



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

## Issued by the Chief Inspector

Name of designated centre:	Edel Quinn House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	03 March 2023
Centre ID:	OSV-0001814
Fieldwork ID:	MON-0038190

## About the designated centre

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

Edel Quinn House is a purpose built single storey bungalow located in a village but within short driving distances to some nearby towns. The centre comprises of seven bedrooms, one of which is used for overnight staff, a sitting room, a kitchen-dining room, a utility room, a small office and bathroom facilities. The centre has a maximum capacity of six residents with five residents living in the centre full-time and two other residents availing of the centre on a shared care basis. The centre supports both male and female residents over the age of eighteen years who have a diagnosis of intellectual disability with/without autism. The staff team comprises of an area manager, a person in charge, social care workers and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 3 March 2023	09:20hrs to 17:50hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The atmosphere in the centre was generally calm, relaxed and sociable. Staff members on duty interacted with residents in a caring and positive manner. While the premises provided for residents to live in was in large parts well-presented and homelike, some areas were observed where some wear and tear was evident.

This designated centre had a maximum capacity of six residents. Five residents lived in the centre on a full-time basis with a further two residents availing of this centre on a shared care basis. This meant that an alternative weeks one of these two residents would be in the centre while the other would be with the family. When availing of this centre both of these two residents would use the same bedroom. At the time of this inspection six residents were present in the centre all of whom were met by the inspector. While most residents did not engage significantly with the inspector, he did have an opportunity to observe residents in their environment and in their interactions with each other and with staff.

When the inspector arrived at the centre it was observed that residents were either in the process of getting up, were having breakfast or were relaxing in the centre's communal areas. While some of the residents did not interact with the inspector, two residents greeted him with one seen to be smiling as they did so. A different resident was having their breakfast at this time and appeared happy with this while another resident briefly greeted the inspector before continuing to carry some laundry into their bedroom. The remaining two residents were also met, one as they were sat in the sitting room and the other as they moved between communal rooms. Both appeared content but neither engaged with the inspector.

At this time a staff member was overheard explaining to two residents a 'Nice to meet you' document that had been provided to staff by the inspector explaining who he was and why he was in the centre. One of these residents was later seen doing some colouring in the sitting room. Shortly after another resident entered the same room in the presence of a staff member and sat at a specific desk where they commenced doing a jigsaw. Another member of staff then asked some residents if they wanted to leave the centre to go for a drive and then all six residents left the centre with three staff in the centre's vehicle.

As the centre was now largely unoccupied, the inspector used this time to review the premises provided for residents to live in. In general it was found that the centre was nicely presented, well-furnished and well-maintained. For example, resident bedrooms were seen to be brightly decorated and personalised with photographs, posters, calendars and awards with these bedrooms also having storage facilities. Efforts had also been made to make the centre feel homelike. These included canvas style resident photographs in the hallways and signs that read "home sweet home" and "our residents do not live in our workplace, we work in their home". In the centre's entrance hallway the inspector observed though that residents' individualised personal emergency plans (PEEPs) were on display which contained

some personal information related to the residents.

Some splash marks on one wall in a hallway were evident while a tap and sink unit in the centre's utility room was also observed to be noticeably unclean. Overall, though the centre was presented in a clean manner on the day of inspection. Despite this some areas were observed where some wear and tear in the centre's premises was evident. For example, parts of the kitchen décor was discoloured in places while some toilet seats were visibly worn and in need of replacing. A couch in the sitting room was also seen to be worn. This couch was one of 11 different seats or chairs that were in this sitting room along with a desk and two portal tables, this gave the sitting room somewhat of a cluttered appearance.

The inspector was later informed that some of these chairs were present for staff to sit on and that the other couches and armchairs were specifically for individual residents to sit on in line with these residents' preferences. A few hours after leaving such residents returned to the centre. The inspector was informed by a staff member that the residents had gone for a walk and some tea out in a nearby town with one resident indicating to the inspector that they had enjoyed this. Shortly after residents had returned to the centre they had dinner, which had been prepared and cooked in the centre.

Residents spent much of the remainder of the inspection in the centre but at certain points some residents did briefly leave the centre. For examples, some residents went for short walks in the village where the centre was located, one resident was supported to attend a medical appointment and another resident was supported to do some glass recycling. Some residents were also seen passing time by watching television, doing some colouring, making jigsaws and helping with their laundry.

It was read that feedback from the family members of residents, which had been gathered in February 2022, had been included in the most recent annual review completed by the provider for the centre. Such feedback was noted to be generally positive with comments made including "the service users are being looked after in a perfectly humane manner" and "meals are first class". It was indicted though that one family member had raised an issue around staffing by stating that "it would be nice see some continuity of staff". Staff rosters reviewed for the months leading up to this inspection indicated that a core staff team was in place.

Staff members on duty during this inspection were seen to interact well with residents throughout which contributed to the atmosphere in the centre being generally calm, relaxed and sociable. For example, one staff member was overheard jovially interact with one resident while another resident was reassured by staff after they became upset. When reviewing incidents records in the centre it was noted though that there been some instances of one resident removing a personal item from another resident. However, all staff spoken with were aware of the potential for this to happen and what measures to take to reduce the potential for this to happen. Staff were observed to follow these measures on the day inspection.

In summary, residents were observed and overheard to be supported by staff members appropriately which contributed to the overall atmosphere in the centre.

Generally positive feedback was provided by family members of residents while some resident did smile and appeared happy at times in the centre on the day of inspection. Some areas of wear and tear were evident although large parts of the centre were seen to be nicely presented.

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

## Capacity and capability

While some good supports were found for residents there was no person in charge for this centre at the time of inspection. Some staff were not being supervised.

This designated centre was registered until December 2023 and had last been inspected by the Health Information and Quality Authority (HIQA) in October 2021 where an overall strong level of compliance with the regulations was found. However, since that time there had been some changes in the role of person in charge. Under the regulations the person in charge has specific responsibilities and plays a key role in the local management of a designated centre. The regulations also specifically require a person in charge to be appointed for a centre but in January 2023 the Chief Inspector was formally notified that the most recent person in charge had left their role without a replacement being put in place. As such to review the governance arrangements in operation in the absence of the person in charge and to assess the compliance levels in more recent times the current inspection was conducted.

During this inspection it was noted that the centre remained without a person in charge. It was indicated though that, after recruitment efforts, an individual had agreed to take on the person in charge role for the centre although it was not certain when they would commence in the role. The centre's most recent statement of purpose provided for there being a person in charge for the centre as part of the staffing arrangements to support residents. These staffing details indicated that an area manager was also part of the staffing compliment for the centre but at the time of this inspection no area manager was assigned to the centre. The inspector was informed that the provider expected to have two area managers available soon and that one of these would be assigned to this centre.

In the absence of a person in charge and an area manager for this centre, the governance of this centre was been overseen by a member of the provider's senior management who was present on the day of inspection. The provider had also ensured that key regulatory requirements such as annual reviews and unannounced visits to the designated centre by a representative of the provider were being conducted every six months. It was noted though that the most recent unannounced visit in November 2022 had been conducted by the individual who was

also the person in charge for the centre at the time. Given the role that a person in charge plays in the local management of a designated centre, the provider would need to ensure that having a person in charge complete a provider unannounced visit for a centre they were directly responsible for did not compromise the intended nature of unannounced visits as outlined in Regulation 23 Governance and management.

Aside from such regulatory requirements, audits in specific areas were also completed in finances and medicines amongst others and overall this inspection found residents to be well supported. It was noted though that there had been an increase in regulatory actions found on this inspection. This suggested that the monitoring systems in operation did require some improvement to ensure that all issues were identified and rectified promptly. In addition, despite the oversight was that was being maintained, the changes in person in charge since the October 2021 inspection and the current absence of a person in charge did have some direct impacts. This was most notable in the area of a staff supervision which under the regulations is the direct responsibility of the person in charge.

It was indicated to the inspector that staff were to receive formal supervision on a quarterly basis. However, there were limited supervision records available on the day of inspection and while one staff member indicated that they had been supervised recently, two other staff told the inspector that they had not been supervised in a year. In addition, from speaking to staff members and reviewing staff rosters it was noted that that there had been times when staffing levels by day in the centre were lower than what was outlined in the centre's statement of purpose. It was highlighted though that this happened rarely and that night-time staffing levels were consistently maintained. Staff were also provided with training in various areas such as safeguarding with staff observed to engage well with residents during this inspection.

#### Regulation 14: Persons in charge

A person in charge had not been appointed for the centre at the time of this inspection.

Judgment: Not compliant

#### Regulation 15: Staffing

There had been times when staffing levels by day in the centre were lower than what was outlined in the centre's statement of purpose. An area manager was included as part of the centre's staffing compliment in the statement of purpose but at the time of this inspection an area manager was not assigned to the centre. Staff



files were not reviewed during this inspection.
Judgment: Substantially compliant
<b>Regulation 16: Training and staff development</b>
Not all staff working in this centre were being supervised.
Judgment: Not compliant
<b>Regulation 19: Directory of residents</b>
A directory of residents was being maintained which contained most of the required information but it did not include residents' marital status nor the address of the organisation who arranged residents' admission to this centre.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
While this inspection found evidence of good supports to residents, there was an increase in regulatory actions on this inspection compared to the October 2021 inspection. This indicated that the monitoring systems in place required some improvement to ensure that all issues were identified and addressed promptly.
Judgment: Substantially compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose was on display in the entrance lobby of the centre upon the inspector's arrival but the version initially reviewed did not reflect the most recent information related to the centre. Before the end of inspection an updated statement of purpose was provided that contained all of the required information.
Judgment: Compliant

## Quality and safety

Residents' needs were being supported in this centre with all residents having individualised person plans. Some actions were identified though related to communication, medicines and positive behaviour support.

The regulations require that suitable arrangements are in place to meet the health, personal and social needs of residents living in a designated centre. Overall, this inspection found that residents' needs were being adequately provided for. For example, residents were supported to go horse riding, swimming and to have meals out which supported their social needs. In addition, residents' health needs were being met through various means. These included residents' health needs being monitored regularly, residents being facilitated to under certain health interventions and residents receiving their medicines as prescribed. Storage facilities were provided for residents' medicines to be kept. While these were generally well organised, it was noted that one shelf appeared cluttered with the inspector finding a medicine there that had expired in November 2022. Based on observations of the inspector and discussions with some staff, the location of the key for the medicines storage also required review to ensure security.

Residents' needs were set out in their individualised personal plans, which are another requirement of the regulations. The inspector reviewed a sample of these plans and noted that they were informed by a clear process of assessment with the plans generally found to have been reviewed within the previous 12 months. A process of person-centred planning was used to involve residents and their families in the annual review of personal plans but for one resident it was noted that they had not had a person-centred planning process completed in this centre since 2019. In addition, when reviewing another resident's personal plan the inspector read a copy of the resident's communication passport when is intended to set out how a resident communicates. This communication passport indicated that the resident used some objects of reference (objects used to represent a person, activity or event). However, staff spoken with indicated that no resident in the centre used any such objects. Other documentation in this resident's personal plan indicated they were overdue an annual review by a speech and language therapist (SLT) around their communication also.

In keeping with the requirements of the regulations, residents' personal plans were also subject to an annual multidisciplinary review. This review was used to consider any restrictive practices that were being implemented in the centre and it was noted that in November 2022 the provider's multidisciplinary approved stopping some environmental restrictions in the centre. Despite this, on this inspection it was seen that some of these environmental restrictions (the locking of some presses in the centre's utility room) remained in use with one staff member spoken with explicitly indicating that such presses remained locked. In general, staff spoken with demonstrated a good knowledge of residents in the centre. However, such staff indicated that only one resident required support in promoting positive behaviour but a review of incident records in the centre indicated that at least two residents

needed support in this area. These two residents both had recently reviewed positive behaviour support plans in place which provided guidance in this area.

Records reviewed indicated that all staff had undergone relevant training in de-escalation and intervention. Fire safety training had also been completed by staff members. The designated centre was seen to be equipped with appropriate fire safety systems including a fire alarm, emergency lighting and fire extinguishers. Such systems were subject to regular maintenance checks by external contractors to ensure that they were in proper working order. Fire containment measures had also been provided for while multiple unobstructed evacuation routes were observed during this inspection. The fire evacuation procedures were on display in the centre and each resident had their own individualised PEEP which outlined the support they needed to evacuate the centre if required in the event of a fire. To ensure that residents and staff were aware of what to do in event of an emergency evacuation, fire drills were regularly carried out. The inspector reviewed records of such drills and read that very low evacuation times were recorded with some drills done to reflect times when staffing levels would be at their lowest. It was noted though that the majority of drills were done at similar times of the day.

### Regulation 10: Communication

A communication passport for one resident indicated that the resident used some objects of reference but staff spoken with informed the inspector that no resident in the centre used any such objects. Other documentation in this resident's personal plan indicated they were overdue an annual review by an SLT around their communication.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

Residents were seen to be involved in their laundry and residents' bedrooms were provided with facilities to store their personal belongings. Residents were also supported with their finances with systems in operation to safeguarding such finances. It was noted though that the process for some residents to gain access to money in their bank account could take up to a week and would involve multiple different personnel within the provider. The nature of this process could limit residents' control over their own finances. At the time of this inspection the chief inspector had sought assurances from the provider in this area.

Judgment: Substantially compliant

## Regulation 17: Premises

Some areas of the premises were observed where some wear and tear in the centre was evident. For example, parts of the kitchen décor was discoloured in places, some toilets seats were visibly worn and a couch in the sitting room was also seen to be worn.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Weekly residents' meetings were used to ask residents for their choice in meals had in the centre. Facilities were provided for food to be stored in with presses and a large fridge-freezer present in the centre. Food available in the centre included yogurt, fruit, vegetables, cereals, meat, fish and pasta which allowed residents' meals to be prepared in the centre. Information was available for residents who required particular diets.

Judgment: Compliant

## Regulation 27: Protection against infection

While there were cleaning schedules and completed cleaning records in place, it was noted that a tap and sink unit in the centre's utility room was observed to be noticeably unclean.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Residents had recently reviewed PEEPs in place with fire drills completed regularly with low evacuation times recorded. All staff had completed fire safety training and appropriate fire safety systems were present in the centre.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

A medicine that had expired in November 2022 was still present in the centre's medicines press alongside other in-date medicines. Based on observations of the inspector and discussions with some staff, the location of the key for the medicines storage also required review to ensure security.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

One resident had not had a person-centred planning process completed in this centre since 2019.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents were supported to avail of health interventions such as vaccines. Information was available in residents' personal plans on how to support their assessed health needs. Residents health needs were monitored on an ongoing basis.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Some environmental restrictions that had been approved for discontinuation in November 2022 remained in use at the time of this inspection. Staff spoken with informed the inspector that only one resident required support in promoting positive behaviour but a review of incident records in the centre indicated that at least two residents needed support in this area.

Judgment: Substantially compliant

## Regulation 8: Protection

Staff had completed safeguarding training. Where necessary safeguarding plans were in place and staff spoken with demonstrated a good understanding of these while also being observed to implement such plans. Guidance on supporting residents with intimate personal care was provided for.

Judgment: Compliant

### Regulation 9: Residents' rights

While residents were observed to be treated respectfully by staff members, in the centre's entrance hallway the inspector observed that residents' PEEPs were on display which contained some personal information related to the residents.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Edel Quinn House OSV-0001814

Inspection ID: MON-0038190

Date of inspection: 03/03/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>To regain compliance with Regulation 14 the position for Person in Charge has been advertised and a suitably qualified person has been offered the post and is finalizing the recruitment process. In the absence of a PIC the PPIM is supporting the centre.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>To comply with Regulation 15 and to help maintain staffing levels the Foundation is continuing a recruitment campaign to address the current vacancies. The position of Area Manager is included in the current recruitment campaign. Once a suitable candidate is identified they will be registered as PPIM. Current vacancies are being filled by regular relief/agency staff until the permanent filling of position.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p>	

To regain compliance with Regulation 16 a schedule of supervision will be devised to ensure that all staff are supervised as per policy. In the absence of a Person in Charge (provisional date of commencement 8th May 2023), the area manager has scheduled and will complete supervision with all staff and this will be maintained by the Person in Charge once they have commenced employment

Regulation 19: Directory of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 19: Directory of residents:  
 The Directory of Residency will be updated to reflect the marital status of the residents and the addresses of the organisation who arranged residents' admission to this centre.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:  
 To regain compliance with Regulation 23 more robust monitoring systems will be used to ensure all issues were identified and addressed promptly. The Compliance Manager is currently reviewing our monitoring systems to ensure that they measure our compliance appropriately and will amend and introduce additional systems where this is indicated. Two Area Managers are now in position who will support all Persons in Charge and provide a stronger level of oversight and governance.

Regulation 10: Communication	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 10: Communication:  
 To come into compliance with Regulation 10 all staff will be reminded of the residents communication needs as identified in their communication passport.  
  
 All residents have been scheduled a review by SLT between Mon 13th March and Thurs 23rd 2023.

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>To regain compliance with Regulation 12 the process for residents accessing their finances has been reviewed to develop a process which will give residents greater control over their own finances while also ensuring the security of their finances.</p> <p>This issue was raised in a previous inspection so the review had commenced prior to receipt of the monitoring report for Edel Quinn House.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To comply with Regulation 17 the designated centre will be refurbished to address all identified areas of wear and tear and new furniture will replace any damaged items.</p>	
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>To comply with Regulation 27 the sink and tap in the utility room will be descaled and replaced if necessary.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

To regain compliance with Regulation 29 and to ensure security the keys for the medicines storage will be held on the senior person on duty (nurse/social care worker). Regular audits of the medicine storage will be conducted monthly to ensure any out of date medication is returned to the pharmacy for disposal.

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:

To comply with Regulation 5 all residents will have an individual assessment and personal plan review completed on a# yearly basis. Some are scheduled for 2023.

Regulation 7: Positive behavioural support

Substantially Compliant

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

The environmental restrictions which were approved for discontinuation have now been discontinued.

The residents positive behaviour support plans will be reviewed by all staff to ensure that staff are aware of and will provide the identified supports required by the residents.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

To comply with Regulation 9 the residents PEEPS which contain personal information will be held more securely.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	20/04/2023
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	01/04/2023
Regulation 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Orange	08/05/2023

Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/05/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/06/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/06/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	10/04/2023
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	Substantially Compliant	Yellow	01/05/2023

	and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	15/04/2023
Regulation 29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	15/04/2023
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt,	Substantially Compliant	Yellow	15/04/2023

	prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	15/04/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Substantially Compliant	Yellow	30/04/2023



	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/04/2023
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	01/05/2023