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:	Lilac Cottage
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 October 2021
Centre ID:	OSV-0007950
Fieldwork ID:	MON-0031941

About the designated centre

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

Lilac Cottage is operated by Talbot Care Unlimited Company and provides 24 hour support for up to five male and female adults that live here. It is located in a rural setting in County Louth. The premises comprises of a large detached dormer style bungalow and has a good sized garden to the back of the property. There are four bedrooms downstairs, one of which has an en-suite bathroom, a large open plan kitchen/ dining area, a utility room a large conservatory area and a sitting room. Upstairs there is a large staff office and another large bedroom. The staff team consists of direct support workers, team leaders and a person in charge. There are three staff on duty during the day and two waking night staff. Residents are supported by staff to choose activities they like on a daily/weekly basis in line with their personal preferences. A car is provided so that residents can access community facilities. Residents are supported by staff with their healthcare needs and have access to a wide range of allied health professionals to enhance the support provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Monday 11 October 2021	10:15hrs to 18:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

The inspector got to met all of the residents informally and spoke to two of the residents in private about the care and support they received in the centre. The inspector did not meet one resident as this may have caused anxiety to the resident at the time. Another resident spoke to the inspector informally at the end of the inspection.

This centre has been registered since January 2021, however residents had not started to move into their home until July 2021 on a phased basis. The inspector found from a sample of plans viewed that residents had transition plans developed prior to them moving to the centre. One residents plan indicated that the proposed move to this centre had been discussed with the resident prior to moving and they also had the opportunity to visit this centre before moving here. This resident spoke to the inspector who verified this and said that they liked living here.

The property was large and spacious and consisted of two storeys. Residents had their own bedrooms. Two residents showed the inspector their bedrooms and they were personalised to their individual tastes. One resident was an avid fan of a particular musician and their bedroom was decorated with pictures of this person and their family members. One of the residents went for a drive on the morning of the inspection which they said they enjoyed. Other residents were observed sitting down playing cards with staff or sitting outside enjoying the good weather. Notwithstanding residents rights to engage in activities of their choosing, the inspector observed that there was limited activities going on in the centre at the time of the inspection. While two residents had applied to attend a nearby day service it had not been confirmed at the time of the inspection whether they would be offered a place.

The two residents who met with the inspector in private, reported that they were very happy with the staff in the centre and the services provided such as the food, access to community activities and being able to raise a concern if they had one. They said that they liked living with the people they shared their home with and felt safe living there. One resident had moved here from another designated centre under this provider and expressed that they were happier living in this centre. However, this resident said that they did not like living in residential care, and while they understood why they lived there, they were still not happy living in residential care. This warranted review.

The inspector spoke to one resident informally when they were leaving the centre.They reported that they were very happy living here and liked the staff. They spoke about some of the things they had planned for the future and said they had enrolled in a college course which was starting in January 2022. The resident spoke about a recent hotel break they had been on with family and how they had really enjoyed this.

Residents meetings were also held in the centre where issues such as advocacy, updates about COVID-19, activities and complaints were discussed. The inspector found that one resident had been supported to make a complaint as they did not like living in this centre because it was located a long distance from their family and friends. The resident had been given the opportunity to speak to an advocate about this and this was matter was still under review at the time of the inspection. The residents family member who was visiting the centre on the day of the inspection and met with the inspector verified this also.They too were not satisfied about the location of the centre as they could not visit their family member when they wished as the centre was a long distance from where they lived.

This family representative also spoke about the services provided in the centre and said that while they had no issues with the staff or the services provided, they had concerns about being able to get updates about their family members care and support needs up to now. They said that the previous person in charge had worked remotely and they never had the opportunity to meet them in person. However, they felt that a new person in charge had been appointed and that they were hoping that this arrangement would change going forward. The inspector spoke to the management team about the concerns raised by a family representative regarding updates about their family members who intended to review this within the confines of the residents rights and other legal matters.

The provider had also collected some views from family members about the quality of care provided. Two family representatives had contributed to this. They reported that they were very happy with the service provided and one commented that their family members life had improved since moving here.

Overall the residents reported that they were happy with the staff and the service provided to them in this centre. The staff were observed to treat the residents with dignity and respect over the course of the inspection. However, two residents said that they were not happy living in residential care and one was also not happy about the location of the centre as it was not close to their family and friends.

The inspector also found that a number of the regulations reviewed required improvements as outlined in the next two sections of this report.

Capacity and capability

The centre was well resourced, however significant improvements were required in fire safety, staff training and the information submitted to the Health Information and Quality Authority since the centre was registered. Substantial improvements were also required in the records stored, governance and management, the premises, residents rights, risk management, the statement of purpose and personal plans.

As part of the registration of a designated centre, the registered provider is required

to give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the new person proposed to be in charge of the designated centre. The inspector found that the provider had failed to submit all of the information required in a timely manner for the person in charge appointed in July 2021 and again in September 2021. For example; in the most recent notification, the provider had not submitted an accurate account with times and years of experience to demonstrate that the person in charge had three years managerial experience which is required under the regulations. This meant that the inspector was also not able to fully assess the fitness of the person in charge on the day of the inspection.

There was a defined management structure in place on the day of the inspection. As stated a new person in charge had been appointed on the 27 September 2021. They are employed full time in the centre. Their fitness will be assessed at a later date to this inspection.

The person in charge reported to an area director who in turn reported to the director of care. The area director attended the centre on the day of the inspection to support the person in charge during the inspection. The provider had systems in place to monitor and review the quality and safety of care in the centre. This included audits being carried out on specific areas of service provision. However, given the findings of this inspection the systems to review the care and supported needed to be improved.

The staff team consisted of direct support workers and two team leaders. The staff team had been consistently employed in the centre since it opened. This meant that staff knew the residents and promoted consistency of care to the residents. A community nurse was available in the wider organisation Monday to Friday to support staff and residents with their assessed health care needs. An out of hours on call service was also provided by senior managers should staff require support and assistance.

There was a planned and actual rota maintained in the centre. Three staff were on duty every day and two staff were on duty at night. The person in charge, who was supernumerary worked Monday to Friday and a team leader was also assigned every day to assist the person in charge in their role and to supervise the care and support provided. The statement of purpose outlined that in instances where additional staff was required to support the residents, that this would be provided.

Staff spoken to felt supported in their role and received supervision from the person in charge. Staff team meetings were held to discuss the care and support of residents and to enable staff to raise concerns if they needed to.

The person in charge was requested to submit the training database for the centre the day after the inspection, written assurances were also requested and submitted from the registered provider following the inspection to clarify whether some training was mandatory in order to work in the designated centre. Based on these assurances and a review of the training database the inspector found the following:

The registered provider indicated that manual handling training was complimented by additional training where residents were assessed as requiring it. This additional training was not listed as being completed by a number of staff on the training data base submitted to HIQA even though some staff said they had been provided this training.

Due to Covid-19 restrictions an online training module was completed in fire safety only and the provider was recommencing practical fire safety training on 22 October 2021.

One staff member had not completed moving and handling or health and safety even though it is a mandatory training requirement..

The provider had prepared a statement of purpose which contained most of the requirements required under the regulations. However, it did not include that people with mobility issues could be supported or the facilities available to meet their needs.

The inspector found that over the course of the inspection some of the records were not up to date. For example; in one plan viewed references were made to the persons care and support from the persons previous placement. Improvements were also required in the training records as mentioned earlier in the report.

Resident had transition plans developed prior to moving to the centre. Contracts of care were in place for each resident, however they required review as some of the information recorded was not the practice in the centre and could infringe on peoples' rights there. This is discussed under residents rights.

From a review of a sample of incidents the inspector found that the person in charge had notified the chief inspector where required under the regulations.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider had failed to supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge when their had been a change to this arrangement.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge appointed to the centre was full time. No other aspect of this regulation was reviewed at this inspection. This will be assessed by HIQA at a later

date.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection the staff appeared to know the residents well and were supporting them in a kind and caring manner. Three staff were on duty during the day and two at night. The statement of purpose outlined that where residents required increased supports they would be provided for.

Staff personnel files were not reviewed at this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The registered provider indicated that manual handling training was complimented by additional training where residents were assessed as requiring it. This additional training was not listed as being completed by a number of staff on the training data base submitted to HIQA even though some staff said they had been provided this training.

Due to Covid-19 restrictions an online training module was completed in fire safety only and the provider was recommencing practical fire safety training on 22 October 2021.

One staff member had not completed moving and handling or health and safety even though it is a mandatory training requirement.

Judgment: Not compliant

Regulation 21: Records

Some records were not all up to date and accurate, which could impact on consistency of care to residents in the centre.

Records in relation to one residents mental health were not being recorded accurately.

A record of attendance for all staff training was not available in the centre as

required under Schedule 4. For example; some staff said they had received additional training in moving and handling, the person in charge said that all staff had completed training in acquired brain injury. These were not submitted.

Judgment: Substantially compliant

Regulation 23: Governance and management

Given the findings of the inspection, the inspector found that some improvements were required in the governance and management arrangements in the centre. For example; arrangements to ensure that all records were up to date and that fire safety arrangements were safe.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Resident had transition plans developed prior to moving to the centre. Contracts of care were in place for each resident, however they required review as some of the information recorded was not the practice in the centre and could infringe on peoples' rights there. This is discussed under residents rights.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose is in place included all of the information set out in schedule 1 of the regulations and had been reviewed where required. However the provider had not included that people with mobility issues could be admitted to the centre and include what facilities and services were available to cater for people who used a wheelchair.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

From a review of a sample of incidents the inspector found that the person in

charge had notified the chief inspector where required under the regulations.

Judgment: Compliant

Quality and safety

Overall while the residents met with reported that they were happy with the staff and the services provided in the centre, a number of improvements were required to the regulations which included, the premises, personal plans, fire safety, general welfare and development, risk management and residents' rights in the centre.

The premises were for the most part clean spacious and well maintained. Residents had their own bedrooms which had been personalised. There was one large bathroom and one bedroom had an en-suite bathroom. The kitchen dining area was large and there were double doors leading out to a large decking area where residents could sit and enjoy the large garden and surrounding countryside. However; the floor in the hallway was stained and this required review. The provider had also self identified some improvements to the premises and at the time of the inspection was sourcing a solution to one exit that a resident could not safely use.

Due to the mobility needs of the residents, they could not access the upstairs of their property. However, at the time of the inspection this did not impact on the lives of the residents living here.

The inspector also found that there was no system in place to monitor and review equipment in the centre to ensure that it was kept in good working order. For example; a standing hoist, wheelchairs and mobility aids were not regularly checked to ensure they were in good working order.

Each resident had a personal plan. From a sample of records viewed the inspector found that the assessment of need completed before a resident was admitted to the centre required review as it did not clearly outline the individual health, personal and social care needs of each resident. For example; the assessment of need stated that a resident had a particular health need however, the need was recorded as unknown. This assessment also did not outline who was responsible for following this up.

Some records viewed were not reflective of the practice in the centre. For example; an intimate care plan for one resident was not reflective of the actual practice in the centre. In addition, records in relation to one residents mental health were not being recorded accurately. For example, the records were being maintained on a template that was normally used to monitor a persons behaviours of concern.

Residents were supported to have timely access to allied health care professionals, where recommendations had been made to support the residents' needs they had been implemented. For example; an occupational therapist had recommended a

hand rail for a resident and this had been put in place.

Residents reported that they were happy with the food provided. From a sample of records viewed, the inspector found residents had food and nutrition assessments completed. One resident was currently being monitored around their food intake and was attending a dietician in the coming weeks. The inspector observed staff preparing nutritious meals and residents were supervised by staff during meal times. All staff had been provided with training in FEDS training part 1.

There were systems in place to manage and review risks in the centre. Residents had individual risk assessments in place to outline the control measures in place to keep them safe. However some risk assessments had not been updated to reflect the control measures in place. For example it stated in a residents falls risk assessment that some of the controls were to follow the intimate care plan however, these were not accurate. The supports in place did also not match the supports outlined in the residents personal emergency evacuation procedure.

Significant improvements were required in fire safety measures. Residents had personal emergency evacuation plans (PEEPs) in place, however they did not all match the assessed needs of the residents. For example; a resident who was a high risk of falls did not have this highlighted in their PEEP.

A fire drill had also not been completed in a timely manner. For example; the fire drills reviewed outlined that only some residents were evacuated. It had been noted at staff meeting on 27th July 2021 that a night time drill should be completed. This had not been completed until 04 September 2021 and the records viewed indicated that not all staff and residents were evacuated.

In addition, the fire drills conducted only included one exit from the building. Another fire exit was not suitable to evacuate all of the residents as it was not wheelchair accessible. While the provider had put a ramp in place at another back door exit which the resident could evacuate from, this exit had no illuminated emergency exit signage to indicate that it was a fire exit.

One fire exit door could also not be opened from the inside on the day of the inspection. The person in charge reported this immediately and the door was fixed prior to the inspection ending.

There were systems in place to prevent or manage an outbreak of COVID-19 in the centre. The centre was clean and additional cleaning schedules had been introduced to ensure this was maintained. Staff had completed training in infection control. There was an adequate supply of personal protective equipment and where required staff were observed wearing masks. Hand sanitising equipment was available throughout the centre. There were systems in place to monitor, staff, residents and visitors to the centre for COVID-19. The provider had a senior committee in the organisation to monitor infection prevention and control measures.

All staff had been provided with training in safeguarding vulnerable adults including relief staff. The staff were aware of the different types of abuse and the reporting procedures in place should an incident occur. Residents met said they felt safe in the

centre. Since the centre opened and up to the time of the inspection, there were no safeguarding concerns reported in the centre.

The inspector found that residents were able to express their rights in the centre. For example; they decided what they wanted to do on a daily basis. They were supported by staff to make complaints.However, two residents expressed that they were not happy living in the centre; as stated one because it was not near their family and the other did not want to live in residential care. In addition, as already stated the contracts of care needed to be reviewed to ensure that they respected the rights of all residents living in the centre.

Regulation 13: General welfare and development

Some residents were not engaged in any meaningful activities at the time of the inspection. While the inspector acknowledges that this was the preference for some residents others were exploring options at the time of the inspection. This needed to be fully explored going forward.

Judgment: Substantially compliant

Regulation 17: Premises

The floor in the hallway was stained in one area and this required review.

The provider had also self identified some improvements to the premises so that all residents could access the outside area. This was in progress at the time of the inspection but needed to be addressed so as one resident had safe access to all outside areas.

There was no system in place to monitor and review equipment in the centre to ensure that it was kept in good working order.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents reported that they were happy with the food provided. From a sample of records viewed, the inspector found residents had food and nutrition assessments completed. One resident was currently being monitored around their food intake and was attending a dietician in the coming weeks. The inspector observed staff preparing nutritious meals and residents were supervised by staff during meal times.

All staff had been provided with training in FEDS training part 1.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents guide in place in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk assessment in place had not been updated to reflect the control measures in place. For example it stated in a residents falls risk assessment that some of the controls were to follow the intimate care plan however, these were not accurate. The supports in place did also not match the supports outlined in the residents PEEP's.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Systems in place to manage and outbreak of COVID-19 in the centre. One area of improvement which related to the storage of specific items was addressed on the day of the inspection by the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

Significant improvements were required in fire safety measures. Residents had personal emergency evacuation plans (PEEPs) in place, however they did not all match the assessed needs of the residents. For example; a resident who was a high risk of falls did not have this highlighted in their PEEP.

A fire drill had also not been completed in a timely manner. For example; the fire drills reviewed outlined that only some residents were evacuated. It had been noted at staff meeting on 27th July 2021 that a night time drill should be completed. This

had not been completed until 04 September 2021 and the records viewed indicated that not all staff and residents were evacuated.

In addition, the fire drills conducted only included one exit from the building. Another fire exit was not suitable to evacuate all of the residents as it was not wheelchair accessible. While the provider had put a ramp in place at another back door exit which the resident could evacuate from, this exit had no illuminated emergency exit signage to indicate that it was a fire exit.

One fire exit door could also not be opened from the inside on the day of the inspection. The person in charge reported this immediately and the door was fixed prior to the inspection ending.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The assessment of need completed before the resident was admitted to the centre required review as it did not clearly outline the individual health, personal and social care needs of each resident. For example; the assessment of need stated that a resident had a particular health need however, the need was recorded as unknown. This assessment also did not outline who was responsible for following this up.

Some records viewed were not reflective of the practice in the centre. For example; a residents intimate care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to have timely access to allied health care professionals, where recommendations had been made to support the residents needs they had been implemented.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding vulnerable adults including relief staff. The staff were aware of the different types of abuse and the reporting procedures in place should an incident occur. Residents met said they felt safe in the

centre. Since the centre opened and up to the time of the inspection, there were no safeguarding concerns reported in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Two residents expressed that they were not happy living in the centre; as stated one because it was not near their family and the other did not want to live in residential care this warranted further review.

In addition, as already stated the contracts of care needed to be reviewed to ensure that they respected the rights of all residents living in the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Lilac Cottage OSV-0007950

Inspection ID: MON-0031941

Date of inspection: 11/10/2021

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
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: A review of all documentation submitted to the Authority in respect of new persons in charge has been completed. The Registered Provider will ensure that going forward they supply full and satisfactory information in relation to the appointment of any new person in charge, in line with the Regulations.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will review all staff training records on a regular basis and ensure all staff are fully compliant with their mandatory training. The training data base has been updated to reflect all mandatory training completed by staff. All staff have now completed mandatory training, including moving and handling and health and safety training. Fire practical training has commenced from 29/10/2021 and all staff will have same completed by 24/11/2021.	

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
A review of all residents personal plan documentation has been completed, to ensure these records are accurate and reflect the residents current needs.

The training data base has updated to reflect all mandatory training completed by staff for Lilac Cottage.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. All actions identified in this inspection have been or will be actioned in a timely manner. Furthermore, the provider will ensure effective assurance mechanisms are in place to ensure service improvement is self-identified. These mechanisms include monthly governance meetings, unannounced 6 monthly audits of the centre and annual reviews of quality and safety within the centre.

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 updated on 03/11/2021 to reflect that people with mobility issues could be admitted to the center and the facilities and services available to cater for these people included

Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Residents are encouraged to engage in meaningful activities both in Lilac Cottage and in the local community, in line with their preferences. A review of residents wishes regarding access to occupation and recreation activities has been completed. All appropriate referrals to day services have been made and will be followed up by the Person in Charge on weekly intervals. Interest Checklists were completed with all residents who wished to engage.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A review of all outstanding maintenance issues within the centre has been completed. A scheduled maintenance plan is now in place. This includes repair of the hallway floor and the completion of a ramp from the outside decking by 19/11/21. There is now a system in place for staff to visually monitor and review equipment daily and document or report any defects. Millmount contract has been updated to ensure equipment is serviced every 6 months or sooner if required.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Assessments for each resident reviewed and update to reflect the control measures in place to coincide with PEEPS and care plans. The Person In Charge will review and update all residents' assessments regularly.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

A review of the centre fire precautions was completed to ensure effective arrangements are in place. All residents PEEPs and risk assessments reviewed and updated by the PIC. A successful fire drill was completed to evacuate all staff and residents using the back exits. Fire drills completed on a weekly basis on both day and night shifts using both front and back exits of the house. These fire drills replicate the minimum number of staff and the maximum number of residents. Back door exit sign installed by Millmount on 02/11/2021. Daily checks completed on all exit doors to ensure same are working and weekly sounding of the alarm to ensure all fire doors are in operation. Any defects are noted in the Millmount book and reported to maintenance.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The individual assessments of need for all residents and their personal care plans have been reviewed and updated by PIC to reflect the practice being carried out in the centre in line with the resident's needs. Any gaps identified have been actioned. Going forward, where the assessment of need documentation identifies gaps, an assigned person will follow up.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Residents feedback in relation to living in the centre is respected and listened to. This has been acknowledged, fed back to the funder and independent advocacy referrals have been offered to residents.
A new contract of care has been devised and will be discussed and agreed with residents.

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
Registration Regulation 7(2)(b)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3.	Not Compliant	Orange	20/10/2021
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	19/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a	Substantially Compliant	Yellow	23/10/2021

	continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	26/10/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its	Substantially Compliant	Yellow	19/11/2021

	accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	27/10/2021
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	15/11/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2021
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	22/10/2021

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	02/11/2021
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	Orange	16/10/2021
Regulation 28(4)(b)	The registered provider shall 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.	Substantially Compliant	Yellow	16/10/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	03/11/2021

	purpose containing the information set out in Schedule 1.			
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	01/11/2021
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	04/11/2021
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Substantially Compliant	Yellow	15/11/2021

Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	15/11/2021