



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

Issued by the Chief Inspector

Name of designated centre:	Avalon, Navan
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	05 July 2023
Centre ID:	OSV-0008316
Fieldwork ID:	MON-0037846

About the designated centre

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

Avalon, Navan is located in a large town in County Meath. The centre provides bespoke individualised services to two adults even though it is registered to support up to four adults both male and female. The centre comprises of two semi detached houses which share a large garden and driveway. Both of the houses can be accessed through interlinking internal doors which are locked at all times. Each house has two large bedrooms with ensuite bathrooms, a kitchen/ dining room, utility room, a sitting room, staff office and toilet. The centre is staffed by a team of social care workers and direct support workers on a 24/7 basis. The person in charge is responsible for two designated centres under this provider. A team leader is also employed Monday to Friday 9-5. Two vehicles are provided in the centre should residents want to go on trips further afield. Residents have access to a range of allied health professionals including a behaviour support specialist.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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 5 July 2023	11:05hrs to 19:20hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the residents had a good quality of life in this centre and staff supported them to be actively involved in the community, maintain links with their family and to have meaningful days. Notwithstanding this, improvements were required in medicine management practices, risk management, staff files, records and governance and management.

This was an announced inspection following the registered providers application to register the centre last year. At that time the centre was registered to support four residents. However, since then the registered provider had admitted two residents who required a bespoke individualised service to support their needs.

The inspector got to meet both residents and one of them spent some time talking to the inspector with staff present. The inspector also spoke to staff, the person in charge, the team leader, reviewed records pertaining to the care and support of the residents and observed some practices.

Throughout the inspection the residents were involved in meaningful activities. One resident was going to the zoo and to the gym, another resident had been out shopping and was observed preparing dinner with staff and doing their laundry.

One resident who had recently moved into one of the houses in the last few weeks met with the inspector with the support of staff. They appeared to know the staff well and were observed telling jokes and having fun with the staff present. The resident said they liked their new home and showed the inspector their bedroom which they said they liked. There were family photographs displayed in their bedroom and the resident spoke about their family members and what they liked to do when they met with family. The inspector went through the residents transition plan with them and found that this had been well planned. For example; the resident had visited their new home prior to going to live there and got to choose some of the things they wanted in their home such as, trophies that were important to them which were now displayed in the residents sitting room.

The other resident engaged on their own terms with the inspector. This resident had been assessed as requiring an individualised service, which meant they got to live in their own home. The resident had previously lived with a group of other people. Since moving to their own home there were significant improvements in all aspects of the residents quality of life. Their communication skills had improved which allowed them to communicate their wishes. Their independent living skills were increasing and they were now in charge of maintaining their own home the way they liked it. This had resulted in a marked reduction in the residents anxiety levels and the resident appeared relaxed and happy in their home. The resident also participated in their community and now went grocery shopping, had joined community groups and was going swimming, bowling and to the gym.

Residents had weekly key working meetings where they got to choose different things to do, and staff explained some of the care that was being provided to them. They also had the opportunity to choose their food for the week and devise weekly activity planners. All of the information was in a format to suit the communication abilities of the residents. For example; one resident had a picture menu and visual activity schedule to inform them what was happening during the day. One of the residents liked cooking and liked to cook some of their meals with staff.

Weekly meetings were also held with residents to talk about issues in the centre. A review of those records showed that at these meetings, informal education was provided to residents on issues such as staying safe, how to report a concern and fire safety.

Both of the houses were decorated and maintained to a very high standard and were very clean. Residents had their own bedrooms which had been personalised to their individual tastes. For example; one resident liked minimal furniture and decorations in their bedroom and this was supported. Each house had a spacious sitting room, kitchen dining area and a utility room. There was a large garden to the back of the property and the person in charge outlined some plans they had to decorate the garden with residents.

As part of this inspection, prior to visiting the centre, questionnaires were posted out from the Health Information and Quality Authority (HIQA) to the centre for residents to complete about the quality and safety of care in the centre. These had been completed with the support of staff. The feedback provided was very positive. Residents said they felt supported, liked the staff team, were encouraged and supported to maintain relationships with family and friends. One resident said they liked their big bedroom, and cutting the grass in the back garden.

Family representatives were invited to talk to the inspector if they wished on the day of the inspection. One family representative provided verbal feedback to the person in charge for the attention of the inspector. They said that they were very happy with the service being provided to their family member. There were no complaints recorded in the centre.

Family feedback was also responded to in a timely manner. For example; a family representative had asked for a television to be hung in their family members bedroom and this had been done.

Residents were provided with education about their rights and a family forum had also been held in May 2023 to provide education and advise to family members about human rights. The person in charge had also commenced education for residents about restrictive practices and why they were used to keep them safe.

Residents were supported to have meaningful activities on a daily basis with the support of staff in the centre and they were going on different activities throughout the day such as to the gym and grocery shopping. They were supported to maintain links with their family and friends and both residents got to visit or meet with family. They were also supported to develop goals they wanted to achieve. For example;

one resident was planning to go on a short break this year and had been to a musical festival recently. The other resident had a visual plan of some of the things they wanted to do and one of the plans included meeting with their sibling in the pub.

Residents were supported to maintain their independence, for example; on the day of the inspection one resident was observed being supported by staff to use the washing machine.

Overall, the residents appeared very happy living in the centre and it was apparent that an individualised bespoke service was having positive outcomes for the residents. Notwithstanding, some improvements were required. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

Overall, the person in charge and team leader had good oversight of the care and support being provided to the residents in this centre. However, the inspector found that improvements were required to the registered providers systems and policies to ensure ongoing compliance with the regulations. These improvements required included the management of medicines, risk management, records stored in the centre, staff files and the oversight of some residents' health care needs.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. The person on charge was also responsible for another designated centre under the remit of this provider and was able to maintain oversight of both centres at the time of the inspection. They provided good leadership and support to their team and demonstrated a commitment to improving the quality of life of the residents and providing a human rights based approach to care.

The person in charge reported to an assistant director of services. They met on a monthly basis to discuss the care and support being provided in the centre.

The registered provider completed a number of audits to ensure that the service provided was to a good standard. However, some of the improvements required on this inspection were not being highlighted through the providers own reviews and audits.

There was sufficient staff on duty to meet the needs of the residents at the time of the inspection. There were three staff vacancies at the time of the inspection and in order to ensure consistency of care to the residents a number of regular relief/agency staff were employed.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. However, given the health care needs of one resident there was no formalised support from nursing staff at the time of this inspection. In addition improvements were required in staff files to ensure that they contained a full employment history.

Staff had been provided with training to ensure they had the necessary skills to respond to the needs of the residents. In addition, the staff had also completed training in human rights. The person in charge gave some examples of how this training influenced their practices in the centre. The inspector also observed examples of this which have been included in the 'What residents told us and what inspectors observed' section of the report'.

Following a review of a sample of incidents, the inspector was satisfied that the person in charge had notified the chief inspector where adverse incidents had occurred in the centre.

The statement of purpose had been recently reviewed, however it did not include the fact that this centre would only support two residents (who required individualised supports) and not four residents which was what the centre was originally registered for.

Regulation 14: Persons in charge

The person in charge was a social care professional who had the necessary management skills and experience to manage the centre. They demonstrated a good knowledge of the needs of the residents and promoted a service that was person centred and based on a human rights approach. For example; human rights was discussed at all staff meetings to ensure that this approach was always at the centre of care provided.

They were aware of their remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

At the time of the inspection they were responsible for another designated centre under the remit of this provider. The inspector found that this did not impact the oversight and management of this centre at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents. There were three staff vacancies at the time of the inspection and regular relief staff and agency staff were employed to cover these vacancies, planned and unplanned leave. The person in charge had been informed that these vacancies were now filled and the staff were due to start in the coming weeks.

The staffing levels were planned around the needs of the residents and to support the transition to their new home. For example; new staff shadowed regular staff to help them to get to know the needs of the residents in a safe and planned manner. Where a residents' needs changed additional staff could be employed to support the resident.

A planned and actual rota was maintained. A review of a sample of those rotas showed that the correct amount of staff were on duty each day.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call system. The staff spoken with had a very good knowledge of the resident's needs.

While a nurse was employed in the wider organisation to provide support and oversight of residents health care needs, this support had not been provided since one resident transitioned to the centre. This needed to be addressed going forward.

A sample of staff personnel files viewed were found to contain most of the documents required under the regulations including Garda vetting reports. However, there was not a full employment history recorded for one staff member which is required under the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training records viewed found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; emergency first aid, safeguarding adults, fire safety, manual handling, infection prevention and control, medication management, autism and positive behaviour support.

In addition, the staff had also completed training in human rights. The person in charge gave some examples of how this training influenced their practices in the centre. The inspector also observed examples of this which have been included in the 'What residents told us and what inspectors observed' section of the report'.

Staff had supervision completed regularly in the centre in order to discuss their personal development or raise concerns (if any) about the quality of care provided.

The person in charge and team leaders completed this supervision with staff.

Judgment: Compliant

Regulation 21: Records

The records stored in the centre required review. Some of the residents records who had recently transitioned to the centre were not available in this centre for review. For example; not all of one residents medicine records were in the centre.

Some of the records that outlined the supports a resident required to meet their assessed needs were duplicated, which could lead to confusion. For example; the inspector requested a support plan for one residents health care needs and found that this was recorded in four different plans and none of them comprehensively described the supports required.

Judgment: Not compliant

Regulation 22: Insurance

The registered provider had submitted up to date insurance records as part of their application to register the centre.

Judgment: Compliant

Regulation 23: Governance and management

This centre was had a defined management structure in place to ensure that the quality of services provided was to a good standard. However some improvements were required.

The person in charge had good oversight of the centre and ensured that staff were supported through regular supervision and staff meetings. Staff meetings were held every month and items such as safeguarding, human rights and risk management were discussed.

A team leader was also employed to support the person in charge in their role and provide support and direction to staff when the person in charge was not in the centre. The team leader was organised and had a very good knowledge of the needs of the residents in the centre.

The person in charge reported to the head of operations. They met on a monthly basis in the centre to review the care and support being provided. These meetings were called governance meetings and following these meetings action plans were developed to improve services where required. During these meetings, risk management, residents personal plans and medication practices were reviewed. ' Zoned scheme meetings' were also held regularly, these meetings were an opportunity to share learning across the organisation and discuss changes in procedures and practices being introduced by the registered provider.

The registered provider had conducted audits in the centre to review the quality and safety of care being provided, however, some of the issues identified on this inspection had not been highlighted through the providers own audits. For example; medicine management practices, the management of records and to ensure that nursing care was provided where required.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose in the centre which was regularly reviewed and contained all the details of the services provided as required under the regulations. However, the statement of purpose did not include the fact that this centre would only support two residents (who required individualised supports) and not four residents which was what the centre was originally registered for.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Following a review of a sample of incidents, the inspector was satisfied that the person in charge had notified the chief inspector of adverse incidents that had occurred in the centre.

Judgment: Compliant

Quality and safety

Overall, the residents were being supported to have meaningful active lives and were being supported to develop and maintain links in their community. Since moving to this centre both residents appeared happy, content and there was an

increased reduction in their anxiety levels. Notwithstanding this improvements were required to risk management, medicine management and health care needs.

The registered provider had a policy and a procedure in place for the safe administration, storage and disposal of medicines. However, at the time of the inspection significant improvements were required in a number of areas. The policy and the procedure contained conflicting information for transcribing medicines, transcribing practices required review and some medicine protocols and practices needed to be reviewed.

As stated the centre was generally well maintained, clean and decorated to a very high standard. The centre had a large garden to the back of the property.

Residents were supported with their health care needs and had access to a range of allied health care professionals should they need their support. However improvements were required in health support plans and records of a residents right to refuse medical interventions.

The general welfare and development of residents was supported in the centre. Residents were supported to choose activities they wanted to do on a daily basis.

There were systems in place to manage and mitigate risk and keep the residents safe in the centre. However, improvements were required in the management and review of some risk assessments.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Education was provided to the residents on their right to feel safe in the centre.

The inspector found examples of where the resident were supported with their rights. A human rights based approach to care was promoted with residents being included in decisions about their lives. Residents were provided with easy read information, education on the right to feel safe and the use of restrictive practices in the centre.

Regulation 13: General welfare and development

The general welfare and development of residents was promoted and supported in this centre. Residents were supported to keep in regular contact with family and friends. Residents were supported on a daily basis to choose activities they wanted to do.

From a review of records and talking to a resident they led active lives and had goals developed that were in line with their personal preferences.

Judgment: Compliant

Regulation 17: Premises

The properties were well maintained, clean and decorated to a very high standard. Residents had their own bedrooms which had been personalised to their individual tastes. Each house had a spacious sitting room, kitchen dining area and a utility room. There was a large garden to the back of the property and the person in charge outlined some plans they had to decorate the garden with residents

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly. For example; tests were conducted on electrical equipment every year to ensure that they were in good working order.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents got to choose their meals each week and they enjoyed doing the grocery shopping. One of the residents liked cooking and liked to cook some of their meals with staff. Residents had free access around their home and could get snacks when they wanted to.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and a copy was available to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had policies and procedures in place to manage risk in the centre including an escalation of risk guidance document. The policy on risk management contained the information required under the regulations. For example; what to do if a resident went missing. The policy set out the governance

arrangements around risk in the centre.

The centre had a local risk register that was managed and reviewed by the person in charge. There were also individual risk assessments in place for each resident. However, the inspector found the practices in the centre did not align with the providers policy. For example; the providers policy stated that all risks rated 6- 16 should be escalated and additional control measures should be put in place to manage these risks. However, a number of risks were rated at this level and they had not been escalated or reviewed in line with this policy. While, this was not impacting on the residents at the time of the inspection, it needed to be addressed to ensure that records were accurate and that risks were managed in line with the providers own policy.

Two vehicles were provided in the centre. The records reviewed verified that both vehicles were insured and had an up to date certificate of road worthiness in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had a policy and a procedure in place for the safe administration, storage and disposal of medicines. However, the policy and the procedure contained conflicting information for transcribing medicines. The policy stated that transcribing medicines should only be done at a minimum and there should be a local policy in place to guide this practice. There as was no local policy in place at the time of the inspection and the practice of transcribing was not kept to a minimum.

The procedure had a full outline for transcribing medicines, however many of the records required to assure safe practices were not in place at the time of the inspection. For example; where medicines had been transcribed, there should have been corresponding prescription sheets to verify times of administration. This was not available in the centre. Another record made available from the pharmacy included a medicine that was no longer prescribed to the resident, while the person in charge and the team leader had verified this verbally, there was no record to show that this medicine was no longer prescribed. This was also not in line with the providers procedure.

The inspector was also not satisfied that given the amount of medicine that one resident was prescribed that the transcribing of medicine did not have oversight from a nursing professional.

A medicine prescribed on a prn (as and when required) basis was also not clear, this was rectified by the end of the inspection. One prn medicine protocol was not signed by the relevant staff members.

One prn medicine had been administered outside of the times it had been

prescribed. While this did not impact the resident these practices needed to be reviewed.

Medication was safely stored and staff were trained to administer medication to one resident in the centre. Those staff had also completed competency assessments as part of their training.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that included an assessment of need.

A transition plan for one resident who had been admitted to the centre in the last few weeks was viewed and the inspector found that this had been well planned. The resident had come to visit their new home and got to choose some of the things they wanted in their home. For example; the resident had trophies that were important to them and these were now displayed in the sitting room.

A meeting was planned in the coming weeks to review this residents move to the centre to ensure that they were happy.

Residents had weekly key working meetings where they got to choose different things to do, and staff explained some of the care that was being provided to them.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs and had required access to a range of allied health care professionals if required.

Support plans were in place to guide staff practice and inform the supports a resident required with their health care needs. However, some of these plans were not comprehensive and as discussed under records were duplicated and could lead to confusion.

Residents had the right to refuse specific medical treatment or interventions. However, the records maintained in relation to this were not comprehensive.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported through the provision of positive behaviour support. All staff were trained in this and staff spoken to were aware of the supports in place for residents. For example; one staff went through the supports for one resident which included a planned consistent routine and always ensuring that the resident had a quiet space to process information. This information was included in a positive behaviour support plan to guide staff practice. These plans were kept under regular review and residents had access to allied health professionals and medical professionals to support them with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Education was provided to the residents on their right to feel safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Notwithstanding the improvements required in this centre. There were numerous examples where residents were supported with their rights. This included residents being included in decisions around their care and support. Easy read information was provided to enable residents understand information and make choices.

The residents here were being supported to live alone which was part of assessed needs and wishes. This was having a positive outcome for residents and was resulting in a reduction in their anxieties and an increase in their quality of life.

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	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Avalon, Navan OSV-0008316

Inspection ID: MON-0037846

Date of inspection: 05/07/2023

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: The person in charge has updated the staff file identified to include full employment history. Completed 06/07/2023</p> <p>The Head of Operations will continually monitor staff files in monthly monitoring audits to ensure compliance with regulations. Commenced 21/07/2023.</p> <p>The organisational clinical nurse lead will review resident's health needs and associated documentation in the centre. To be completed by 18/8/2023.</p> <p>The organizational clinical nurse lead is providing ongoing support to the staff team and residents. Commenced 26/07/2023</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Person in Charge has ensured that all records relating to residents are available in centre. Completed 06/07/2023</p> <p>The Registered Provider is currently reviewing their care planning system. Commenced 01/08/2023</p> <p>The Person in Charge will review residents support plans to ensure assessed needs are up to date. To be completed by 30/09/2023</p>	

The Person in Charge will complete a workshop with all staff in record keeping. To be completed by 31/10/2023.

The health records of residents will be reviewed by clinical nurse lead and updated to ensure comprehensive support required is detailed in plans. To be completed by 18/8/2023

Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Registered Provider is completing a health needs profile for residents in the organisation for clinical oversight. Commenced 28/07/2023

The Registered Provider has set up a working group to review risk management policy to include a review of risk escalation ratings and control measures. To be completed 30/09/2023

The Registered Provider has set up a review group to review management of medication policy to include transcribing procedures. Completed 10/08/2023

The Registered Provider is currently reviewing their care planning system. Commenced 01/08/2023

The Registered Provider will ensure that the risk management policy is communicated with all staff with attention given to escalation procedure. To be completed by 14/08/2023.

The Head of Operations will escalate all risks in line with policy. Commenced 01/08/2023.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The Person In Charge has updated the statement of purpose in line with current occupancy in centre. Completed 06/07/2023

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Registered Provider has set up a working group to review the organizational risk management policy to include a review of risk escalation ratings and control measures. To be completed 30/09/2023.</p> <p>The Registered Provider has ensured all risk records in centre have been reviewed, updated and escalated accordingly in line with policy. Completed 21/07/2023</p> <p>The Head of Operations will continually review risk management in monthly monitoring audits. Commenced 02/08/2023</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Registered Provider has set up a policy review group to review management of medication policy. Completed 10/08/2023</p> <p>The Clinical nurse lead has completed a local policy in relation to the practice of transcribing in the centre. Completed 10/8/2023</p> <p>The clinical nurse lead has reviewed all medication in the centre. Completed 26/07/2023</p> <p>The clinical nurse lead is providing ongoing support to the staff team and residents. Commenced 26/07/2023</p> <p>The registered providers has ensured that all PRN protocols have been reviewed by clinical nurse lead. Completed 26/07/2023</p> <p>The Registered Provider has ensured that all PRN medications have been reviewed by clinical nurse lead. Completed 26/07/2023</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The Registered Provider has ensured that the health records of residents have been reviewed by clinical nurse lead. Documents will be updated to ensure support required is detailed in a comprehensive manner. To be completed by 18/8/2023</p> <p>The Person in Charge will review residents support plans to ensure all assessed needs are up to date. To be completed by 30/09/2023</p> <p>The Registered Provider will ensure that clinical support and oversight will continue in the centre where applicable. Commenced 26/07/2023</p> <p>The Registered Provider will ensure that where residents have the right to refuse medical treatment or interventions, records in relation to same are reviewed by Clinical nurse lead and appropriate multi-disciplinary team members. To be completed by 31/10/2023.</p> <p>The Registered Provider is completing a health needs profile for residents in the organisation for clinical oversight. Commenced 28/07/2023</p>	

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(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	18/08/2023
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	21/07/2023
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	31/10/2023
Regulation	The registered	Substantially	Yellow	30/09/2023

23(1)(c)	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.	Compliant		
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	30/09/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	10/08/2023

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	06/07/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/09/2023
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	31/10/2023