



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

## Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 6
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	08 July 2022
Centre ID:	OSV-0005831
Fieldwork ID:	MON-0028439

## About the designated centre

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

Designated Centre 6 is comprised of four houses located in housing estates across West Dublin. It provides full time residential care in a community setting, and can accommodate up to 12 adults, with intellectual disabilities. The centre is staffed by social care workers, nurses, care assistants and day service team members, all of who are supported by a person in charge. Designated Centre 6 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centre services provided by a competent, skilled and caring workforce, in partnership with the person, their advocate and family, the community, allied healthcare professionals and statutory authorities.

**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
Friday 8 July 2022	08:30hrs to 16:30hrs	Michael Muldowney	Lead
Friday 8 July 2022	08:30hrs to 16:30hrs	Micheal Kelly	Support

## What residents told us and what inspectors observed

In line with public health guidance, inspectors wore face masks during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, inspectors observed information on COVID-19 and infection prevention and control, and masks and hand sanitising facilities were readily available.

The centre comprised four houses in west Dublin. The houses were close to many local amenities and services. The inspectors visited all of the houses. Since the previous inspection of the centre in February 2022, all of the houses had been renovated and redecorated to varying extents, and some of the fire arrangements had been improved. The houses were found to be clean, tidy, comfortable, and nicely decorated and furnished. Residents had their own bedrooms and there was sufficient living and communal space. There were also nice garden spaces for residents to use. Inspectors observed a relaxed and homely atmosphere in the centre.

Inspectors met eight residents during the inspection. On the day of the inspection, residents were participating in different activities, such as attending medical appointments, going out for lunch, having beauty treatments, and visiting family. Some residents were observed partaking in household chores, such as preparing meals and washing laundry. The centre shared a vehicle for residents to use for community outings. Use of the vehicle usually had to be booked in advance, however, inspectors were advised that access to the bus was sufficient and some residents also used public transport.

Some residents choose to speak to inspectors. All of the residents spoken with advised the inspectors that they were happy living in the centre and liked their housemates and the staff working in the centre. The residents said they were happy with the recent renovations in the centre, and particularly liked their bedrooms. Some residents spoke about the food in the house, and said they liked their meals and were happy with the selection of food and drinks available. Inspectors spoke to some residents about fire safety, and the residents were found to be aware of the fire evacuation procedures.

One resident spoke about activities they enjoyed, such as going to the beach and parks, meeting friends, and baking at home. The resident also told inspectors about their plans for a holiday during the summer. Another resident told inspectors that they could speak to staff if they had any worries or concerns. The resident expressed that they were wanted to return to their day services and this is discussed further in the quality and safety section of the report. One resident spoke about some of the measures implemented during the COVID-19 pandemic, such as wearing face masks and increased hand washing.

In advance of the inspection, questionnaires were sent to residents for them to

share their views on the service provided in the centre. The questionnaires were completed with staff and some family members on behalf of the residents. The feedback was very positive with satisfaction expressed regarding food and mealtimes, the premises, rights, visiting arrangements, activities, staffing, and complaints. Some of the questionnaires noted the activities that residents enjoyed such as, going to museums, pubs, cinema, parks, gym, shopping, eating out, and meeting friends. One questionnaire was completed by a resident's family member and commented that they were very happy with the care and support provided to their loved one.

The annual review, carried out in March 2022, had also consulted with residents and their families. The residents surveyed indicated that they were happy living in the centre, and feedback received from family members indicated that they were satisfied with the service provided.

Inspectors met several members of staff during the inspection. Staff were observed engaging with residents in a kind and warm manner, and residents appeared familiar and comfortable with staff. Staff were observed communicating with residents in accordance with their communication plans, for example, using manual signs. Staff were also observed supporting residents with their meals in a respectful manner. Inspectors spoke to staff about a range of topics including residents' rights, communication needs, safeguarding, infection prevention and control, fire safety, training, and staff supervision. Staff were knowledgeable on the matters discussed, and they all described the quality and safety of care and support provided to residents as being very high.

From what inspectors were told and observed during the inspection, it appeared that overall, residents had active lives, received a good quality service and were supported in line with their needs and personal preferences. However, aspects of the service were found to require improvement, such as fire safety arrangements, infection prevention and control measures, staff training and supervision, personal plans, residents' access to facilities for recreation, implementation of restrictive practices, and notification of incidents.

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

## **Capacity and capability**

There were management systems in place to ensure that the service provided to residents in the centre was safe, consistent and appropriate to their needs. However, some improvements were required in the training and formal supervision of staff, and in the notification of adverse incidents.

The management structure in the centre was clearly defined with associated

responsibilities and lines of authority. The person in charge was full-time and worked across the four houses in the centre. The person in charge was suitably qualified and skilled, and found to have a good understanding of their role and of the supports required to meet the assessed needs of the residents in the centre. The person in charge was supported in their role by a programme manager and Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre to assess the quality and safety of service provided in the centre. The person in charge monitored actions identified from audits and reports to ensure that they were progressed and completed to improve the quality and safety of the service.

The skill-mix in the centre comprised social care workers, nurses, day service staff, and care assistants. The skill-mix was appropriate to the needs of the residents and for the delivery of safe care. The person in charge maintained staff rotas showing staff working in the centre, however inspectors found that some minor improvements were required to the rotas as not all staff names were fully recorded. Staff working in the centre completed training in areas such as, fire safety, safeguarding of residents, management of aggression, positive behaviour support, and supporting residents with modified diets as part of their continuous professional development. The training supported staff in their delivery of appropriate care and support to residents. Training records indicated that some staff required training in food safety. The person in charge was providing support and supervision to staff working in the centre, and staff spoken with advised inspectors that they were very happy with the support they received. However, inspectors found that improvements were required in the frequency of formal supervision to align with the provider's policy. Staff also attended regular team meetings which provided an opportunity for them to any raise concerns regarding the quality and safety of care provided to residents.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

The registered provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Inspectors found that while most adverse incidents noted under Regulation 31 were notified to the chief inspector, an allegation of abuse of a resident in April 2022 had not been notified.

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

The registered provider submitted an application to renew the registration of the

centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was full-time and had commenced working in the centre in December 2021. The person in charge had relevant social care and management qualifications, and was found to be suitably skilled and experienced to manage the centre.

The person in charge had a clear understanding of the service to be provided, and had good knowledge of the regulations and standards pertaining to the Health Act 2007, as amended.

Judgment: Compliant

### Regulation 15: Staffing

The staff skill-mix in the centre consisted of nurses, social care workers, day service staff, and care assistants. The person in charge was satisfied that the current skill-mix and complement was appropriate to the number and assessed needs of the residents.

The person in charge maintained planned and actual staff rotas. Inspectors viewed a sample of the rotas, and found that some minor improvements were required as the full names of relief staff working in the centre were not always clearly recorded.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. Inspector viewed a sample of the staff training records maintained by the person in charge. Staff had completed training in areas such as, fire safety, safeguarding of resident, management of aggression, and supporting residents with modified diets. Some staff were found to require training in food hygiene. Staff also received training in positive behaviour support, and a bespoke training session specific to the centre was scheduled to take place later in the



month.

The person in charge provided informal and formal supervision to staff. Formal supervision was scheduled every three months as per the provider's policy. The person in charge maintained supervision records and schedules. Inspectors viewed a sample of the supervision records and found that some staff were overdue their formal supervision. However, staff spoken with told the inspectors that they were very happy with the support and supervision they received.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents. There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was supported in their role by a programme manager who in turn reported to a Director of Care. There were good arrangements for the management team to communicate and escalate any issues.

The registered provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out and had included consultation with residents. Audits had also been carried out in the areas of COVID-19, residents' plans, medication management, health and safety, fire safety, risk management, and infection prevention and control. The person in charge maintained a quality improvement plan which monitored actions to drive improvement in the centre.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for staff to raise any concerns. Staff spoken with told the inspectors that they were confident in raising concerns.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently revised and was available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

Inspectors found that an allegation of abuse of a resident in April 2022 had not been notified to the chief inspector in line with the requirements of this regulation.

Judgment: Substantially compliant

### Quality and safety

Inspectors found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Residents were happy living in the centre and generally the service provided was safe and of a good quality. However, improvements were required in the areas of general welfare and development, infection prevention and control, fire safety, personal plans, and use of restrictive practices.

Assessments of residents' health, personal and social care needs had been carried out which informed the development of personal plans. Personal plans were readily available to staff to guide them on the interventions to support residents with their assessed needs, and staff spoken with were familiar with the content of the plans. However, inspectors found that some plans required review and revision, and an additional care plan required development to reflect a resident's specific care need.

Communication plans were prepared for residents requiring support in this area. The plans were up-to-date and in an easy-to-read format; and staff were observed communicating with residents in accordance with the communication plans. Residents had access to different forms of media including the internet, and some residents used electronic devices such as tablets to maintain communication with their families.

Where required, positive behaviour support plans were developed for residents. The plans viewed by inspectors had been recently updated and were readily available to guide staff in appropriately supporting residents with their behaviours of concerns. Staff also completed relevant training in behaviour support, and further bespoke training specific to the centre was scheduled later in the month. There was one environmental restrictive practice implemented in the centre. While there was a protocol for the restriction, it was not clear how the resident or their representative had been involved in the decision to implement the restriction.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed

training to support them in preventing, detecting, and responding to safeguarding concerns. Safeguarding concerns were reported and screened, and safeguarding plans were developed as required. Staff were familiar with the content of the plans. Intimate personal care plans were also developed to guide staff in supporting residents in this area in a manner that respected their dignity and integrity.

Residents had active lives and participated in a wide range of activities within the community and the centre. Residents choose activities in accordance with their will and personal preferences, such as attending day services, day trips, family visits, shopping, and eating out, as well as more home-based activities such as baking and art. However, some residents told inspectors that they were not fully satisfied with their choice of activities as had not been able to return to their day service since the COVID-19 pandemic began. While the resident's dissatisfaction had been escalated by the person in charge, there was no resolution or an expected time frame on when the resident could return to their day service.

There was a good quantity and variety of food and drinks in the centre for residents to choose from. Residents were involved in the purchase, preparation, cooking, and planning of meals, and told inspectors that they were happy with the food and drinks in the centre. Some residents required support with their meals, and corresponding plans were available for staff to refer to. Inspectors observed staff supporting residents in a kind manner to make choices about their meals and to be involved in the preparation of food.

The premise had been recently renovated, and were found to be bright, clean, and nicely decorated and furnished. There was sufficient indoor and outdoor living and communal space. The premises were meeting the residents' needs, and residents told inspectors told that they were happy with their homes.

The fire safety systems had been improved since the previous inspection in February 2022, however some further enhancements were required. Some of the fire safety equipment had been upgraded and further enhancements were planned for some of the fire doors. However, the provider had not provided assurances that other fire containment measures were appropriate, for example, the fire proofing of glass panels above some bedroom doors. The arrangements to support the prompt evacuation of residents also required further consideration. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the fire safety equipment. However, the servicing of the fire alarm and emergency lights in one of the houses was found to be overdue.

Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire; one individual evacuation plan was overdue review. The effectiveness of the plans was tested as part of regular fire drills carried out in the centre. Staff completed fire safety training and were found to be knowledgeable on the fire evacuation procedures. Some residents also told inspectors about how they would evacuate if the fire alarm activated.

There were infection prevention and control (IPC) measures and arrangements to protect residents from the risk of infection, however some improvements were

required to meet optimum standards. The provider had prepared comprehensive IPC policies and procedures, and there was access to public health guidance. Risk assessments had been undertaken on some IPC matters, however they did not encompass all of the hazards and risks in the centre to ensure that the appropriate measures were implemented. The COVID-19 management plan required some updates, and overall, the COVID-19 measures required further assessments to ensure they were effective.

Staff had completed relevant IPC training and were knowledgeable on the IPC matters discussed with inspectors. The centre was clean, however the supply and maintenance of cleaning equipment required enhancement to ensure staff had access to a sufficient amount of clean equipment. The measures to reduce the risk of cross contamination of infection also required enhancement. The supply of personal protective equipment was very low and poorly organised which impinged on how easily it could be accessed when needed.

### Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. Communication plans had been prepared and were recently reviewed. The plans were easy-to-read and detailed the specific communication needs and means of residents. Staff spoken with were knowledgeable on the content of the communication plans. Some residents used manual sign systems, and inspectors observed staff interacting with residents in this way.

The registered provider had ensured that residents had access to different forms of media, including televisions and internet. Some residents used electronic tablets to maintain contact with their loved ones.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to partake in activities in accordance with their interests and personal preferences. Some residents attended day services while others were supported by staff in the centre to access and engage in activities. Activities were planned at weekly residents' meetings and recorded on meaningful day planners. Residents were supported to engage in activities such as going to the gym, bowling, swimming, cooking and baking, meditation, walks, and day trips. There was one vehicle shared between the four houses, however inspectors were advised that access to it was sufficient. Some residents could also use public transport and additional vehicles could be sourced if required.

Some resident's access to day services had ceased due to the COVID-19 pandemic and had not yet resumed. While day service staff were supporting residents from the centre, some residents expressed in resident questionnaires and in speaking to inspectors that they wanted to return to day services and were not satisfied with the current arrangements. These concerns were also expressed by residents during the previous inspection of the centre in February 2022. The person in charge had escalated the resident's complaints, however there has been no resolution.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises were appropriate to the number and needs of the residents. The centre had undergone considerable renovation and upgrade since the last inspection, including painting, new flooring and carpets, upgrades to the kitchens and bathrooms, and new furniture and appliances. The houses were found to be bright, nicely decorated and furnished, comfortable, clean, homely and well maintained. Residents had their own bedrooms, and there was adequate communal and living space with sufficient storage facilities. There were also large well maintained and inviting gardens for residents to use. Residents spoken with told the inspectors that they were happy with their homes.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook their own meals. Residents planned their main meals on a weekly basis and a menu for the week was prepared. Residents were involved in shopping for groceries, and some liked to bake and cook in the centre. Residents told the inspectors that they liked the food in the centre and were happy with the selection of food and drinks. Residents also told inspectors that they enjoyed their favourite meals on a regular basis. Inspectors observed a good variety of food and drinks, which was hygienically stored.

Inspectors observed some mealtime experiences during the inspection; staff kindly supported residents to make choices and helped them in preparing their meals.

Some residents required specialised and modified diets. Feeding, eating, drinking, and swallow (FEDS) plans had been prepared and were readily available in an easy-to-read format for staff to follow. Staff had also completed relevant training in this area.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some aspects were found to require improvement.

There was a suite of policies and procedures on infection prevention and control for staff to refer to, as well as information from public health. There was also easy-to-read information for residents on IPC and COVID-19. The person in charge had completed some IPC risk assessments, however, further assessments were required on other risks presenting in the centre. The effectiveness of the COVID-19 measures and plans implemented in the centre also required further assessment from the provider.

Staff in the centre were responsible for cleaning duties, and there was guidance and cleaning schedules to inform their practices. While the houses were clean, the maintenance and supply of cleaning equipment was not fully adequate. The stock of personal protective equipment (PPE) was also found to be low and disorganised which impacted on how readily it could be accessed. There were practices and arrangements to reduce the risk of cross contamination of infection in the centre, however some practices such as the storage of residents' personal items in the bathroom required more consideration.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems, however some improvements were required. Since the last inspection, some of the doors had been upgraded to enhance their effectiveness in containing fire. Most of the doors had been fitted with self-closing devices, and the provider had plans to fit self-closing devices to the remaining doors. The glass panels above the doors in some bedrooms had no clear documentation to confirm that the glass was fire proofed to adequately contain or prevent the spread of fire and smoke. Some of the exit doors in one house were key operated which presented a risk to the prompt evacuation of the centre.

There was fire detection and fighting equipment, and emergency lights in all of the houses. The equipment was regularly serviced, however inspectors found that the alarm and emergency lights in one house were overdue servicing.

The person in charge had prepared evacuation plans to be followed in the event of a

fire. Inspectors found that one of the individual evacuation plans was overdue review. Fire drills were taking place to test the effectiveness of the evacuation plans, and had not identified any concerns. Inspectors spoke to some of the residents about fire precautions, the residents were aware on how to evacuate if the fire alarm activated.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs were assessed. Inspectors viewed a sample of the assessments and found them to be comprehensive and up-to-date. The assessments informed the development of personal plans. Inspectors viewed a sample of residents' care plans. It was found that some care plans were overdue review, and others required revision to reflect all of the interventions in place to meet residents' needs. An additional care plan was also required for a resident in relation to a specific care need.

Staff spoken with were familiar with the content of the residents' care plans.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern. Staff received training in the management of aggression and positive behaviour support. Positive behaviour support plans had been developed for residents where required. The plans were up-to-date and readily available for staff to refer to.

There was one environmental restrictive practice in the centre which impacted on one resident. There was a protocol for the restriction, however, it was not clear how the resident, or their representative, had been involved in the decision to implement the restriction.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with able to describe the safeguarding procedures. Inspectors found that safeguarding concerns were reported and screened, and safeguarding plans were developed. The safeguarding plans were readily available in the centre and staff spoken with familiar with the content of the plans.

Personal and intimate care plans had also been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Stewarts Care Adult Services Designated Centre 6 OSV-0005831

Inspection ID: MON-0028439

Date of inspection: 08/07/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge has discussed with staff and Learning and development team regards compliance in the training addressed during inspection. The Person in Charge will ensure to monitor this through supervisions and training audit record. Training in positive behavior support has commenced a training session specific to the centre in July 20, 2022 and another training has been scheduled by 30th of September 2022.</li> <li>2. The Person in Charge has developed and implemented an active supervision record log on 30th of July 2022 to monitor staff supervision and to be updated quarterly. The social care workers will be supporting the Person in Charge to carry out formal and informal supervisions with staff and this should reflect on quarter three supervision records by 31st of October 2022.</li> </ol>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge is developing a system in place to ensure that SIMS review is done on a timely manner to monitor incidents to ensure that notifications are submitted within the required timeframe. This system will be implemented by 30th of August 2022.</li> <li>2. The Register Provider has developed a Compliance tracker in place for Person in Charge to ensure action plans from incidents are being carried out in a timely manner.</li> </ol>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p>	

1. The Register provider has will and preference questionnaire survey system in place where consideration in returning to day service is driven by the residents' choice.
2. The Register Provider has implemented a monthly Residential and Day Service Care Meeting review to identify service user's will and preference to access day service and to review current arrangements of day service program delivered at home.
3. The Person in Charge had a scheduled MDT meeting with the Day Services Programme Managers and discussed the wills and preferences of the residents in the centre where since have been reinstated to day services by July 30th 2022.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

1. The Person in Charge has discussed at the monthly staff meeting in July 2022 the good implementation of Infection Prevention Control and advise the IPC leads and staff to maintain and adhere to IPC measures and guidelines. IPC Measure and guidelines and the risk of cross contamination is discussed at the staff meeting and daily handover. The service user has been allocated individual storage in the bathroom to prevent cross infection.
2. The Person in Charge is developing and updating Infection Prevention Control Risk Assessments to ensure IPC assessments required for the centre addressed during inspection are in place such as the laundry and soiled clothes risk assessment.
3. The Person in Charge has ensured that washing guidelines with the segregation of soiled clothes is in place.
4. The Person in Charge is developing stock audit and inventory system to be implemented by 30th of August 2022 to ensure that DC6 has an adequate stocks PPE and Clening products in place.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

On July 30, 2022, The Person In Charge has completed a review and updated the individual evacuation plans identified on this inspection. The Person in Charge has also liaised with the Fire Safety Officer regards key-operated doors, alarm and emergency lights that requires review and service.

The Person in Charge has discussed with Fire Safety Officer to follow up on further documentaion required to reflect the prevention of spread of smoke and fire for the glass panels identified during inspection.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The Person in Charge has discussed with the nurses that some care plans were overdue review, and others required revision to reflect all of the interventions in place to meet residents' needs. An additional care plan was also required for a resident in relation to a specific care need. The nurses in the centre with the support of Community Nurse

liaison's audit tool have commenced working on these care plans since the inspection and was due to be completed by October 31, 2022.

Regulation 7: Positive behavioural support

Substantially Compliant

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

The Person in Charge had sourced an Easy Read document to ensure that the service user is supported and involved in the decision to implement Restrictive Practice.

The Person in Charge has discussed with the family and advocate regards the restrictive practice and for them to support the service user in the decision to implement Restrictive Practice. These were completed on July 30, 2022.

## 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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	30/07/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	30/08/2022

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/07/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/08/2022
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	30/09/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any	Substantially Compliant	Yellow	30/08/2022

	allegation, suspected or confirmed, of abuse of any resident.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/10/2022
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/10/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of	Substantially Compliant	Yellow	31/10/2022



	the plan.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/07/2022