



Office of the Chief Inspector

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

Name of designated centre:	Newbridge Respite Centre
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	25 September 2019
Centre ID:	OSV-0003448
Fieldwork ID:	MON-0026219

About the designated centre

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

This designated centre is a respite centre for adults with primarily physical disabilities and can accommodate respite breaks for up to five adults at a time. The accommodation comprises of five wheelchair accessible apartments with an en-suite, bathroom, kitchen and patio area. The apartments are accessed internally from an enclosed corridor and externally from an open courtyard. There is a communal kitchen and sitting room, utility room, a laundry room a reception area on entrance to main building, a staff office, and a quiet room (for staff), a general office, and three communal toilets one of which is wheelchair accessible. There are 15 staff members employed in this centre; the person in charge is employed on a full-time basis and there are senior care support workers, care support workers, one waking night staff, one administrator, one cleaning staff member and one maintenance person employed in this centre. There is a vehicle available to this service.

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
25 September 2019	10:30hrs to 19:45hrs	Jacqueline Joynt	Lead
25 September 2019	10:30hrs to 19:45hrs	Valerie Power	Support

What residents told us and what inspectors observed

Inspectors met and spoke with three residents on the day of inspection, and also reviewed questionnaires completed by five residents. Overall, residents reported very positive experiences during their respite stays. Residents reported feeling very safe in the centre. Residents complimented the facilities, the food, and the overall care and support provided. A number of residents were particularly complimentary of the staff, who they felt were kind, caring, attentive and highly respectful. The inspectors also observed friendly and warm interactions between staff and residents throughout the day. Residents said that they felt comfortable speaking to staff about issues and making suggestions or complaints. Where residents had given feedback to the provider or had made a complaint, residents reported that they felt they were listened to, that the provider had taken appropriate actions in a timely manner, and the residents were satisfied with the outcomes.

Residents told inspectors that they felt they had choice and control over their daily activities while in the centre, and were supported by staff according to their needs. Residents said that their privacy and independence was respected by staff and other residents. Residents reported being consulted in relation to changes in the centre. For example, the centre recently changed from providing sleepover staff to waking night staff, and residents reported having open ongoing discussions with staff about their needs and preferences in relation to night-time checks. Some residents highlighted the recent purchase of a wheelchair-accessible centre vehicle as a very positive development in the centre. These residents said the service vehicle was a more convenient and a less costly alternative to taxis, which they had previously relied on for community outings, and was also more comfortable, since familiar trained staff supported residents while using the centre's vehicle.

Capacity and capability

The inspectors found that overall, the registered provider was effective in assuring that a good quality and safe service was provided to respite residents during their stay at the centre. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the residents' needs, wishes and intrinsic value were taken into account. Overall, improvements that were required from the previous inspection in 2018 had been implemented and where improvements were warranted on this inspection, the registered provider and person in charge had commenced addressing a number of them in a variety of ways.

There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibility and who

they were accountable to.

The inspector found that overall, governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance. Senior management carried out various clinical, quality and safety reviews of the centre on a regular basis to ensure better outcomes for residents.

The person in charge was familiar with the residents' needs and overall, ensured that they were met in practice. There was evidence to demonstrate that the person in charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

Since the last inspection, the person in charge had made improvements to ensure the service was effectively monitored at local level through completing a suite of local audits. However, on reviewing these audits the inspectors found that improvements were required to ensure the effectiveness of the audits to fully ensure that the operational management and administration of centre resulted in safe and effective service delivery. On the day of inspection senior management acknowledged the audits required improvement and showed the inspectors sample templates for a new local audit which was currently in review.

The inspector saw evidence that the provider had carried out an unannounced six monthly review of the centre in June 2019 and had completed a written report on the safety and quality of care and support provided in the centre. However, the inspectors found that the plan in place to address any concerns regarding the standard of care and support did not always include actions, timelines and who was responsible to address the concerns.

The inspectors reviewed the centre's actual and planned roster and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of respite residents availing of the centre. Furthermore, the inspectors saw that a waking night staff had been added to the roster which had resulted in positive outcomes for respite residents who required support during the night. The inspectors were advised that discussions were currently in place between management, staff and residents surrounding the new addition of night-time room checks to find an appropriate and safe balance between residents' needs and wishes.

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and endeavoured to ensure that they were met in practice. Staff were knowledgeable of policies and procedures which related to the general welfare and protection of the residents.

Overall, there was a continuity of staffing so that attachments were not disrupted and maintenance of relationships were promoted. The inspectors observed kind, caring and respectful interactions between staff and residents throughout the day.

The inspectors found that the person in charge maintained a comprehensive staff training schedule to ensure that all staff were appropriately trained to meet the

needs of the residents. All staff had up-to-date training and refresher training was also scheduled at regular intervals, as required. A number of staff members described having regular formal supervision meetings with the person in charge, which they felt were beneficial to their practice.

All required written policies and procedures were adopted and implemented in the centre. They were reviewed at the required intervals or more often, where necessary, to reflect best practice. Policies and procedures were made available to staff, and staff showed awareness of how to access them. Staff reported that one policy was chosen each month for review and discussed at staff meetings, which encouraged continued review and reflection on policies on procedures.

An effective complaints procedure, including an appeals process, was in place. Clear and accessible information on the complaints procedure was provided to residents in multiple locations and formats throughout the centre. The inspectors saw that records of complaints were maintained, which included records of the satisfaction of complainants. The inspectors heard from a resident who had made a complaint previously and reported that they felt supported, were satisfied that the provider had responded promptly and had taken appropriate actions to address their complaint. Accessible information on how to access advocacy services was on display in all residents' bedrooms.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

There was evidence to demonstrate that the person in charge had appropriate qualifications and experience in line with the regulatory requirement.

Judgment: Compliant

Regulation 15: Staffing

The inspectors reviewed a sample of staff files and found that not all files contained all the requirements of schedule 2; for example not all files included photographic

identification or the correct number of references.
Judgment: Substantially compliant
Regulation 16: Training and staff development
Staff were appropriately trained to meet the care and support needs of residents. Regular refresher training and effective staff supervision were also provided.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.
Judgment: Compliant
Regulation 23: Governance and management
Overall, the governance systems in place ensured that service delivery was safe and of good quality. However, improvements were warranted to the current local audits in place and to the unannounced six monthly written report to ensure their effectiveness: for example, time frames and persons responsible were not always included in the audits or report.
Judgment: Substantially compliant
Regulation 24: Admissions and contract for the provision of services
All respite residents were provided with a contract of care however, improvements were required to ensure all charges were included.
Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the services provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors saw that a record of all incidents occurring in the designated centre was maintained.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider ensured that an effective complaints procedure was in place in the centre. Clear and accessible information on the complaints procedure was provided to residents. Records of complaints and the satisfaction of complainants were maintained.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 written policies and procedures were in place and had been reviewed at intervals not exceeding three years, or more frequently, where required.

Judgment: Compliant

Quality and safety

The inspectors found that the designated centre was well run and provided a warm and pleasant environment for respite residents. The residents wellbeing and welfare

was maintained by a good standard of evidence-based care and support. Inspectors found that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality.

The inspectors looked at a sample of personal plans of residents availing the respite service and overall, found them to be up-to-date and reviewed appropriately. Residents were supported to live a life of their choosing in accordance with their own wishes, needs and aspirations. Social activities were offered to residents both within the centre and in the community. The previous inspection of this centre found that community activities were limited on days when the weather was bad due to the lack of available accessible transport. However, the registered provider had since secured funding and an accessible vehicle had been purchased. The vehicle was available to the residents since July 2019 and residents who spoke with the inspectors advised that having the accessible vehicle available to them had brought about positive outcomes during their respite stay.

The inspectors were informed that residents were charged a fee to avail of the centre's transport; for example residents paid a charge to travel to community activities such as shopping in the local town. The inspectors found that the consistency of this arrangement required reviewing to ensure it was fair and transparent; documentation showed that some residents were charged a fee to avail of the centre's transport while other residents were not, and there was no clear criteria relating to the charging system in place. Furthermore, the inspectors found that the residents' service agreements (contracts of care) required updating to clearly note this new charge.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. Safeguarding measures were in place to ensure that staff providing personal intimate care to residents who required such assistance did so in line with each resident's personal plan and in a manner that respected residents dignity and bodily integrity.

The inspectors found that some gaps were evident in the maintenance of the documentation relating to incidents however, the gaps did not result in a medium or high risk for residents using the respite service; for example a number of incident reports required improvement to clearly record all measures relating to the investigation of, and learning from incidents.

There were a number of restrictive procedures in place in the designated centre and the inspectors found that it was unclear if the least restrictive approach was in place at all times. For example, in relation to environmental restrictive practices, there were no documented reviews or alternatives sought for a number of internal locked doors throughout the centre.

However, the provider advised the inspectors that since a recent HIQA thematic inspection took place in one of their other centres (relating to restrictive practices) they had devised new tools to review all their centres' restrictive procedures to ensure they were applied in line with the national policy on restraint

and evidence-based practice.

The inspectors found that the registered provider and person in charge ensured that residents received effective and safe support to manage their medicines when such assistance was required. Where residents chose to self-administer, their choice was respected following an appropriate assessment. Staff were provided with the appropriate training and were knowledgeable in safe medicine management practices. However, improvements were required to ensure clear protocols were in place for the administration of residents' PRN medicines (medicine only taken when required).

There was a system in place for the receipt of residents' medications on arrival to a respite break however, this system had led to some residents not having all their required medication on arrival. On the day of inspection the inspectors were advised that the system was currently undergoing a review to put a more effective receipt of medication system in place.

A risk register was in place which focused on risk at provider level, and included hazard identification, risk assessment and control measures, and referenced to relevant policies and procedures. Inspectors found that local risk assessments, specific to the risks identified in this centre, had also been completed and had been reviewed within the past 12 months. However, the risk assessments required further review to ensure consistency in the application and documentation of risk ratings. Furthermore, a number of risk assessments required review following the recent introduction of waking night staff to the centre. Documentary evidence was in place to ensure that the recently-purchased centre's vehicle was adequately insured, and staff were appropriately licensed and trained to drive it.

Suitable fire precautions were in place in the centre. There were adequate escape routes for individuals who were ambulant and non-ambulant, and clear signage was in place to direct people to the fire assembly point at the front of the centre. Fire doors were installed throughout the centre. There were clear procedures in place in case of fire, which were displayed prominently throughout the centre, and staff and residents displayed awareness of these procedures. The inspectors viewed a sample of personal emergency evacuation plans and found that they clearly guided staff practice, and had been regularly reviewed by staff and the residents to whom they related. Appropriate firefighting equipment was in place throughout the centre. There was documentary evidence that the firefighting equipment, emergency lighting and fire alarm systems were serviced at regular intervals by an external company and also checked regularly by staff in the centre. The inspectors found evidence that regular fire drills had been undertaken, including documented areas for improvement, if noted.

Regulation 13: General welfare and development

Since the last inspection a new accessible vehicle was purchase for the designated which had lead to positive outcomes for residents and in particular had

provided greater access to activities in the community when the weather is bad.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the premises ensured that each respite resident could enjoy staying in an accessible, safe, comfortable and homely environment. The physical environment of the house was clean however, there were some decorative work required to a small number of residents' bedrooms and en-suite bathrooms such as painting and replacing of tiles.

Judgment: Substantially compliant

Regulation 20: Information for residents

A guide for residents was made available to respite residents in all bedrooms in the centre, and included all information specified under Regulation 20 in a clear and accessible format. Inspectors noted that the residents' guide had been recently reviewed and updated by the registered provider.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy was in place and had been regularly reviewed. However, not all the measures and actions in place to control all risks specified under Regulation 26(c) were included in the policy.

A number of risk assessments required review; for example not all of the risk ratings were in line with the centre's risk matrix.

Some improvements were warranted to ensure the consistency of the vehicle check documentation.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Effective fire safety management systems were in place. Staff and residents were aware of the procedures to be undertaken in case of fire. Information on fire procedures were displayed throughout the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, there were safe medical management systems in place. However, on the day of inspection improvements were required to documentation in place to support and guide staff administer PRN medication (a medicine only taken as required). Furthermore, the practice relating to the receipt of residents' medicines on arrival to a respite break required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, personal plans sampled reflected the respite residents' assessed needs and outlined the support required to meet residents' individual needs and choices through out their stay.

Judgment: Compliant

Regulation 7: Positive behavioural support

On the day of inspection the documentation in place did not clearly demonstrate that the restrictive procedures in place in the centre were the least restrictive; for example there was no documental evidence to demonstrate that the keypad locks on the staff rest-room, staff office, communal laundry and maintenance room had been reviewed since their installation. Furthermore, there was no evidence that alternatives to these restrictive practices had been considered.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that incidents involving residents were identified and recorded using adverse event reports. However, a number of reports required improvement to clearly record all measures relating to the investigation of, and learning from incidents.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Newbridge Respite Centre OSV-0003448

Inspection ID: MON-0026219

Date of inspection: 25/09/2019

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> <ul style="list-style-type: none"> • Photo ID and second reference for the CE participant will be in place by 30/11/2019. • The Person in Charge will ensure ongoing review and audit of all staff files is completed to ensure all Schedule 2 documents are in place and that where gaps in information exist this is properly accounted for. Next audit to take place by 31/12/2019 and then on a bi annual basis. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person In Charge will ensure that provider audits identify the persons responsible, actions required, and timelines. This will commence in line with the next provider audit due by 31/12/2019. • The Person In Charge will identify the persons responsible, actions required, and timelines on all future P.I.C audits/checks. These actions will be reviewed at the regular local management meetings. This will commence by 30/11/2019. • Local audit P.I.C systems are currently being reviewed by the Provider and new templates for such audits are being developed for use in the service. Once finalized these will be introduced by 31/1/2020. 	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The Person In Charge amended the service agreement template on 25/9/2019 to include the transport contribution. • The Person In Charge has commenced the roll out of amended Service Agreements to guest who have stayed in the centre from 26/9/2019. • Service Agreements will be sent to the remaining guests by 30/11/2019. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Person In Charge will arrange for repainting and repair of tiled areas in guest bedrooms and en-suite bathrooms by 30/11/2019. • A maintenance book has been reinstated in the staff room for the recording of any repairs or maintenance required and will be reviewed by the Person in Charge on a weekly basis and discussed at the local management meetings. • The Person In Charge has amended the guest feedback form to include a question on any maintenance matters observed by clients and will review same at the local management meetings. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The Regional Clinical Partner will undertake a review of the risk register by 30/11/2019 to ensure all risks are completed as per matrix. The Risk Register will be reviewed on the Partner's site visits to the service and documented on the site visit notes. 	

- The Person In Charge has commenced, on 01/10/2019, reviewing individual risk assessments in relation to the recently introduced waking night shifts.
- The National Health and Safety and Risk Manager updated the Risk Management Policy on 18/10/2019 and included specific risks as required in regulation 26(c).

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The Person in Charge will amend the current procedure for the receipt of medications into the service by requesting that guests submit the paperwork around their medications 10 days in advance of their confirmed stay at the service. Notice of this change will be given to guests/families by 30/11/2019.
- The Provider and Person in Charge will review this new procedure by 01/03/2020 to measure its effectiveness and amend as required.
- A new PRN medication form has been developed to ensure that clear protocols are in place for the administration of PRN medications for guests who require assistance with medication. This will commence from 1/11/2019 and will be reviewed by 01/03/2020 in conjunction with the receipt of medications review as outlined above.

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

- An annual occupational therapy assessment will be requested from all new and existing guests who require restraints seeking information regarding the reasons for the restraint, the type, and the correct use of the approved restraints (i.e. bedrails, restraints, lap belts etc), and to include guidelines for staff on the correct use of these restraints. Notice of this request will be given to guests/families by 30/11/2019.
- The Person In Charge will, in conjunction with the Regional Clinical and Quality Partners, conduct a review of restraints and restrictions for any guests due into the service in the upcoming period. Commencement date 30/11/2019.

• The use of all environmental restraints in Newbridge will be reviewed in November 2019 by the local management team and the Cheshire Ireland National Health and Safety and Risk Manager. This review will examine current practice and explore other possible alternatives or less restrictive measures.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- The Person in Charge issued instructions and guidelines at a staff meeting on 9/10/2019 regarding the correct and thorough completion of AER's to ensure that guests are asked for an explanation and possible reasons for the event.
- Training will be provided to staff by the National Health and Safety Risk Manager on how to complete AERs and in particular how to ask questions to guests in order to gain a full understanding of the circumstances of the adverse event. This training will be completed by 31/1/2020.
- AERs will be continuously reviewed by the Person In Charge with consideration given to safeguarding, particularly where no immediate or sufficient explanation/cause of event is provided on the AER. AERs will be further reviewed to monitor actions and possible trends during the local management team meeting and during the Clinical and Quality Partner site visits. To commence immediately.

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(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	31/12/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2019
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'	Substantially Compliant	Yellow	30/01/2020

	needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/12/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/11/2019
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Substantially Compliant	Yellow	24/10/2019

	Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.			
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	24/10/2019
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	24/10/2019
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5,	Substantially Compliant	Yellow	24/10/2019

	includes the following: the measures and actions in place to control the following specified risks: self-harm.			
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	30/11/2019
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.	Substantially Compliant	Yellow	01/03/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical,	Substantially Compliant	Yellow	30/11/2019

	chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/01/2020