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

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| Name of designated centre: | Community Living Area 11 |
| Name of provider: | Muiríosa Foundation |
| Address of centre: | Kildare |
| Type of inspection: | Announced |
| Date of inspection: | 22 September 2023 |
| Centre ID: | OSV-0004082 |
| Fieldwork ID: | MON-0031907 |

## About the designated centre

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

Community Living Area 11 consists of two houses located near a town in Co. Kildare. The houses are located in two separate locations within three kilometres of each other. Both homes are bungalows with five bedrooms. Facilities include single bedrooms, accessible bathroom facilities, sitting room, kitchen and utility room. There is a car available at each location. Each home can facilitate four individuals over the age of 18 years. Each individual has varying support requirements in relation to their abilities and individual needs that are identified in the care plan. The aim of Community Living Area 11 is to provide a safe and secure home for each individual. Individuals are supported by both social care staff and care assistants.

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

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| Number of residents on the date of inspection: | 7 |

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Friday 22 September 2023 | 09:30hrs to 17:15hrs | Sarah Cronin | Lead |

## What residents told us and what inspectors observed

This was an announced inspection which took place to inform a decision about renewal of the registration of this designated centre. From what residents told us and what the inspector observed, it was evident that residents were supported to engage in activities of their choice and that they were comfortable and content in their homes. Improvements were required in the areas of governance and management, fire precautions, staffing and personal possessions. These are detailed in the body of the report.

The centre comprises two houses a short distance away from each other outside a town in Co. Kildare. The first house was home to four residents. The house had a sitting room and four bedrooms along the hallway, one of which had an en suite and an accessible bathroom. There was a generous kitchen and dining area. Leading off the kitchen was a hall which led to a utility room, a relaxation room and then a further hall led to a resident's bedroom and bathroom. The inspector had the opportunity to meet with three of the four residents living in the house. One resident was at home with family, which they did non a regular basis. On arrival to the centre, residents were going about their morning routines, with one resident sitting and chatting with staff at the table. Staff and two of the residents went out and returned to the centre later in the morning. The assessed needs of one resident in the house had changed since the last inspection and this meant that they required two staff to support them with many of their activities of daily living. An overhead hoist had been installed in their bedroom. The transport available in the house was no longer accessible for them. Staff were able to borrow an accessible vehicle from the other house in the designated centre each day to ensure that this resident got out. All of the residents were well presented and were observed to be comfortable in the company of staff.

The second house was a short drive away and in a more rural location and was home to three residents. This house was a large bungalow which comprised a kitchen, conservatory, staff office and sleepover room, a sitting room, bathroom and four resident bedrooms. One of the bedroom had an en suite and two bedrooms had large walk-in wardrobes. One of the residents had recently had furniture custom-built for their bedroom. The outside of the house had been painted a colour which all of the residents had chosen together. The inspector arrived to the house in the afternoon. Residents were eating dinner with staff and there was a homely and relaxed atmosphere. This house had experienced the loss of a resident in the months prior to the inspection taking place. There was a photograph of the resident on the wall and a photo book of them for residents to look at and remember them. One of the residents spoke about upcoming plans to go for an overnight stay to a conference of a member organisation. The inspector was shown their new outfit and they reported to be very excited about the event. The resident spoke about the support they got in the centre and how the staff "worked hard" in the centre. They had a friend stay over in the house as they wished which they greatly enjoyed. Another resident had recently moved into the centre and spoke about the meals

they liked.

Residents presented with a variety of communication support needs. Some residents were verbal and used speech as their primary mode of communication. Other residents required staff to know them well to ensure that all of their communication signals were interpreted and responded to. It was evident that residents' rights to communicate and to access communication was upheld and promoted. There was easy-to-read information available on a variety of topics. Interactions which the inspector observed were kind and caring. Residents meetings took place on a regular basis. There was easy-to-read information available about a variety of subjects such as health-related issues and infection prevention and control to complaints and safeguarding. Social stories had been used with one resident to support them understand fire evacuation procedures. There was evidence that staff afforded residents opportunities to learn about various aspects of their care and of the running of their home. Where residents had more significant communication support needs, documentation highlighted the need to ensure that the resident was given "the dignity to still be included in all topics".

The inspector received five resident questionnaires which had been circulated prior to the inspection taking place. The questionnaires seek residents' feedback on a number of service areas such as the physical premises, staff support, activities, rights, visitors, food and care and support. Feedback was positive in these questionnaires. One family member reported that their relative was "receiving excellent care". It was evident that residents were supported to maintain and continue to develop relationships with family members and those who were important to them.

Residents reported to enjoy watching TV, listening to music, chatting with staff, training, doing gardening. Some residents enjoyed a weekly massage or reflexology in the centre. Outside the centre, residents used local amenities such as the local shops, hairdressers, getting out for lunches and walks and baking. One resident continued to enjoy social farming in her locality. Some of the residents reported to enjoy cooking and helped to prepare meals in the house. One resident attended a day service.

Staff had completed training in applying a human-rights based approach to health and social care. Staff reported giving residents choices and it was evident that the team and person in charge had advocated for a resident to ensure that they could freely access accessible transport to enable them to get out. This had resulted in a temporary plan to use an accessible vehicle from another house while the new vehicle was being purchased. This meant that the resident was able to get out each day. Staff noted this to make a big difference to the resident's daily life. The person in charge and staff team discussed rights at their meetings. On residents' questionnaire responses, it was evident that residents' rights were promoted and upheld in the centre. For example, one of the residents reported that they can do as they wish and said "I control my own life". Another quote from the questionnaires which highlighted residents' views on their support said "Its ok for staff to make suggestions but I will decide if its a yes or a no". Another resident said "I like how I

make my own plans". Residents were complimentary of staff.

In summary, from what residents told us, what the inspector observed and reviewing documentation, it was evident that residents were well supported in comfortable homes. The next two sections of the report present the inspection findings in relation to the governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

## Capacity and capability

The inspector found that there were management systems and structures in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. However, there were improvement required in governance and management, in fire precautions, staffing, personal possessions and premises.

The centre had a clear management structure in place that identified lines of authority and accountability. There were number of committees in place to govern and oversee aspects of services such as infection prevention and control and health and safety. The provider was in the process of setting up a Human Rights committee which was due to commence in the months following this inspection. Six-monthly unannounced visits and the annual review had been carried out in line with regulatory requirements. Due to a significant increase in one resident's care and support needs, staffing requirements in one house had changed. For example the inspector identified concerns that safe fire evacuation within the minimum staffing complement in one house. An urgent action was issued on the day of the inspection due to this risk. This had not been identified by the provider. This is detailed under Regulation 28: Fire Precautions.

At centre level, the person in charge had a schedule of audits which were carried out at set intervals on various aspects of the resident's care and of the centre itself. For example, audits took place on the resident's care plan, finances, medication, health and safety, fire, infection prevention and control and training. These were signed off by the person participating in management. The person in charge attended monthly meetings with other persons in charge in the region. This forum was used to discuss and share learning across centres. Staff meetings took place regularly and had a set agenda in place. There was evidence that safeguarding, adverse events and risk were discussed as part of these meetings.

The provider had appointed a suitably qualified and experienced person in charge. The person in charge worked on a full-time basis and had a long established knowledge of residents and their assessed needs. They had clear systems in place to ensure that any updates to residents' care plans or documentation was displayed on a board which staff checked and signed daily. This allowed the person in charge to keep track of all actions required by staff to continue to monitor and improve

systems in the centre.

The centre had one staff team in each house. In one house, there was an adequate number of staff in place to meet residents' assessed needs. However, in the second house the inspector was not assured that the current staffing arrangements were adequate to ensure that all residents could be safely evacuated from the centre in the event of a fire and that personal care could be carried out in a timely manner for those who required more than one staff member to provide care. It was reported that having an additional staff in the house would potentially upset one of the residents due to their need for a low arousal environment. However, a review of arrangements was required to ensure that residents' assessed care and support needs could be met at all times while balancing the needs of other residents to a calm environment. Staff rosters were viewed by the inspector. There were gaps noted in some rosters of staffs' full names . However, this had been amended following an inspection of another designated centre to ensure that they would be suitably maintained to include the full names of all staff who had completed shifts in the centre.

The inspector viewed staff training records and found that staff had completed training in mandatory areas in addition to other areas more specifically required to ensure staff had the appropriate knowledge and skills to best support residents. Supervision took place in line with the provider's policy.

The provider had prepared, adopted and were implementing policies and procedures as required by Schedule 5 of the regulations. These included areas such as risk management, safeguarding, provision of intimate care, medication management and complaints.

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

The registered provider made an application to renew the registration of the designated centre within required time lines. It included all information set out in Schedule 2 of the regulations.

Judgment: Compliant

## Regulation 14: Persons in charge

The provider had employed a suitably qualified and experienced person in charge. They had worked in the centre as a person in charge since 2016 and was noted to have good knowledge of the residents. They had good systems in place to ensure monitoring and oversight of residents' care in the centre. They worked on a full-time basis and split their time evenly between the two houses.

Judgment: Compliant

## Regulation 15: Staffing

On the day of the inspection, the support needs of one resident in the centre had changed significantly in the previous months. The resident required two staff to meet some of their care needs. There were two staff on duty each day, with one of those staff doing a sleepover shift. This meant that from 9pm onwards, the house had one staff member present. Staff reported that they had a contingency plan in place to call upon another designated centre locally, or upon staff in the other house if required to ensure that personal care could be carried out , and that fire evacuations could take place in a timely manner. However, the inspector was not suitably assured that the current staffing arrangement was suitable to best meet the assessed needs of the residents in this house.

Judgment: Not compliant

## Regulation 16: Training and staff development

Staff had completed training in a number of areas such as fire safety, managing behaviours of concern, safeguarding, food safety and safe administration of medication. Staff had completed additional training on infection prevention and control, human rights, the Assisted Decision Making (Capacity) Act, 2015 and in first aid. Supervision took place every six months and it was evident that this was scheduled more frequently to address and respond to any issues if required.

Judgment: Compliant

## Regulation 22: Insurance

The registered provider effected a contract of insurance against injury to residents and other risks in the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

Six-monthly unannounced visits and the annual review had been carried out in line with regulatory requirements. However, the inspector was not assured that areas identified on the inspection which posed a risk to residents had been identified by the provider in a timely manner. For example, the provider did not identify concerns that fire evacuation was possible within the minimum staffing complement in one house. An urgent action was issued on the day of the inspection due to this risk.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

The provider had a statement of purpose in place which included all information set out in Schedule 1 of the regulations. It was regularly reviewed and reflected the services provided in the centre.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had given the chief inspector notice of required adverse incidents which occured in the centre within the required time lines.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The provider had written policies and procedures required by Schedule 5 of the regulations. There was a clear system in place in both houses to ensure that staff read and signed off on policies and any updates to policies in a timely manner. This was monitored by the person in charge. Policies were reviewed every three years as per regulatory requirements.

Judgment: Compliant

## **Quality and safety**

As outlined at the beginning of the report, residents were found to be well cared for and supported in their homes. They were engaging in activities in their local communities and within their homes. All of the residents whom the inspector met were well presented and appeared to be content and comfortable in the company of staff. However, as previously outlined, improvements were required in residents' personal possessions, in fire precautions and in premises.

Residents in the centre were protected from abuse through policies and procedures in addition to supervision and ongoing dialogue among the staff team. For example, safeguarding was a standard agenda item. Where there were any safeguarding allegations or concerns, these had been documented , reported and investigated in line with National policy. Safeguarding was also discussed with residents. Staff were knowledgeable on what to do in the event of any concerns relating to the welfare of residents. For residents who required personal and intimate care, there was clear written guidance for staff to ensure that care was delivered in a manner which respected residents' dignity and bodily integrity.

The provider had a policy in place in relation to the management of residents' personal possessions. Residents had control over their clothes, with large wardrobes provided to store them. Some residents had recently purchased new furniture for their bedrooms. An inventory of personal possessions was kept for each resident and this was regularly updated when purchases were made. There were systems in place to manage and safeguard residents' finances. However, improvement was required to ensure that residents were supported to manage their own financial affairs, and that they had timely access to and control of their money. Arrangements in place for the assessment of residents' capacity in relation to finances also required improvement. This is detailed under Regulation 12: Personal Possessions.

Both of the houses in the designated centre were found to be warm, homely and comfortable and in a good state of repair internally. The provider had recently introduced an online system in place to ensure that any maintenance issues which required attention were swiftly reported and requested. However, in one of the houses a pathway was found to be cracked and in a poor state of repair. This was a risk due to this being the fire evacuation route and residents' were at risk of falls. This had been highlighted through the maintenance system but on the day of the inspection, the person in charge was not aware of any progress on this issue.

The provider had a risk management policy in place which met regulatory requirements. There were systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Adverse events were recorded and reported and there was evidence of appropriate follow up and sharing learning after any incidents took place.

Both houses in the centre had fire-fighting equipment, smoke alarms and fire doors in place. The inspector viewed a record of fire drills which had taken place in both of the houses. Fire drills in one of the houses with the minimum staffing complement were taking significant periods of time and residents had re-entered the building. The provider had identified this as an issue and a contingency plan was put in place for staff to contact a nearby designated centre for support. However, drills were not

demonstrating that this contingency plan was achieving reasonable evacuation times in line with residents' assessed needs. This plan was not documented in fire orders to ensure that staff consistently contacted a neighbouring house. The person in charge rectified this immediately on inspection. Fire escape routes also required review to ensure they were suited to residents' assessed needs. An urgent action was issued to the provider on the day of the inspection. This is further detailed under Regulation 28: Fire Precautions below.

The provider had suitable arrangements in place in relation to medicines and pharmaceutical services. Residents had access to a pharmacist. Each resident had a locked storage box locker in their bedrooms. A staff member showed the inspector the systems in place to store and administer medication in addition to regular checks of stock. They were knowledgeable on the practices and procedures in place in addition to the medications which residents were prescribed.

Residents in the centre were supported to enjoy best possible health. They had access to a GP and other medical professionals. Residents also had access to health and social care professionals such as occupational therapists, physiotherapists and speech and language therapists and psychology where they required it. Residents had were supported to access any national screening programmes which they were eligible for.

## Regulation 12: Personal possessions

Improvements were required to ensure that residents were supported to manage their own financial affairs and that they had timely access to and control of their money. Most of the residents in the centre did not have a bank account and finances were held in a personal patient property account which was managed within the organisation. This meant that residents requested and picked up monies on a weekly basis from the finance office. Finances could be accessed in between those times, with the approval of management. This arrangement meant that the purchasing of items or spending needed to be anticipated and planned for, rather than residents having freedom to spend their finances as they wished.

Capacity assessments had been carried out in relation to finances for each resident. However, it was unclear how these judgments were made on residents' abilities in relation to their finances. Where assessments indicated that a resident required support, it was not clear what level of support was required. For residents who had higher support needs, it was not evident that residents were supported to develop skills and experience in managing money in line with those support needs.

Judgment: Not compliant

## Regulation 17: Premises

Both of the houses were found to be in a good state of repair internally. They were nicely decorated and had ample space for residents to receive visitors and engage with others, or to spend time alone. There were ample bathing and showering facilities and the house had equipment in place to support residents care needs such as hoists. However, the paving outside of one of the homes was found to be cracked and in a poor state of repair. This area was the evacuation route from the centre and posed a risk of slips, trips and falls.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The registered provider had a guide in respect of the designated centre which met regulatory requirements.

Judgment: Compliant

## Regulation 26: Risk management procedures

The registered provider had a risk management policy in place which met regulatory requirements. There was a clear system in place to identify, assess and manage risks in the centre, including responding to emergencies. Adverse events were appropriately reported and any actions required were put in place and communicated with staff in a timely manner. The centre had a risk register in place which was found to reflect live risks in the centre and there were appropriate control measures in place.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire precautions required immediate review. In one of the houses, the fire escape route for one resident required review to ensure that it was best suited to their assessed needs and safety. For example, staff were required to re-enter the building from a back door to get to a resident's room at the back of their house. Records of fire drills were viewed and one house had two fire drills which had taken a significant amount of time, with one documented as taking twenty seven minutes. One resident had re-entered the building a number of times, and on one occasion had returned to bed. The provider had put additional measures in place which

involved using staff from another designated centre nearby. However, the inspector was not assured that residents could be evacuated safely with the minimum staffing complement in spite of this additional measure.

Due to the significant risks evident in relation to safe and timely evacuation times , the inspector issued an urgent action to the provider on fire on the day of the inspection. An urgent compliance plan was sent to the Office of the Chief Inspector which gave assurances on both immediate and more medium-term measures which the provider was to take to address these matters.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had suitable systems in place in relation to the ordering, receipt, prescribing, storing, disposal and safe administration of medication. Staff whom the inspector spoke to were familiar with practices around receipt and administration of medication. There was a clear system in place to record any medication errors in the centre.

Judgment: Compliant

## Regulation 6: Health care

As outlined earlier, residents had access to appropriate healthcare in line with their assessment of need and personal plan. This included access to a general practitioner and health and social care professionals. A record of all appointments which residents attended was kept to ensure that any relevant treatment or follow up appointments were provided. Residents had access to any national screening programmes which they w

Judgment: Compliant

## Regulation 8: Protection

Residents were protected from abuse through policies, procedures and ensuring that staff remained up-to-date with training in this area. Safeguarding was discussed with both staff and residents on a regular basis. Personal and intimate care was documented out in a manner which upheld residents' rights to dignity and bodily integrity.

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| Judgment: Compliant |

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|---|
| **Capacity and capability** | |
| 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 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| **Quality and safety** | |
| Regulation 12: Personal possessions | Not compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |

# Compliance Plan for Community Living Area 11 OSV-0004082

## Inspection ID: MON-0031907

## Date of inspection: 22/09/2023

**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 |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>Regulation 15 (1): A business case was submitted to our funder to increase staffing levels to meet the needs of the residents. Staffing levels were increased on 28th September 2023.<br><br>Regulation 15 (4):The registered provided will ensure that the staff rota accurately reflects the names and titles of staff who work within the Designated Centre. | |
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>The provider has completed a review of staffing requirements. A business case submitted to our funder to increase staffing levels to meet the needs of the residents. Staffing levels were increased on 28th September 2023, to ensure care needs of residents are met. | |
| Regulation 12: Personal possessions | Not Compliant |
| Outline how you are going to come into compliance with Regulation 12: Personal possessions:<br>The register provider ensures the residents receive their monies on a weekly basis and has implemented a system should a resident require additional monies outside of this timeframe this will be facilitated. The provider recognises this is a restriction attached to this practice. The senior leadership management team are reviewing this practice and working with financial institutions and will endeavour to ensure that residents having free access to their money in the future, in line with regulation.<br><br>The register provider is currently reviewing the capacity assessments in line with the Assisted Decision Making (Capacity) Act 2015 | |
| Regulation 17: Premises | Substantially Compliant |

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| Outline how you are going to come into compliance with Regulation 17: Premises:<br>The registered provider will ensure that the paving around one of the houses is replaced, a procurement process will be required to replace same which will impact on the timeline for completion. Replacement of paths will ensure the health and safety of residents who reside here. | |
| Regulation 28: Fire precautions | Not Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions:<br>Regulation 28(2) (c): The Registered Provider has provided an adequate means of escape, including emergency lighting in accordance with the requirements as per the Building Regulations 2017 Technical Guidance Document B Fire Safety-Volume 2-Dwelling Houses, Fire Safety in Community Dwelling Houses Code of Practice for Fire Safety in New and Existing Community Dwelling Houses 2017 and HIQA's Fire Safety Handbook A Guide for Providers and Staff of Designated Centres 2021. Regulation<br><br>Regulation 28 (4) (b): A business case submitted to our funder to increase staffing levels to meet the needs of the residents. Staffing levels were increased on 28th September 2023, to ensure safe and timely evacuation of residents within the centre.<br><br>Regulation 28 (3) (d): A review of the existing Fire Safety arrangements at this dwelling has been undertaken to determine how The Registered Provider can meet its obligations with respect to Regulation 28 Fire Precautions and specifically 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. On completion of this review the recommended option available to the Registered Provider to ensure compliance with the regulation is to increase the night-time staffing by 1 person to ensure that the safe evacuation of the service users can be completed and that the safety of the evacuees at the assembly point can be ensured. | |

## 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 | 31/12/2024 |
| Regulation 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 28/09/2023 |
| Regulation 15(4) | The person in charge shall | Substantially Compliant | Yellow | 22/09/2023 |

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| | ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained. | | | |
| 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 | 29/02/2024 |
| Regulation 23(1)(e) | The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives. | Substantially Compliant | Yellow | 29/09/2023 |
| Regulation 28(2)(c) | The registered provider shall provide adequate means of escape, including emergency lighting. | Not Compliant | Red | 28/09/2023 |
| 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. | Not Compliant | Red | 28/09/2023 |
| Regulation 28(4)(b) | The registered provider shall | Substantially Compliant | Yellow | 28/09/2023 |

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| | ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire. | | | |