glucose monitoring or epilepsy events, this was consistently filled to provide the best evidence to the healthcare professionals for residents' ongoing medical support. Changing circumstances, such as medication amendments or the effectiveness of control measures, were reflected in care plan review. Where support plans were determined to be no longer required, they were discontinued. Improvement was required in ensuring that residents were provided a version of their personal plan which was suitable for their assessed needs. Among the sample of plans reviewed on the day of the inspection, one resident was eager to discuss their supports and routines with the inspector, however the only plan available to them was in a format which they could not use.

The premises consisted of five locations in the community and overall the premises were located and designed to be safe and suitable, with all residents having private bedrooms, sufficient storage for their belongings, and access to nice garden spaces. Residents who had their own private living spaces were able to personalise these and set up media and exercise equipment. The provider had identified in their own audits that some areas of the designated centre required renovation to ensure the safety and accessibility of the premises. These works included the addition of ramps and wide patio doors for residents with mobility support requirements, and the renovation of two bathrooms to provide a suitable space to meet residents' needs. There had been limited or no progress on these works based on timelines set out by the provider.

The houses were equipped with firefighting equipment and emergency lighting which was subject to regular testing and certification. Staff were familiar with procedures to follow in the event of a fire, and practice evacuation drills took place which involved the residents and staff and included simulation of night scenarios. However in a sample of the records of these drills, it was not clear on all procedures followed by staff during an evacuation, or strategies to reduce times to exit. Some improvement was also required in personal evacuation plans for residents, to be clear and consistent on the level of support required for them to safely evacuate. Not all areas of the designated centre were equipped with self-closing containment features to provide protection against the spread of fire and smoke. While the provider was in the process of installing some features for doors to close automatically, they were not accompanied by features to allow residents to safety hold them open due to accessibility or personal preference, and had not been advised or consulted that these changes would be happening to their home.

Overall, resident were protected by the infection prevention and control policies, procedures and practices in the centre. Information was available for residents and staff in relation to COVID-19. There were systems in place to ensure that each area

was cleaned on a regular basis, however some of the areas of the premises requiring maintenance or repair impacted on staff's ability to effectively clean and sanitise surfaces. There were stocks of personal protective equipment (PPE) available and there was a stock control system in place. Staff had completed a number of training sessions in relation to infection prevention and control practices.

Residents were protected by the policies and procedures in place in relation to safeguarding and protection in the centre. Incidents of alleged or suspected abuse were reported and followed up on, and safeguarding plans were developed and reviewed as required. Staff had completed training in the protection of vulnerable adults, and were found to be knowledgeable in relation to their roles and responsibilities. Residents had an intimate care assessment and plans in place which detailed their support needs and preferences. Support plans were also in place to protect residents for whom there may be social or interaction risks when in the community.

House meetings took place in which residents had the opportunity to raise concerns, feedback and suggestions on the running of their house. Where relevant, the staff would refer commentary of these meetings to the complaints officer. The inspectors observed warm, patient and polite interactions between staff and residents and examples of where residents were given privacy and choice on how they spend their day. While residents commented that they did not like when they were supported by staff who they do not know, they had a trusting and respectful relationship with their core team of support personnel.

Regulation 13: General welfare and development

Residents were supported to participate in activities, hobbies, sports and community engagement opportunities in line with their interests and preferences. Inspectors found good examples of where residents had developed new routines and interests in place of day services while these services were suspended due to COVID-19.

Judgment: Compliant

Regulation 17: Premises

The designated centre had not been renovated or developed to provide a safe and accessible premises for the residents, based on the findings and plans of the service provider, including bathroom renovations and the addition of ramps and wide doors.

A number of areas of the designated centre required maintenance, repair and replacement, including damaged flooring, bathroom tiles, kitchen units, cracks in the ceiling, and areas in need of repainting.

Judgment: Not compliant

Regulation 20: Information for residents

The provider had prepared a simple language guide in respect of the designated centre which provided a summary of the services and facilities available to residents.

Judgment: Compliant

Regulation 27: Protection against infection

Some of the work required in premises maintenance and repairs impacted on the ability of some areas such as kitchens and bathrooms to be effectively cleaned and sanitised.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to ensure that residents and staff could be kept safe and could effectively evacuate in the event of a fire. Not all areas of the designated centre provided effective containment measures in the event of a fire. Improvement was required to resident evacuation guidance and practice evacuation drills to ensure they correctly identified and mitigated risk and provided learning to be assured that a safe and timely evacuation procedure could be achieved.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Overall support plans and staff guidance for residents' assessed needs were detailed, person-centred, and reflective of input from changing circumstances and advice from the multidisciplinary team. However the plans were not always available in a format with which the resident could access and engage. Inspectors also found examples of where residents had social, community or personal development goals planned out for 2021, for which there was limited evidence available on the progress or achievement of steps towards these objectives.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. they had their healthcare needs assessed and care plans were developed and reviewed as required. They had access to health and social care professionals in line with their assessed needs and were accessing national screening programmes in line with their assessed needs, age profile and preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff were provided person-centred and evidence based guidance on maintaining a low stress environment for residents. Proactive and reactive strategies were in place to support residents and staff to stay safe during incidents of distress or frustration.

Judgment: Compliant

Regulation 8: Protection

Allegations and suspicions of abuse were reported and followed up on in line with the organisational and national policy. Safeguarding policies were developed and reviewed as required. Staff had completed training and those who spoke with the inspectors were knowledgeable in relation to safeguarding and protection.

Residents had intimate care plans in place which clearly outlined any supports they may need and their preferences.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not 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

Compliance Plan for Centre 8 - Cheeverstown House Community Services (Kingswood/Tallaght) OSV-0004131

Inspection ID: MON-0026641

Date of inspection: 22/09/2021

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The appointment of a suitably qualified full time person in charge is at job offer stage. A social care leader has been appointed in community services to support the management function of the person in charge	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge and the social care leader have reviewed the roster against the assessed needs of the individuals in each location. All vacant posts are at recruitment stage and some at job offer. The PIC with the rostering department has reviewed the system of staff allocation and will ensure there is consistency of allocation to provide continuity of care for our residents. The PIC will ensure that the actual roster is accurate and reflects the staff assigned and present in each location at all times. New document issued from HR – self declaration on employment history has been completed for all relevant staff in this designated centre	

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Based on the assessed needs of the residents a training need assessment will be completed with staff. All staff will be facilitated with training and support to ensure they have the skills necessary to appropriately support the residents. The person in charge with the social care leader have completed a schedule of staff supervision meetings across the designated centre. The staff supervision schedule will be in line with Cheeverstown supervision policy.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The actions identified following the biannual unannounced visits and the end of year report on the safety and quality of care and support provided in the centre will clearly identify the timescale and person with responsibility for implementation. The person in charge will ensure that feedback from residents is captured from individual, resident meetings, house meetings and advocates and ensure all concerns are responded to.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The PIC will ensure notifications of unexplained absence are submitted within the prescribed period to the chief inspector. The PIC will ensure notifications of any incident of allegation of abuse are submitted within the prescribed period to HIQA

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Quote for renovation to one location including bathroom, kitchen, sitting room, bedroom and front and back ramps has been received. Building contractor will be commissioned to carry out agreed plan of work. Fire safety will be discussed with residents at residents meeting. Electronic hold open devices will be requested following feedback from residents who are impacted with reduced access to their environment relating to self-closing doors.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: An audit of maintenance required across all locations will be completed with staff and housekeeping manager. A plan of works relating to actions required will be agreed with facilities and maintenance department.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: An external consultant with expertise on fire rating doors will complete an assessment of doors and door closure units in this designated centre to include up to date certification. Following the issuing of the report any upgrade repair or replacement works required will be scheduled. All residents' personal evacuation plans will be reviewed to ensure they identify the specific evacuation needs of each resident. All updates will be in consultation with the individuals and each update will be communicated to all staff. The documentation relating to fire drill report and guidance has been revised and updated and is currently in operation. All fire evacuation drills will be repeated to ensure all staff and residents are familiar, experienced and suitably trained on procedures that will facilitate safe evacuation of residents within the safe evacuation time.	
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: Each person's individual plan will be reviewed with the person to ensure it reflects their individual goals and accurately reflects their progress and achievements. In consultation with residents all person centred plans will be adapted in an accessible manner in line with the person's wishes and individual communication needs	

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	06/12/2021
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.	Not Compliant	Orange	06/12/2021
Regulation 15(3)	The registered	Not Compliant	Orange	06/12/2021

	provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.			
Regulation 15(4)	The person in charge shall 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.	Substantially Compliant	Yellow	06/12/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	11/10/2021
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	17/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	13/12/2021
Regulation	The registered	Substantially	Yellow	31/05/2022

17(1)(a)	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.	Compliant		
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	31/05/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	31/05/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	13/12/2021

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
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	13/12/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	13/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	13/12/2021

	published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	13/12/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	13/12/2021
Regulation 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the	Not Compliant	Orange	15/10/2021

	designated centre.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	15/10/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	03/12/2021
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	03/12/2021