



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

## Issued by the Chief Inspector

Name of designated centre:	Knocklofty Residential Service
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	23 March 2023
Centre ID:	OSV-0003637
Fieldwork ID:	MON-0030815

## About the designated centre

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

Knocklofty Residential Service is a residential service operated by The Rehab Group. The centre has the capacity to provide a residential service to up to 11 adults with an intellectual disability. The designated centre is located in a rural setting in County Tipperary within a short drive to a town with access to facilities and amenities. The designated centre consists of three houses including a one detached two storey house, a bungalow with attached self-contained apartment and two supported living apartments. The centre is surrounded by a large garden area with vegetable patches and a variety of seasonal plants and flowers. The designated centre is staffed by care workers. The staff team are supported by a person in charge.

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

Number of residents on the date of inspection:	10
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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
Thursday 23 March 2023	10:00hrs to 18:00hrs	Conan O'Hara	Lead
Thursday 23 March 2023	10:00hrs to 18:00hrs	Louise Griffin	Support

## What residents told us and what inspectors observed

This was an announced inspection conducted by two inspectors to monitor on-going compliance with the regulations and to inform the renewal of registration decision. This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspectors followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspectors ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

The inspectors had the opportunity to meet with all ten residents of the designated centre over the course of the inspection, albeit this time was limited. One resident had recently been discharged from the designed centre.

On arrival to the designated centre, the inspectors visited the two-storey house which was home to three residents. The inspectors met with one resident who was relaxing in the kitchen knitting patches for a quilt. The resident spoke with inspectors about their life in the centre, a recent birthday party, their interests and their plans to go into town in the afternoon. Overall, the resident spoke highly of the care and support provided to them in the centre. Two other residents were attending day services in the morning and returned home later in the afternoon. In the afternoon, one of these residents spoke with the inspectors and indicated that they were happy living in the centre. They talked about some of the activities which they enjoyed to do such as going to the hairdresser, spending time in the beauty room, meals out in local restaurant, getting a weekly takeaway, planning holidays and meeting friends and family. However, they noted that that they were worried that at times there might not be enough staff to support them. The other resident chose not to speak with the inspector and this was respected.

In the afternoon, the inspectors visited the bungalow with attached self-contained apartment which was home to five residents. The inspectors met with three residents in the kitchen as dinner was being prepared. The inspectors observed residents preparing food, discussing their day and planning a shopping trip on the afternoon. One resident showed the inspectors their bedroom which was decorated in line with their preferences. The resident told the inspectors that they liked living in the centre but found their room a bit small for their needs. They noted that there was an agreement for a long time to reconfigure or adapt their bedroom. The provider had identified that the design and layout of the centre did not appropriately meet this resident's evacuation and privacy needs. The provider previously had plans in place to reconfigure their bedroom to include accessible en-suite. However, at the time of the inspection, this had not been completed and remained an area for improvement. In the self-contained apartment, the resident spoke of their day. Overall, residents appeared relaxed and comfortable in their home. Positive interactions were observed between the staff team and residents.

Later in the afternoon, the inspectors visited the two residents in the self-contained apartments. One resident welcomed the inspectors into their apartment as they were watching TV and preparing dinner. The resident spoke with the inspectors about the news of the day and informed the inspector of the staffing vacancies in the centre. The second resident with the inspector at the entrance of their apartment and spoke of their plans for planting the garden to mark the recent passing of someone important in their life. Overall, the residents appeared content in their home. The residents spoke positively about the care and support they received in the centre and spoke highly of the staff team. The inspectors observed positive interactions between residents and members of the staff team throughout the inspection.

The inspectors also reviewed seven questionnaires completed by the residents describing their views of the care and support provided in the centre. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported them. However, the questionnaires highlighted that some areas of improvement including areas of the premises requiring painting, the need to adapt or reorganise the premises to meet the needs of one resident and concerns regarding the staffing arrangements.

The inspectors carried out a walk-through of all areas of the designated centre accompanied by the person in charge. As noted the designated centre consists of one detached two storey house, a bungalow with attached self-contained apartment and two supported living apartments. The houses are located on large well-maintained grounds. For the most part, the houses of the centre were observed to be well-maintained and decorated in a homely manner with residents' personal possessions, pictures and photographs of residents' family and friends throughout the centre. However, some improvement were required in the maintenance in areas of the designated centre including worn flooring in areas of the centre and painting required in some internal and external areas. The inspectors acknowledge that there was evidence that painting had been completed in some areas of the premises and advanced plans were in place to address the areas of flooring.

The provider supported the staff team to undertake training in human rights. The staff team highlighted particular examples where a human rights based approach to care and support was promoted to inspectors which had a positive impact on the lived experience of residents. For example, one resident was currently being supported to develop and maintain a romantic relationship in line with their wishes. In addition, one resident was supported to take greater control and responsibility for their own finances. The inspectors also observed evidence of regular consultation with residents regarding the decisions about their care and support including the planned moved to a downstairs bedroom due to changing mobility needs for one resident and the provision of regular updates regarding the planned adaptation/reconfiguration of the premises to enhance privacy and dignity for another resident.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care

and support. However, there were a number of areas for improvement which included staffing arrangements, governance and management, oversight and support of residents' finances, premises, infection prevention and control and fire safety.

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

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs. However, some improvement was required in the arrangements in place for staffing and governance and management.

The registered provider had appointed a clear governance structure to the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored including an annual report 2022 and unannounced provider six monthly audits. The audits identified areas for improvement and developed plans in response. However, the management systems in place required improvement to ensure areas identified for improvement are addressed in a timely manner.

On the day of inspection, the inspectors observed that there was sufficient staffing levels in place to meet the residents' needs. There was an established care staff team in place. The centre was operating with two care staff vacancies and this was managed through the use of regular relief and agency staff. Throughout the inspection, staff were observed treating and speaking with the resident in a dignified and caring manner. However, the staffing arrangements required review. The inspectors reviewed three recent resident complaints which outlined that there were times where the staffing arrangements had a negative impact on the lived experience of residents.

There were systems in place for the training and development of the staff team. From a review of a sample records, it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the core staff team had up-to-date skills and knowledge to support residents with identified needs. As noted the staff team were supported to undertake training in human rights. The inspectors found examples of where the residents were supported with their rights in the centre and a human rights based approach to care and support was promoted as detailed in section one of this report: 'what residents told us and what inspectors observed'.

## Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

## Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was responsible for this designated centre alone. They were supported in their role in this designated centre by two experienced team leaders.

Judgment: Compliant

## Regulation 15: Staffing

The person in charge maintained a planned roster for the centre. The inspectors reviewed a sample of the roster and found that there was a core care staff team in place. During the day, the ten residents were supported by five residential staff members. At night, two waking-night staff and one sleep over staff were in place to support the ten residents.

At the time of inspection, the centre was operating with two whole time equivalent care staff vacancies. It was evident that the provider was striving to ensure the staffing complement was met through the use of regular relief and agency staff. The inspectors were informed that the provider was actively recruiting to fill the vacancies.

However, improvement was required in the staffing arrangements in place to ensure that the needs of the residents are met at all times. For example, from a review of three recent complaints, there was times the staffing arrangements were not sufficient to meet residents support needs including provision of community activities and timely delivery of personal care. Following the complaints, the inspectors were informed that a review of the rosters had occurred and future rosters were planned to ensure there were no reoccurrence of these incidents.

The inspectors reviewed a sample of staff files and found that the staff files contained all of the information as required by Schedule 2 of the regulations.



Judgment: Not compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records, the staff team had up to date training in a range of areas such as fire safety, deescalation and intervention techniques, safeguarding, people handling, food safety, epilepsy awareness, and safe administration of medication. Where refresher training was required, it was evident that training had been scheduled. In addition, the staff team were supported to complete training in human rights.

A clear staff supervision system was in place and the staff team in this centre took part in formal supervision. The inspectors reviewed a sample of the supervision records which demonstrated that the staff team received regular supervision in line with the provider's policy.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider maintained a directory of residents which included all of the information specified in Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the Regional Manager, who in turn reported to the Head of Operations. The person in charge was supported in their role by two experienced team leaders.

There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the resident's needs. The quality assurance audits included the annual review 2022, six monthly provider visits and local audits. These audits identified areas for improvement and developed action plans in response. For example, the provider had identified the need for additional staff to support one resident. The provider had submitted a business case to their funder and in the interim agency staff were in place to provide the support.

However, the management systems in place required improvement to ensure the service provided is appropriate to the residents needs and that areas identified for improvement are addressed in a timely manner. For example, improvements were required in the design and layout of the premises to meet the evacuation and privacy needs of one resident. This issue was identified at the previous inspection and remained an area for improvement on this inspection. In addition, areas of painting and flooring were identified as requiring attention at the previous inspection in 2021. While there was evidence of advanced plans in place to repair the flooring and some areas of paint updated, this issues remained ongoing at the time of this inspection.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspectors reviewed a sample of adverse incidents and accidents occurring in the designated centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that this centre was a comfortable home which

provided a good standard of person-centred care and support to the residents. However, improvements were required in the oversight of residents' finances, premises, infection prevention and control and fire safety.

The inspectors reviewed a sample of residents' personal files which comprised of an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the resident with their personal, social and health needs. The inspectors reviewed a sample of residents finances and found that significant improvements were required in the oversight systems in place to support residents to manage their own financial affairs.

There were suitable systems in place for fire safety management. These included fire safety equipment and the completion of regular fire drills. However, the night-time drills completed did not suitably demonstrate that all persons could be safely evacuated in the event of a fire and required some review.

The inspectors found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. The designated centre was visibly clean and generally well maintained on the day of the inspection. However, there were aspects of the premises which required review in order to ensure effective infection prevention and control.

## Regulation 12: Personal possessions

The provider's policy and systems in place to support residents to manage and protect their finances required improvement.

The inspectors reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre.

However, the oversight systems in place to support residents to manage their monies and/or savings in circumstances where residents were supported in the management of their finances by others required improvement. For example, where residents were supported with their finances by others, bank accounts statements were not readily available to the provider for review and reconciliation. In addition, for some residents key information and access regarding their finances was not present or clear including the name(s) on the bank accounts, type of account and who had access to the accounts. As such, the provider could not demonstrate how they were assured that all resident monies and savings were appropriately accounted for.

The inspectors were informed that the provider had identified this an area for

improvement and was currently reviewing the resident's finance policy.

Judgment: Not compliant

### Regulation 17: Premises

The designated centre was decorated in a homely manner and generally well-maintained. As noted, the designated centre consists of three houses including a one detached two storey house, a bungalow with attached self-contained apartment and two supported living apartments. All residents had their own bedrooms which were decorated to reflect the individual tastes of the residents with personal items on display.

The provider had identified that the design and layout of the centre did not appropriately meet a resident's evacuation and privacy needs. This was identified at the last inspection and remained an area for improvement. The provider had plans in place to adapt/reconfigure the bedroom to create an accessible en-suite. However, the person in charge informed the inspectors that previous plans were deemed unviable and that the provider was in early stages of reviewing alternative options to improve the design and layout of the premises in order to meet the residents' needs. The resident informed inspectors that they liked living in the centre but found their room a bit small for their needs. The reconfiguration/adaptation of the premises was required in order to support timely evacuation and uphold the resident's privacy and dignity.

The inspectors also identified that there were some areas which were in need of attention including areas of internal and external paintwork and areas of flooring in one unit. This was also identified at the previous inspection. There was evidence that painting on the ground floor of one houses had recently been completed. The inspectors were informed of plans in place to paint internal and external areas of all the houses in the coming year. In addition, there were advanced plans to replace the flooring in the two-storey house and bungalow.

Judgment: Not compliant

### Regulation 20: Information for residents

The provider a residents' guide in place which contained all of the information as required by Regulation 20.

Judgment: Compliant

## Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. The inspectors observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for high touch areas and it was evident regular cleaning of rooms was occurring. Good practices were in place for infection prevention and control including laundry management and a colour coded mop system.

However, some areas of the premises required review including the bathroom on ground floor in two-storey house had part of the bath panel missing which exposed a section of plywood. This posed an infection control risk. In addition, the floor tile behind one toilet was broken which impacted on the ability of the staff team to effectively clean and disinfect the area.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire drills taking place. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate. The previous inspection identified improvements required in fire containment. This had been addressed. The provider had identified an area for improvement to connect the alarm systems of all three houses and was in the process on the day of inspection. Interim arrangements were in place.

However, some improvement was required in the arrangements in place to demonstrate that all persons could be safely evacuated in the event of a fire, particularly at night-time. For example, the night-time drills completed took place when a number of residents were awake and did not simulate a night-time scenario when residents would be in bed.

In addition, on the walk around of the premises, it was not evident that two doors on an evacuation route in one unit were fire doors with self-closing devices. This required review by a person competent in fire safety. In addition, the self-closing device in one room was broken and required repair. This was identified to the person in charge on the day of inspection.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The inspectors reviewed the a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting resident's with identified needs, supports and goals. The previous inspection found that the assessment of need required improvement as it did not comprehensively assess all of the residents' personal, social and health needs. This had been addressed.

Judgment: Compliant

## Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspectors reviewed a sample of health care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The provider had ensured that the residents were facilitated to access appropriate allied health professional as required. Where appointments with allied health professionals were outstanding these had been identified and efforts made to schedule same.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. Residents were supported to access psychology and psychiatry as required.

Judgment: Compliant

## Regulation 8: Protection

Notwithstanding, the concerns in relation to oversight of residents' finances which is discussed under Regulation 12, the provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable

in their home.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors found examples of where the residents were supported to exercise and enjoy their rights in the centre. These examples are outlined in section one of this report: 'what residents told us and what inspectors observed'. The inspectors also observed evidence of regular consultation with residents regarding the decisions regarding their care and support. In addition, the provider promoted a human rights based approach to care and support and supported the staff team to undertake training in human rights.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Knocklofty Residential Service OSV-0003637

Inspection ID: MON-0030815

Date of inspection: 23/03/2023

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• Interviews have taken place on the 07.04.2023 &amp; 11.04.2023.</li> <li>• Recruitment Drive in Clonmel will be scheduled for April/Early May 2023. Recruitment drives have proven very successful over the past 18 months in other locations so it is anticipated that all vacant positions will be filled in the coming months. It is anticipated that a full staff team will be in place by 31.07.2023.</li> <li>• Use of agency staff will be kept to a minimum where possible and Team Leader / PIC will ensure the use of regular agency staff to provide continuity of care and support the service users and to minimise disruption.</li> <li>• Oversight of the rota by PIC will ensure that the appropriate skills mix of staff are available to meet the support needs to residents.</li> </ul>	
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"> <li>• Actions arising from this Inspection will be uploaded to the provider’s action tracking database, they will be update on a monthly basis. Details of actions relating to non-compliances identified in this inspection will be included in a monthly report to the organisation’s Senior Leadership Team and Board until all actions have been completed.</li> <li>• There is currently a priority on outstanding actions regarding the premises which include painting, flooring replacement and changes to a resident’s bedroom. These actions have been escalated to senior management and plans in place to progress these actions. It is expected that they will be completed by 31/12/2023.</li> </ul>	

Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> <li>• Financial Support Assessment will be completed with each identified resident by the 30.05.2023. Where required the discussion will be had with family members to highlight the need for oversight and collaboration to ensure that finances are managed appropriately and in line with the residents wishes.</li> <li>• RSM will request regular copies of the resident's bank statements to have on file for reconciliation. This will be completed by 31/10/2023.</li> <li>• PIC has discussed this with the Regional Advocate who has expressed they are available to engage in this process with the residents ensuring their rights are upheld. The regional advocate met with residents in the service on 29/03/2023. The regional advocate's contact details are displayed throughout the centre.</li> </ul>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• New proposal for configurations to be made to one resident's bedroom. This was assessed by the Regional Manager and the Property Projects manager on the 31.03.2023 to evaluate the level of work that needs to be completed.</li> <li>• Action tracker has been developed to monitor the completion of this project in a timely manner. RSM to monitor progress and provide regular updates to the regional manager until the project has been fully completed.</li> <li>• The new bedroom will be a sufficient size to cater for the residents individual personal care needs and associated equipment. The resident will have access to their own individual en-suite designed to meet their needs. The room will have double doors allowing immediate egress in the event of an evacuation with minimal disruption to the resident. The plans have been developed with regular consultation and input from the resident and the resident is being kept informed of all progress. It is expected that works will be completed by 31.12.2023.</li> <li>• Replacement to flooring is expected to be completed by 31.08.2023.</li> <li>• Interior Painting for one bedroom will be completed by 30.06.2023.</li> </ul>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Local Maintenance contractor has been engaged to complete all outstanding works including; repair to bath-tub panel, tiling in various locations as identified by the inspector on the date of inspection. These repairs will be completed by 30.08.2023</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Contractor has been engaged to complete review on all fire doors within the service. This was completed on the 17.04.2023. Contractor to install over-head closure device on two doors and replacement to one over-head closure device to one door. This was identified by inspectors during inspection. This will be completed 30.06.2023.</li> <li>• PIC will schedule a night time evacuation to ensure that all service users can be safely evacuated at night time. This will be completed before 30.05.2023.</li> <li>• Progress is ongoing regarding installation of connecting the Alarm System of all three locations. This will be completed by 31.10.2023.</li> </ul>	

## 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 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.	Not Compliant	Orange	31/10/2023
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.	Not Compliant	Orange	31/07/2023
Regulation 17(1)(a)	The registered provider shall	Not Compliant	Orange	31/12/2023

	ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/08/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2023
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	Substantially Compliant	Yellow	30/08/2023

	control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/05/2023