

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

Issued by the Chief Inspector

Name of designated centre:	Dolmen House 2
Name of provider:	Barrow Valley Enterprise for Adult Members with Special Needs CLG
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	15 November 2022
Centre ID:	OSV-0005769
Fieldwork ID:	MON-0029225

About the designated centre

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

Dolmen House 2 is situated in a quiet cul-de-sac in a town. The centre comprises a semi-detached bungalow within a residential area. Local amenities include supermarkets, restaurants, a library, schools and a local resource centre. The aim of Dolmen House 2 is to provide residents with a home and the support required in order for the residents to live as independently as possible in comfort and confidence. The centre also aims to foster an atmosphere of care and support which both enables and encourages residents to live as full, interesting and independent a lifestyle as possible to achieve personally desired outcomes and lead self directed lives. The staffing team consisted of a person in charge, team leader, social care workers and care assistants. Support is provided 24 hours a day, 7 days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 15 November 2022	10:00hrs to 17:00hrs	Sarah Mockler	Lead
Tuesday 15 November 2022	10:00hrs to 17:00hrs	Miranda Tully	Support

What residents told us and what inspectors observed

This was an announced inspection to monitor levels of compliance with regulations to inform the upcoming decision in relation to the renewal of the centre's registration. Two inspectors completed this inspection over one day. The inspectors had the opportunity to meet with two residents that lived in the centre on a full-time basis. As one other resident did not live on in the centre on a full-time basis they were not present for the inspection. In addition to speaking with residents, the inspectors observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs. Some improvements were required across a number of regulations to ensure quality of care could be maintained and improved on. For the most part the level of improvement needed was self-identified by the registered provider and plans were being put in place to ensure this designated centre would meet the requirements of regulation.

The inspection took place during the COVID-19 pandemic. As such, the inspectors followed public health guidelines. The inspectors ensured physical distancing measures and the use of personal protective equipment (PPE) were implemented as required.

On arrival at the centre, it was noted it was a well-maintained bungalow building located within a residential area close to a town in Co. Carlow. The designated centre internally was well kept, warm, overall clean and nicely decorated. Each resident had their own bedroom which was individualised. Residents had access to a kitchen, sitting room and conservatory area and two bathrooms. The centre was surrounded by a large back garden. There were plans in place to complete some renovation works to bathrooms and to the garden area in the coming months.

In the morning time residents were engaging in their routines. One resident in the home was walking around the home and garden. They frequently smiled when engaged with. This resident appeared very comfortable and was observed to take direction from staff. This resident did not engage with the inspectors. The resident had a busy day planned, which included going shopping and getting ready for an overnight family visit. Staff described that this resident had a good quality of life and appeared well settled.

The second resident in the home came to the office to speak with the staff member and the inspectors. They had their tablet device with them. They readily engaged in conversations and spoke about their love of sports. They described different holidays and day trips that they been on. They had upcoming plans to go on another holiday in the New Year and were excited about this. They asked the inspectors direct questions in line with their specific interests and seemed happy to engage in these types of conversations. They stated they were happy in their home.

With support from the staff, they told the inspector their plans for the day which included playing basket ball and posting a letter. Interactions between the staff member and resident at this time were familiar, respectful and kind. The resident readily engaged with the staff member and seemed very comfortable approaching and speaking with this staff member.

Observations across the day indicated that residents were encouraged to be independent in line with their assessed needs. For example residents completed their morning routine independently but were seen to approach staff for assistance when needed. From observations, speaking with staff and reviewing documentation it was evident that residents had full autonomy over their day and activities were planned in line with the residents' wishes and preferences. There was sufficient staff available to support residents to ensure that this could be achieved.

In advance of the inspection, questionnaires were sent out to ascertain residents and family views of the centre. A family member, one resident and one resident with staff support used these documents to provide information on the care and support being provided within the centre. For the most part, residents and their families expressed that they were satisfied with the service being provided. They stated that they were happy with their bedroom, meals and the level of choice and control residents had across their day and also in the running of the centre. Resident meeting notes also provided good examples on how residents were consulted, topics included upcoming events such as HIQA inspection and holidays, safety topics such as infection control and fire and also general items such as WIFI connectivity.

In summary, based on what the residents communicated with the inspectors and what was observed, it was evident that the residents received a good quality of care and support. However, there were areas for improvement which included, staff supervision and training, staff rosters and relevant documentation, risk management, infection prevention and control practices, residents rights and some aspects of fire safety. On the day of inspection many of these areas had already been identified as needing improvement by the provider.

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

Capacity and capability

Overall, there were systems in place to ensure that the service provided was safe and appropriate to residents' needs. The service was striving for person centered care and there were some good evidence to indicate how the provider was achieving this for residents. On the day of inspection, the maintenance of the roster, staff documentation, staff supervision and training and development, all required

improvement. In addition to this oversight of aspects of care required improvement to ensure it was in line with residents' needs and optimised safety of care.

There was a clear management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge reported to the service manager. The person in charge had responsibility for another designated centre within the organisation. To help support the person in charge in their role, a team leader had been appointed. Both the team leader and the person in charge facilitated the inspection and they both demonstrated considerable knowledge about residents' preferences and assessed needs. There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2021 and 2022 and the provider unannounced six-monthly visits as required by the regulations. The quality assurance audits identified areas for improvement and action plans were developed in response. There was good evidence of action plans being reviewed on a regular basis to ensure areas of quality improvement were initiatives were implemented on a timely basis. However, improvement in terms of the review of incidents and development of appropriate control measures were required to ensure resident and staff safety at all times.

There was an established staff team and a regular relief panel in place which ensured continuity of care and support to residents. Although there were some staff vacancies, there were enough staff through the use of the relief panel and the use of regular agency staff to ensure residents received the appropriate support. Throughout the inspection, staff were observed treating and speaking with residents in a dignified and caring manner. However, the maintenance of rosters and ensuring all relevant staff documentation was present required additional improvements.

The inspectors reviewed a sample of staff training records. Improvement was required to ensure that all staff training was up-to-date. Some of the staff team required training in a small number of areas. In addition to this although there was systems in place to ensure all permanent staff were supervised the same systems were not in place for the large cohort of relief staff.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application form to renew the registration of the centre. For the most part all the required documentation was submitted. Some minor amendments were required to a small number of documents this was discussed during the inspection process and the provider committed to sending in the required documentation as soon as possible.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection the staff present were represented on the roster. There was a committed staff team and a review of rosters indicated that continuity of care was promoted through the use of regular relief staff and one regular agency staff. The agency staff had worked within the centre for a number of years and were familiar with all residents' specific needs.

Although there was an actual and planned staff roster in place, the staff grade and delegation of relief and agency staff were not indicated in the roster. In addition to this on review of a sample staff files not all documents required, as stated in Schedule 2 of the regulations, were in place. In some files evidence of staff qualifications were not present and also written references were absent. The provider had identified the gap in the missing references and was in the process of obtaining the required documents.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. A number of mandatory trainings were in place such as safeguarding vulnerable adults, fire safety and safe administration of medication. From a review of a sample of training records, a majority of the staff team had up-to-date training. However, a member of the staff team required training in areas including fire safety and elements of infection prevention and control.

Judgment: Substantially compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs. The registered provider had appointed a full-time, suitably qualified and experienced person in charge who was knowledgeable around residents' specific needs and preferences. A team leader was also in place. The provider discussed upcoming quality improvement initiatives, such as the establishment of team leader post across the organisation to ensure the person in charge was sufficiently supported to complete their role effectively. Ongoing recruitment was occurring.

Improvements were noted in the level of oversight and monitoring within the centre. Audits and reviews as required by the regulations were taking place and identifying areas of improvements. Action plans were in place and there was evidence to indicate that action plans were being implemented as stated. The provider had identified the need for some additional audits, such as a specific person in charge audit. These were being rolled out in the coming months.

Although there was a noted improvement in systems of oversight, additional attention was required in the providers systems to ensure elements of risk management were effectively monitored and implemented. For example, on the day of inspection a number of incidents had occurred that posed a risk to both residents and visitors. There was no associated risk assessment in place and limited systems to monitor the effectiveness of control measures in place.

In addition to this, although the provider had implemented systems to ensure supervision was occurring with permanent staff there was an absence of systems to ensure relief staff were in receipt of regular supervision. Although elements of risk associated with this gap were mitigated by regular presence of the person in charge in the centre, this required addressing to ensure all staff were equally supervised in their roles.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

A written agreement which included the support, care and welfare of the resident and details of the services to be provided and where appropriate the fees to be charged was available in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which outlined the service

provided and met the requirements of the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

Documentation in relation to notifications which the provider must submit to HIQA under the regulations were reviewed during this inspection. Such notifications are important in order to provide information around the running of a designated centre and matters which could impact residents. While some of the required notifications had been submitted, it was noted that HIQA had not received a number of notifications in line with the requirements of regulations. For example, incident reports indicated that there were three occasions where there was an unexplained absence of a resident from the designated centre, these incidents had not been reported to HIQA as required. The person in charge submitted these notifications retrospectively. In addition to this, minor injuries to residents were not been reported as required.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspectors reviewed a number of areas to determine the quality and safety of care provided, including the premises, risk management, fire safety, safeguarding, infection control and rights. The provider was for the most part identifying and responding to areas that required improvement. Some improvement was required in areas such as risk, fire safety, rights and infection prevention and control.

The designated centre was a bungalow located within a residential setting. On the day of inspection there were pictures and other items in place to personalise the space to the individuals that lived in the home. Each resident had their own bedroom. The home was overall clean on the inspection day. A number of measures were in place to ensure infection prevention and control risks were appropriately managed. However, some of the systems in place required improvement, for example the washing machine was placed next to food and food preparation areas which did not promote safe and effective infection prevention and control.

There were systems in place to ensure residents were protected from abuse. This included staff training and care plans for personal and intimate care. Relevant risks were discussed with the inspector on the day of inspection. A risk register was in

place to provide for the ongoing identification, monitoring and review of risk. However, a small number of risks were identified on the day of inspection that had not been adequately assessed or reviewed by the provider. This included risk of violence or aggression towards others.

Residents were actively supported and encouraged to connect with their family and to take part in activities in their local community. Some residents as already stated were visiting family on the day of inspection while others were out in the community on activities.

In terms of residents rights some good practices were observed and documented. Regular resident meetings were occurring where different elements of the care and support were discussed with residents. However, the provider had not identified or considered the impact of Closed Circuit Television (CCTV) on residents within the home.

Regulation 12: Personal possessions

The provider and person in charge were supporting residents in ensuring their personal possessions were respected and protected and the residents living areas contained items that were personal and important to them.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner and well maintained. The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedrooms which were decorated to reflect their individual tastes. The registered provider had identified areas for improvement such as renovation of bathroom areas with works scheduled the day following the inspection.

Judgment: Compliant

Regulation 20: Information for residents

The required information as set out by the regulations was present in the guide for

residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place. However, individual risks had not been appropriately considered and risk assessments required review to ensure mitigating measures were appropriate to respond to changing circumstances and any incidents that occurred.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There was sufficient access to hand sanitising gels and a range of personal protective equipment (PPE). Staff were observed wearing PPE in line with current guidance throughout the day of inspection. The provider had policies, procedures and systems in place to protect residents from healthcare-associated infections. However, some of the systems in place for the prevention and management of risks associated with infection required improvement. For example the washing machine was placed next to food and preparation areas which did not promote safe and effective infection prevention and control. There was evidence that high cleaning was not consistently being completed in some areas of the centre. Pedal bins were not available in two bathroom areas or on exit of the centre to allow for the safe disposal of PPE and waste items. In addition, a number of items in the centre did not allow for adequate cleaning and posed an infection prevention and control risk given their make up, for example a fabric storage unit was in use and visibly stained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. However, improvement was required in

fire safety arrangements. For example, the inspectors observed two door wedges in place. This negated the purpose and function of the fire door. This was identified to the person in charge on the day of inspection and removed. The person in charge provided evidence of scheduled works to address issues raised.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, there were some good practices in relation to residents' rights. Observations indicated that staff were respectful of residents and used kind and caring language when speaking with an individual. Staff were observed to knock on doors before entering residents rooms. Staff described residents specific needs in person-centered terms.

A sample of residents' meeting notes were reviewed, different topics were discussed with residents on a frequent basis. Residents were consulted with many aspects of day to day care such as activities, meal planning and renovation and decoration works within the centre.

Residents had access to advocacy services as required and information on advocacy supports were displayed in the centre

However, CCTV was utilised to monitor the outside of the centre. There were a number of cameras located on the perimeter of the building which included the back garden. On review of the policy, it stated signage was to be used to indicate that it was on use. On the day of inspection there was no signage in place. In addition to this, there was no evidence on how residents were informed about the purpose of the CCTV and how the footage taken was being used. Improvements were required to ensure residents' right to privacy was always respected.

Judgment: Substantially compliant



Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Dolmen House 2 OSV-0005769

Inspection ID: MON-0029225

Date of inspection: 15/11/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>1.The Person in Charge will ensure that the planned and actual rosters will have the staff designations included on the templates used in these all returns/records. To be completed by 15.12.22</p> <p>2.The Person in Charge will ensure that all staff files have the documentation required as set out in schedule 2. The gaps identified relate to staff qualifications and a written reference. To be completed by 30.12.22</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:</p> <p>1.The Person in Charge will ensure that the mandatory trainings gaps for 1 member of staff are rectified. Fire training and infection control training to be completed by 22.12.22.</p> <p>2. The Registered Provider is introducing a new Time Management System which will be used to give real time information on all facets of staff training including expiry dates. This will enable accurate training gap reports to be generated as required. The Person in Charge will use this tool on an ongoing basis to ensure that all mandatory & refresher trainings are undertaken by staff in a timely manner. This will be completed by 28.02.23</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. The Registered Provider will support the Person in Charge to set out a schedule of PIC audits for 2023. To be completed by 11.01.2023 2. The Registered Provider will ensure that the Person in Charge develops a Risk Assessment that seeks to reduce/mitigate the potential risks identified to residents, staff & visitors. To be completed by 01.12.22. 3. The Registered Provider through the Person in Charge and Staff Team Leader will ensure that relief staff will be supported/supervised as per organizational policy. 30.01.23 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1. The Person in Charge will ensure that HIQA notifications as outlined in this report will be logged via the HIQA portal within the required timeframe. The notifications refer to "any unexplained absence of a resident from the designated centre & any injury to a resident not required to be notified under paragraph (1)(d). To be completed by 17.11.2022 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. The Registered Provider will ensure that the Person in Charge develops a Risk Assessment that seeks to reduce/mitigate the potential risks identified to residents, staff & visitors. To be completed by 01.12.22. 	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Registered Provider shall ensure that residents who may be at risk of a healthcare associated infection will be protected by adopting the following actions:</p> <ol style="list-style-type: none"> 1. The Person in Charge will direct the staff team not to prepare food on the counter top area adjacent to the washing machine in order to promote safe and effective infection control standards. To be completed by 11.12.22. 2. The Person in Charge will ensure that "high level" cleaning is incorporated into the current cleaning schedule in all areas of the designated centre. To be completed 11.12.22. 3. The Person in Charge shall ensure that the fabric storage unit in one bathroom is replaced with a storage unit of the resident's choice that is easy to clean thus promoting good infection control standards. To be complete by 21.12.22. 4. The Person in Charge shall ensure that a pedal bin is placed in each bathroom and in the front hall at the door to enable the safe disposal of waste items including PPE. To be complete by 21.12.22 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. The Registered Provider will ensure that the scheduled works are carried out, as per evidence provided on the day of inspection, the installation of self-closing mechanisms on the doors identified in the designated centre. To be completed by 31.12.22 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Registered Provider shall ensure that each resident's privacy and dignity is respected by ensuring the following actions:</p> <ol style="list-style-type: none"> 1. The Registered Provider will ensure that signage is in place alerting residents, staff and visitors that CCTV is in operation at the designated center. To be completed by 16.11.2022 2. The Registered Provider will review the organizational policy on the use of CCTV to ensure that it is fit for purpose in ensuring that residents rights around privacy are fully respected and that residents are being educated/informed as to why the designated centre has CCTV. To be completed by 28.02.23. 	

3. The Registered Provider will ensure that residents have rationale around the use of CCTV at the designated center explained to them through the resident's meetings process. To be completed by 15.12.22

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(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	15/12/2022
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	30/12/2022
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 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	11/01/2023
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	30/01/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/12/2022
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	21/12/2022

	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.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022
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 designated centre.	Not Compliant	Orange	17/11/2022
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	Not Compliant	Orange	17/11/2022

	the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	28/02/2023