Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 2
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	25 February 2021
Centre ID:	OSV-0004077
Fieldwork ID:	MON-0031880

About the designated centre

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

The designated centre currently provides full-time residential services to two female adults, with an intellectual disability and on the Autistic Spectrum. The centre comprises of two bungalows which are within two kilometres from each other, and are located in a small town in Co. Kildare. In one of the houses there is a sitting room, kitchen/dining room, two bedrooms and one bathroom. In the second house there is a kitchen which opens out into a dinning/sitting room. There are two bedrooms, one en-suite, a bathroom and a sensory room. Both houses include a garden with a gazebo. A vehicle is provided in both houses to assist residents attend social activities. The care needs at this designated centre require a multi-disciplinary approach to care. Residents are supported to access community based services, rather than organisational supports services and practitioners of their choosing where possible. As per the centre's statement of purpose residents are supported by social care workers, care assistant, nursing staff and a facilitator.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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
Thursday 25 February 2021	09:00hrs to 15:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector of social services did not spend extended periods of time with residents and visited one of two houses within the designated centre. While none of the residents were able to inform the inspector of their views on the service's quality and safety, the inspector used observations in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. The inspector also took residents' views from minutes of residents' meetings and various other records that voiced the resident's views and preferences. The inspector found that the residents were provided with a person-centred and quality service. Each resident having their own single occupancy bungalow clearly demonstrated the positives of having a home of their choosing and it's impact on their life and overall wellbeing.

As this inspection took place during the COVID-19 pandemic, the inspector adhered to national best practice and guidance concerning infection prevention and control. The inspector reviewed documentation submitted by the person in charge prior to the inspection, and in an office within one of the centres. Conversations between the inspector and staff took place from a 2-metre distance, wearing the appropriate personal protective equipment (PPE) and were time-limited in line with national guidance.

When the inspector arrived at one of the houses, they observed a resident going out with staff for a drive. The inspector learned from the resident's plan of support and the person in charge; this was an enjoyable and essential part of the resident's day. To the best of their abilities, staff retained residents' normal daily routines whilst living under the current restrictions due to COVID-19. Both residents availed of day service supports from their home before COVID-19, and this had continued. The restrictions imposed by COVID-19 was found to have limited the number of activities available to residents previously enjoyed, such as sound therapy, shopping trips and going for coffee. However, both houses had the sole use of a vehicle, so residents were supported to choose from several community activities they enjoyed, such as countryside drives, walks to collect ivy leaves and visit the local football pitch.

As previously mentioned, the centre comprises of two bungalows located two kilometres apart. The centre was registered to accommodate two residents, one in each house. The living environment reflected the residents' specific preferences in line with their assessed needs. For example, clutter and unnecessary items were kept to a minimum as to not cause undue distress or impact on how residents liked to maintain their living space. It was clear this individual approach took into consideration the complex needs of each resident. The inspector was informed that due to a change in needs, one house had a number of environmental restrictive practices that restricted the resident's access to the kitchen, personal items removed from the bedroom and showers turned off at night. The inspector found the use of these restrictions was accounted for, which were implemented to aid in de-

escalating anxieties while all efforts were being made to identify and alleviate the cause of the resident's anxieties. These restrictive practices were regularly assessed through ongoing review, and both the resident's representatives and the provider's rights committee had been informed.

The inspector met with a resident briefly on their return to the house after lunch. The resident was a non-verbal communicator and used physical gestures, facial expressions and vocalisations to communicate their needs to staff members. While the resident did not engage directly with the inspector, their views were relayed through staff advocating on their behalf. The inspector observed that the resident was familiar with the staff and were comfortable in staff members' presence. Staff told the inspector that the resident enjoyed spending time in the garden, relaxing in the snoozling room, creating flower beds and keeping their tomato plants watered. The provider had completed an area of improvement that was outstanding during a previous inspection in relation to garden works. New flower beds were planted in the garden with trellis put up on the walls. Herb pots were planted around a gazebo, and solar lights were placed on it that light up at night. This further enhanced the resident's enjoyment of this space.

During the current health pandemic, visits to or from family members were limited; however, the inspector was informed that during the Christmas period, when restrictions allowed, both residents were supported to visit their families whilst adhering to public health guidelines. Residents are also supported to keep in contact with their family regularly, and during the current health pandemic, this has primarily been through video and telephone calls. One resident purchased a tablet as part of their goals, allowing them to see their family members during the restrictions.

Residents questionnaires submitted by the inspector before the inspection were completed with staff support. These indicated that staff advocated strongly on behalf of residents. The resident questionnaires focused on a range of subjects, including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities that residents engage in, staffing supports and complaints. The feedback received informed the inspector that ensuring residents felt secure in their environment was the priority; residents like that the staff are familiar to them and know how to support their needs.

An annual review of the service's quality and safety had been completed for 2020. Consultation with residents and their family representatives had occurred to ensure that they had a say in driving improvement in the centre. A high level of satisfaction was expressed with regard to the service provided in this centre. The resident's representatives particularly highlighted the individualised, person-centred approach that guided all supports provided to their family member. Staff were described as ''attentive'', ''caring'', and ''welcoming'' to the family. A concern raised by a family regarding access to a medical service during COVID-19 and delayed waiting times was escalated by the provider and recorded as a complaint in order to monitor progress with the external facility.

A common theme raised across all feedback, observations, and documentation emphasised the importance of an established and knowledgeable workforce and the potential adverse effect for residents' mental wellbeing where this could not be maintained. In line with residents' changing needs, the provider had identified that additional staffing support was required in the centre and had increased night-time supports in one house from a 'sleepover' to a 'waking' night shift. From reviewing the rosters, it was clear that a core staff team was in place with familiar relief staff used to cover any absences. It was reported that staff undertook extra hours were required to avoid the use of unknown staff due to the potential of causing undue stress to residents. The success of residents' goals and general welfare was largely dependent on the trust between residents and staff. Whether this was achieving a goal of entering a hotel lobby to order coffee or how unfamiliar items such as personal protection equipment (PPE) was introduced into the houses, established relationships and small steps were vital.

The inspector reviewed residents' health care needs; many anxieties were faced by residents in accessing medical services and personnel. It was found that staff used innovated ways to promote the health of residents through desensitising programmes. Residents' right to refuse treatment was respected, while efforts were made to reduce anxiety through gradual exposure to these services. This was demonstrated through the facilitation of medical appointments in a safe and familiar environment. One area of improvement identified by the inspector to ensure residents' best health was the review of the use of all specialised diets.

In the next two sections of the report, the findings of this inspection will be presented concerning the governance and management arrangements and how they impacted the quality and safety of the service being delivered.

Capacity and capability

Governance and management arrangements in this designated centre ensured that residents received a good quality of care and support in accordance with their assessed needs. The registered provider had ensured that residents' quality of life was empowered by staff members familiar to residents and that the centre was well resourced to ensure that the positive aspects of residents having their own home continued to be developed.

The provider carried out an annual review of the quality and safety of the care and support delivered to residents and had developed an improvement plan based on the findings. The inspector noted that the review was centre specific and that it focused on the residents. The provider acknowledged the service's achievements and challenges and the impact they had on quality and safety.

The provider also conducted a six-monthly unannounced visit and subsequent report. A review of this report found some improvement areas had been identified and included in an improvement plan. These included; upgrading the external

driveway, checking all staff had participated in a fire drill in 2020 and establishing that audits took place when required. Such audits ensured the service remained responsive to the residents' needs and brought about positive changes to the centre's operational management. In addition, there was evidence of shared learning from other designated centres in the organisation, facilitated through staff meetings. An example of this learning was having a 'grab' bag ready in the event of a resident having to attend for a COVID-19 test. The findings from inspections were also discussed to proactively address any issues raised.

The inspector reviewed the centre's Statement of Purpose. It set out the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were provided for residents. Some amendments were made by the provider as requested by the inspector to reflect a change in management and staffing arrangements in the centre. One criteria by the regulations remained outstanding, the arrangements made for the supervision of any therapeutic techniques used in the centre.

The person in charge had recently commenced their post in January 2021 having already been person in charge in the organisation for a number of years. They were full time and had the required qualifications, skills and experience to manage the centre. They managed two designated centres. It was evident that systems were in place to ensure the effective governance, operational management and administration of both centres. They were knowledgeable about residents' care and support needs and motivated to ensure residents were happy, safe, and engaging in activities in line with their wishes and preferences. They were identifying areas for improvement in the centre and escalating these to the management team.

As previously discussed, maintaining a consistent roster and having familiar staff were essential to residents and their wellbeing. This was an important requirement in one house in particular. Due consideration was found to be given by the provider to ensure that the centre recruited staff to comprehensively support the resident's specific needs. Residents were supported by a staff team who were familiar with their care and support needs. The provider had recognised the need to increase staffing support hours at night in one house in line with residents' changing needs. The whole time equivalent (WTE), therefore, was increased from 4.2 to 5.1. This demonstrated that the provider was proactive in responding to periods of change as per residents' requirements. During times of statutory staff leave, training and annual leave, there were times where the numbers of staff working in the house increased. The risk of causing undue stress to residents was found to be mitigated by the use of regular staff completing extra hours and using a core relief team. Through the workforce's continuity, relationships between residents and staff were being maintained, and attachments were not disrupted.

A review of training records found that all staff had completed mandatory training as required by regulations. Complementary to this, other training was provided to staff to enable them to provide care that reflected evidence-based practice. The person in charge and staff team had undertaken resident-specific training in areas such as autism, management of epilepsy, risk management, and oxygen administration.

The person in charge maintained a record of all notifications which had been submitted to the chief inspector; however, not all restrictive practices had been notified in 2020 as required. The inspector found that this did not have a negative impact on the care provided as the person in charge had sufficient oversight of these practices. This is discussed further under quality and safety.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete renewal application was received from the provider in line with renewal requirements.

Judgment: Compliant

Regulation 14: Persons in charge

There was a person in charge in the centre, who was a qualified professional with experience of working in and managing services for people with disabilities. They were also found to be aware of their legal remit to the Regulations and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A core team of staff were employed in this centre, and where relief staff were required, the same relief staff who were familiar to the residents were employed.

A review of the staff rota indicated that the number and skill mix of staff in the centre supported the residents' to enjoy a good quality of life and that continuity of care was provided to residents by staff members who were familiar to them.

The provider had also recognised the need to increase staffing support hours in the centre in line with residents' changing needs.

Judgment: Compliant

Regulation 16: Training and staff development

The provider's training arrangements ensured that staff were equipped with the appropriate skills and knowledge to support residents' needs and that their practices were in-line with current health and social care developments.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management arrangements ensured that practices at the centre were subject to regular monitoring to ensure their effectiveness. Management arrangements further ensured that appropriate resources were available to support residents' assessed needs, protect them from harm and supported them to achieve their personal goals.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose included most of the information as specified in Schedule 1 of the regulations. However, the arrangements made for the supervision of any therapeutic techniques used in the centre was outstanding.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Overall, notification of incidents were reported to the Office of the Chief Inspector in an appropriate and timely manner however, the inspector found that not all restrictive practices had not been included on the necessary quarterly notification.

Judgment: Not compliant

Quality and safety

Overall, the inspector found the residents' wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. Residents were being supported to make choices and engage in meaningful activities. The inspector identified good practice regarding the safeguarding of residents, infection prevention control, and support for residents to manage behaviours. The inspector determined that further improvements were required in residents' financial management, healthcare plans, risk management, and fire precautions in order to fully comply with the regulations.

The inspector completed a review of the measures taken by the registered provider to protect residents against infection. The provider had established a crisis management team at the beginning of the pandemic to oversee the implementation of COVID-19 precautions and protocols. The provider had ensured that all staff were made aware of public health guidance and any changes in procedures relating to this. Staff members had access to stocks of PPE in the centre, and there were systems in place for stock control and ordering. There was a COVID-19 information folder available in the centre, which was updated with relevant policies, procedures, guidance and correspondence. These included a response plan if an outbreak were to occur in the centre. Staff were aware of the local policy to report to their line manager if they became unwell. Staff who spoke with the inspector were aware of atypical presentations of COVID-19 and the need to report promptly of any changes in a resident's condition. Each staff member and resident had their temperature checked daily as a further precaution.

The registered provider had systems in place to ensure that residents were protected from abuse. There were safeguarding measures in place to ensure that staff providing intimate personal care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. The inspector noted that these plans were of high quality, demonstrating that residents' preference were respected. There was an up-to-date safeguarding policy in the centre, and it was made available for staff to review. There had been no safeguarding, or adverse incident occur in the centre since the previous inspection.

There were several restrictive practices in place in the centre. Residents' individual risk management plans and personal plans were detailed in relation to the use of these restrictive practices. Restrictive practices were also detailed in the restrictive practice register, which was regularly reviewed and updated. The reviews included the rationale for the restrictions, details of the considerations given to the use of the least restrictive practices for the shortest duration and alternative steps taken. Residents' support plans were detailed concerning any supports that may be required to manage their behaviour.

The inspector renewed the residents' healthcare needs and found mixed findings relating to the management of specialised diets. For one particular diet, comprehensive support plans were developed to provide clear and concise guidance to staff to direct care. There was also evidence of dietician input and recommendations. Staff spoken with were knowledgeable regarding this diet and could clearly convey the supports required for residents in this area. The inspector

found conflicting information regarding the use of another specialised diet. It was unclear the requirement for a restrictive diet in the absence of a dietician report. The use of the diet was linked to the resident's positive behaviour support plan; however, a review of narrative notes by the inspector did not assure that the restrictive diet was evidence-based and reduced behaviours as intended.

The inspector reviewed fire precaution measures; there was a fire alarm and detection system in place along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident, which clearly outlined the individual supports required in the event of a fire or similar emergency. Regular fire drills were taking place in the centre, and records demonstrated that residents and staff could evacuate the centre without difficulty in a reasonable time frame. While some fire containment measures were in place, these did not include a self-closing device in line with recently published national guidance. The inspector observed that the kitchen and living room fire doors stayed opened during the duration of the inspection and therefore did not provide adequate fire containment in the event of a fire. The inspector received assurances that interim measures would put in place whilst this was being addressed. Also, the system in place for recording the servicing of the fire panel and emergency lighting required reviewing. Certificates of work completed were not available in the designated centre and could not be produced during the inspection; however, the inspector received assurances post-inspection that these were completed.

The provider had systems in place to ensure that residents retained control of their personal property. Residents had their own items in their homes, and these were photographed and recorded in a log of personal possessions. Residents received support with managing finances, where required. For some residents, family members were supporting them to manage their finances. At times, this posed difficulties and potential risks. Staff and management supporting the residents did not have oversight of all of the resident's spending. They did not have access to bank statements, and therefore could not complete audits in line with the service policy.

The health and safety of residents, visitors and staff were promoted and protected. There was a risk management policy in place. The inspector reviewed individual risk assessments for the residents, which contained a good level of detail, were specific to the residents and had appropriate measures in place to control and manage the risks identified. The inspector found that risk in the centre was assessed, and appropriate control measures were put in place. Improvement was required in the recording of one risk identified during the inspection, the requirement of familiar staff and its potential impact on residents' wellbeing where this could not be maintained. The inspector found that effective control measures were implemented to date but was not reflected on the centre's risk register.

Regulation 12: Personal possessions

Practices relating to the management and oversight of residents finances in the centre required review and strengthening in line with the regulations. The provider could not clearly demonstrate all residents maintained control of their bank accounts and that all expenditure was accounted for.

There was good practice identified in the recording of residents personal property.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a system in place to identify, assess, respond to and monitor risks in this centre.

A centre wide risk register was in place along with risk assessments relating to individual residents. However, an identified risk had been identified but had not been addressed within individualised and / or centre risk register.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Arrangements were in place for the protection against infection. The inspector found that there were appropriate facilities for hand hygiene, including hand gels and the person in charge stated there was plentiful supplies of PPE.

Staff were seen to wear appropriate PPE and were kept updated on the changing guidance related to COVID-19 as seen in the relevant information folder.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had an established fire management system as required and fire equipment was serviced annually and quarterly.

Improvements were required in the auditing and checks of fire documentation to ensure an effective system and any deficits are identified in a timely manner.

There were no self-closing mechanism fitted to fire doors to ensure that the fire containment measures were effective.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the residents' care plan's were updated and reviewed at regular intervals and in line with residents' assessed needs. However, the inspector found that some guidance and protocols required review, as they were not fully reflective of the care and support provided to residents.

It was unclear the requirement of one specialised diet that was in use in the centre, and its' usage was not informed by the relevant allied health professional.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff had the knowledge, skills and training to support residents. Residents had support plans in place which clearly guided staff to support them. These plans were regularly reviewed and updated in line with residents' changing needs.

Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse.

Staff were facilitated with training in the safeguarding of vulnerable persons.

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 - 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 2 OSV-0004077

Inspection ID: MON-0031880

Date of inspection: 25/02/2021

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated to reflect any specific therapeutic techniques used in the designated Centre and arrangements made for their supervision.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in Charge will ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to any occasion where a restrictive procedure is used.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The management and oversight of residents finances have been reviewed and strengthened to ensure that residents maintain control of their finances and that all expenditure is accounted for.	

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
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. A risk assessment in relation to familiar staffing has been included on the register.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Effective fire management systems are in place in place for detecting, containing and extinguishing fires including the provision of Fire doors/seals plus fire proof glass where appropriate. A robust fire alarm system is in operation, and regular Fire Evacuation drills are completed in line with the regulations and the residents understanding of fire evacuation. Daily/weekly/monthly/annual audits are carried out on fire procedures/equipment to ensure there are safe and reliable systems in place to alert residents and staff should a fire occur, and to ensure the safe evacuation of inhabitants in the event of a fire. Comprehensive Fire Training is mandatory for all staff..
Consideration has been given to the recently published Fire Guidance (Jan 2021) and additional safety measures such as self-closing doors will be installed in due course.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
In order to comply with regulation 6, 'The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan', a full review of all healthcare needs will be undertaken. A referral was made on the 16th March 2021 to the relevant health care professional in regards to Dietary requirements and review with dietician is planned for 6/4/21. All documentation including Personal Plan will be updated following this review.

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.	Substantially Compliant	Yellow	26/03/2021
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	19/03/2021
Regulation 28(3)(a)	The registered provider shall make adequate	Substantially Compliant	Yellow	30/06/2021

	arrangements for detecting, containing and extinguishing fires.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/03/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	30/04/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	06/04/2021
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such	Substantially Compliant	Yellow	06/04/2021

	services is provided by the registered provider or by arrangement with the Executive.			