Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Woodbrook Lodge
Name of provider:	MMC Children's Services Limited
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	25 January 2023
Centre ID:	OSV-0008012
Fieldwork ID:	MON-0039125

About the designated centre

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

Woodbrook is a residential centre which can provide medium to long-term care for four residents under 18 years of age, who present with complex physical and emotional needs. Woodbrook is a large detached two-story house in a quiet countryside setting on the outskirts of a town in Co Monaghan. It comprises 4 large bedrooms, living space, kitchen, sunroom, utility room and sitting room. It also has an internal lift allowing residents in wheelchairs to access their bedrooms on the 1st floor. The residents receive support on a twenty-four-hour basis and are supported to engage in activities in nearby towns.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 January 2023	09:15hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor the safety and quality of the service being provided to 3 residents living in the centre. On arrival at the centre, the shift leader completed screening with the inspector regarding their health status as per the provider's policies.

During the introductory meeting, the inspector was informed that, the lift which transported residents from the ground floor to their first floor bedrooms was out of order since 31 December 2022.

All residents in this centre were wheelchair users and required their chairs to mobilise, the lift being out of order resulted in 2 of the residents being confined to the first floor of their home for twenty-five days without any alternative being considered. The third resident could be carried downstairs by staff. The residents had been living in their bedrooms, engaging in limited activities on the landing area of the first floor, having their meals in the upstairs office area, did not attend school and one resident missed an appointment as there was no way to get them down the stairs except in the case of an emergency.

The inspector issued an urgent action requiring the provider to submit assurances on how they would address the issue. The impact on residents and the provider's response will be discussed in the later sections of this report.

The inspector observed the resident who could be transported downstairs being supported by staff in the downstairs sitting room. The resident was observed to be watching television and resting. The inspector was informed by a staff member that the resident had been unwell that morning and they were transferred to hospital during the inspection.

The inspector was introduced to the two other residents. One resident was relaxing in their bedroom watching their preferred television programmes. The resident appeared happy and comfortable in their interactions with the staff members. The resident did not engage in any other activities during the inspection and preferred to stay in their room.

The third resident chose to have limited interaction with the inspector. However, the inspector observed them engage with the staff members throughout the day. Staff were observed playing games with the resident on the first-floor landing. Some of the games were focused on helping the resident achieve their goals.

The review of residents records showed that, prior to the lift being out of service, residents were attending school and where possible, they were engaged in activities in and outside of their home. The staff team were observed on the day to interact with the residents in a respectful and caring manner. However, due to the lift's

issues, residents' needs were negatively impacted.

Through the review of key working sessions, the inspector found that residents were communicated with in a manner that suited their needs. There was evidence of staff members seeking to encourage them to make everyday decisions. There was also evidence of staff talking to them about becoming older teenagers and preparing them for potential changes.

The inspector found that the centre was clean, well-maintained and adapted to meet the needs of the three residents. There was a homely atmosphere with their pictures displayed in a number of areas, and they had also been supported to decorate their rooms in their preference style.

During the inspection the inspector identified that, improvements were required across a number of regulations, including risk management, fire safety, tracking of restrictive practices, residents' rights, infection prevention and control (IPC), staffing and staff training. The provider had also failed to ensure that the service provided to the residents was under appropriate review. As a result, improvements were required to ensure that the residents were receiving the best possible service.

The next two sections of the report present the findings of this inspection concerning the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There was an internal management structure in place, comprising of the person in charge, a regional manager and the provider representative. However, the inspector found that the governance and management arrangements were inadequate and ineffective which compromised the service provided to the group of residents living in the centre. The provider had also failed to ensure that the service provided was effectively monitored. As outlined above, the provider had not responded appropriately to the fact that two of the residents living in the house had been confined to the first floor of their home for over three weeks.

Subsequent to the inspection, the registered provider contacted the inspector to inform them that this the lift had also been out of service from the 27.07.22 to the 29.08.22 (34 days). This meant that in the past 7 months two residents were confined ot the first floor of their home for a total of 59 days The provider had not responded appropriately to either incident and had not put in place alternative arrangements. The provider had also failed to notify HIQA regarding the issues with the lift or the impact it had on residents on both occasions.

Through discussions with the person in charge and the registered provider, along with the review of information, the inspector identified that there was poor

communication between the layers of management regarding maintenance issues and the general monitoring of the service provided to the residents. There was evidence of concerns being raised by the person in charge, but there were delays in this information reaching senior management levels and therefore issues negatively impacting on residents rights and quality of life were not being addressed by the provider.

In addition the provider informing the inspector that a nominated person had completed an audit of the service in late 2022. The inspector asked the person in charge to provide them with a copy of the document however, the person in charge informed the inspector that they were unaware of any audit having taken place.

Some audits had been completed, however, the provider's arrangements for the completion and response to auditing practices were not effective. Audits were not focused on ensuring that the service provided to each resident was safe and appropriate to each resident's needs.

The provider and person in charge had failed to ensure that all members of the staff team had completed the required training to support residents. In particular, three members of the staff team had not received fire safety and evacuation training. The registered provider was not aware of these issues before the inspector informed them. The provider arranged for the staff members to receive the training on 03.02.23.

A review of staffing rosters found that the provider relied on relief staff to maintain safe staffing levels. The provider had not ensured that the residents received continuity of care as there had been a number of changes to the staff team in recent months, along with the reliance upon relief staff members.

A further review of staffing arrangements and the statement of purpose also identified that a clinical nurse manager formed part of the staff team. This was not the case at the time of the inspection, as the provider had been unable to fill the role. The statement of purpose had not been updated to reflect this.

In summary, the provider had failed to ensure that the service provided to residents was safe or meeting their needs. The management and oversight arrangements were inadequate. Communication between the layers of management was ineffective and negatively impacted the service provided to residents.

Regulation 15: Staffing

The inspector reviewed the past and the current roster. The review of rosters found that the provider had been unable to attain a whole staff team to support the residents. There were three full-time staff required to achieve an entire staff team. The provider at the time of the inspection relied upon four relief staff to ensure safe staffing levels were maintained. Two of these relief staff were consistent where as

two were not.

Overall, the provider failed to ensure that the residents were receiving continuity of care as they could not maintain a settled team.

In addition the rosters' layout required attention as it did not give the full name of staff members or their titles as required under regulations.

Judgment: Not compliant

Regulation 16: Training and staff development

The training needs matrix identified that there were gaps in training for a number of staff members. Three staff had not received the appropriate fire safety and evacuation training specific to the needs of the residents despite working directly with residents for three months. Medication management training was also outstanding for four staff members. The training matrix had not been appropriately maintained, as training that had been completed had not been added to it.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had not ensured that the existing management arrangements were suitable to ensure that the service provided to each resident was appropriate.

The inspector was informed on arrival at the residents' home that the lift used to transport residents to and from the first and ground floor of their home was not working. Staff members informed the inspector that the lift had not been working since 31.12.22. Two of the residents who rely on the lift, as a result, had not been able to reach the ground floor of their home for 25 days.

The review of information found that the provider had not finalised a plan to support residents to leave the first floor of their home despite the issue lasting more than three weeks. Furthermore, as noted above, this was not the first time that the lift had been out of service or that residents had been confined to the first floor of their home.

During the inspection, the provider provided assurances that work to fix the lift and reconfiguration of rooms would be completed in the residents' home on the 30.01.23. Reconfiguration of the residents' bedrooms and living areas would be completed. The residents' rooms would, following the works, be located on the ground floor. The provider stated that the residents and their belongings would be

moved to the ground floor by the 01.02.23.

The review of information and discussions with the person in charge and the provider identified communication issues between on-site management and the provider. The person in charge was raising issues with their line manager, but there were delays in informing the provider of the problems.

For example, the registered provider informed the inspector that the lift had been out of action for two weeks, but this was not the case. The registered provider representative later told the inspector that there had been delays in them being informed regarding the extent of the issue.

The provider was also unaware that there were staff training issues until the inspector informed them.

Judgment: Not compliant

Regulation 3: Statement of purpose

The person in charge had not updated the statement of purpose to reflect that there was no longer a clinical nurse manager part of the staff team. Previously a clinical nurse manager was part of the team. The provider, following a resignation, was unable to fill the post, but the statement of purpose still listed the clinical nurse manager as part of the service provided to residents.

Judgment: Substantially compliant

Quality and safety

The inspection found that the service provided to residents was ineffective. As discussed, the issue with the lift had negatively impacted two of the three residents on two occasions. At the time of the inspection, these two wheelchair users had been confined to the first floor of their home for 59 days in seven months. The provider, as discussed above, had not learnt from the first incident and had not put adequate measures in place to ensure that it did not happen again. The provider's response to the incidents was reactive, and the needs of the residents were overlooked during both occasions.

As the residents were confined to the first floor of their house, the provider could not fully meet their needs. In recent weeks one of the residents had missed a scheduled wheelchair appointment, and the two residents had not attended school since the Christmas break due to the lift not being in operation. The provider's

delayed response to fixing the lift issue was impeding the residents' rights.

At the time of the inspection, the provider had not appropriately risk assessed that the lift was not in operation, nor had they thoroughly reviewed the impact that the residents had been unable to leave the upstairs of their home for weeks. The provider had identified that a service level agreement was due to be arranged with a contractor to service the lift. This was due to be completed by 30.11.22. However, on the day of inspection there was no evidence to demonstrate that this had been completed. The provider had, therefore, not responded to their own action plans and had again failed to ensure that the residents were receiving a safe service tailored to their needs.

As discussed earlier, the provider had not ensured that all staff members had appropriate fire safety and evacuation training. This identified poor oversight. There was also a need to ensure that there was clear labelling of where each fire alarm zone was in the house. On the day of the inspection, there was no way for staff to identify the location of where the fire alarm had been activated. The recording of steps and measures taken during fire evacuation drills also required attention. A review of records did not give and assurances that appropriate actions were taken during the evacuation drills. On inspection the provider was asked for assurances that there were sufficient staff trained ot ensure that residents could be evacuated in the case of an emergency, these assurances were submitted subsequent to the inspection.

The provider had adequate arrangements in pace regarding the prevention and control of infection (IPC). The provider had adopted procedures in line with public health guidance. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with training in infection control. The inspector found that some improvements were required regarding the storage of mops, ensuring that information was up to date and that there were foot pedal-operated bins available for staff to use.

The inspector also found that the provider did not have adequate systems to monitor the use of all restrictive practices. A resident had been admitted to the service in November of 2022. However, the provider had not added restrictive practices that were in use to their restrictive practice log.

The inspector does note that the health needs of the residents were under review, and their changing needs were responded to by the staff team and the person in charge. The residents had access to a range of allied healthcare professionals and were generally supported to attend all healthcare-related appointments.

Overall, this inspection found that the provider had failed to meet the needs of the residents. The governance and management arrangements were ineffective; therefore, the service provided to the residents was inadequate.

Regulation 17: Premises

The provider had not ensured that the equipment required by the residents was in good working order. The lift that residents needed to use daily had not been working for 59 days in a seven-month period. At the time of the inspection, the provider had failed to decide on a definite plan on how they would support the residents to leave the first floor of their home.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector reviewed the services risk register. It was found that the provider had failed to identify that the lift being broken was a risk or identified it as a significant event.This is despite the lift being broken on two separate occasions.

Two residents who required the lift to gain access to the ground floor of their house had their wheelchairs on the first floor at the time of the inspection. The provider had not risk assessed the fact that, if the residents had to evacuate the building in an emergency scenario, the residents' chairs specific to their needs could not be brought with them. The provider had failed to identify any alternative arrangements despite this occuring on two separate occasions.

A risk assessment had been devised by the person in charge on 16.11.22 regarding the potential risk of the lift being out of operation. Actions to reduce the risk were that, the provider would agree to a service level agreement with a contractor to service and repair the lift. There was no evidence of this available for review on the day. Despite it being due to be completed by 30.11.22.

The review of staff training records also identified that three staff working with residents had not been provided with appropriate training regarding fire safety management and evacuation. The provider, in their risk assessments relating to evacuating residents, listed that all staff would have the necessary training. This was not the case. The provider was issued an urgent action to set a training date for staff and to submit further details following a review of the roster that sufficient staff with training would be on the roster each day to evacuate residents if required. The provider submitted the relevant information.

Judgment: Not compliant

Regulation 27: Protection against infection

A member of the staff team was identified as the IPC lead person each day. This person was usually a shift team leader or the most senior staff on shift. There were

cleaning tasks assigned each day, and as mentioned earlier, the inspector found that the residents' home was clean and free from clutter. The provider had devised policies relating to IPC and COVID-19. The inspector reviewed these and found that the information reflected current guidance for the most part. There was one area that related to no visits being allowed in the case of an outbreak in the residents' home. This is no longer part of the guidelines and required updating. The inspector also found a wet mop sitting in a mop bucket, the inspector notes that the provider had made advancements regarding the storage and cleaning of mops, but further improvements were still required. The inspector also noted a need to ensure that foot pedal-operated bins were available throughout the resident's home. This was not the case in the residents' bathroom.

Information was available to staff regarding donning and doffing procedures, and an adequate supply of PPE was available. The staff team had also been provided with training relating to IPC. Overall, the provider had made improvements in recent months regarding IPC practices, but some further work was required to ensure that the practices were fully compliant with regulations.

Judgment: Substantially compliant

Regulation 28: Fire precautions

As noted earlier, the provider and the person in charge had not ensured that all staff members had the appropriate training to evacuate the residents safely. The inspector reviewed the fire drill evacuation records and found that the three drills had been listed as nighttime scenario evacuations. The measures taken to evacuate or simulate an evacuation of the residents were not recorded. When the inspector asked the person in charge what steps were taken, the person in charge stated that simulated evacuations had taken place where the staff team had used the ski sheets under mattresses to bring the residents' mattresses down the stairs to simulate a safe evacuation. However, there was no documentation to demonstrate that this had occurred. The inspector asked for a demonstration from a staff member who had yet to receive training on how to safely evacuate a resident from their bed in the case of an emergency. The staff member informed the inspector that they had been shown how to evacuate the resident and proceeded to demonstrate this to the inspector.

The inspector sought assurances that there were enough trained staff to evacuate residents if required each day. The person in charge confirmed this, and the provider later submitted further evidence to corroborate this.

The inspector reviewed the fire detection system that was in place. The system was appropriate, but the provider had not provided the staff team with floor plans of the house that identified where each fire alarm zone was located. On the day of the inspection, there was no way for staff to identify the location of where the fire alarm

had been activated.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspector found that the needs of two of the three residents had been negatively impacted by the provider's inability to fix the issues with the lift. The two residents had been unable to attend their school programme and one resident who was due to collect a new motorised wheelchair was unable to do so as they were not able to leave their home.

The inspector found that when the lift was not broken, the residents were facilitated to engage in various activities in and outside of their home. The residents attended school and were supported to engage in activities they liked, including shopping or bowling. Each month an activity planner and key working planner were set up for each resident. The inspector reviewed a sample of these and found that residents were engaged in regular key working sessions. The sessions were individual to each resident and were linked to goals identified in the resident's placement plans.

Judgment: Not compliant

Regulation 6: Health care

The inspector did find that the staff team and the person in charge had, on several occasions, acted as advocates for residents regarding their health needs. There was evidence of the person in charge arranging appointments for residents and following up on recommendations. There were systems in place to track the needs of the residents, and they had access to a number of allied healthcare professionals. For example, on the day of the inspection, a resident received a review from and Occupational Therapist and a wheelchair specialist.

Judgment: Compliant

Regulation 7: Positive behavioural support

During the walk through the house, the inspector observed that one of the resident's bed had a safety system in place. Staff members identified that this was in place to maintain the resident's safety as they had placed themselves in danger attempting to exit their bed in the past.

The inspector reviewed the provider's restrictive practice log to ensure that the safety system had been identified as a restrictive practice. The person in charge determined that it had not been added to the restrictive practice register, nor had the harness used by the resident whilst using their chair. The resident was admitted to the service in early November, but the required documentation was not completed.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The residents' rights had been and continue to be significantly impacted by the fact that two of them were confined to the first floor of their home. The residents had been spending time in their rooms and engaging in activities with staff on the landing of their home. The residents had been confined to this area for over three weeks at the time of the inspection. Furthermore, before the inspection, there was no clear deadline for when the residents would be supported to access the ground floor of their home. Neither resident had been able to attend school, and one resident had missed a necessary appointment. The provider had failed to respect the rights of the residents.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Woodbrook Lodge OSV-0008012

Inspection ID: MON-0039125

Date of inspection: 25/01/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Since the inspection two additional staff have been added to the staff team. Recruitment is ongoing and other applicants have accepted offers of positions. We are now awaiting the completion of their personnel folders before they can start in the centre. It is believed the process should take around 4 weeks.	
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 training matrix will be reviewed by the PIC at least monthly and it will be updated with all training that takes place so it is accurate. Training that has taken place already includes: Fire Safety: 3rd Feb: 3 current staff updated and 1 new staff member trained. 10th February: First Aid, 1 staff member trained. Reviewing the Training Record monthly will ensure training needs are identified early and can be addressed accordingly.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Governance Reports will be completed monthly and shared by email with the Provider. The governance report includes information such as staffing levels, supervision levels, basic information on significant events within the centre, basic information on the residents such as issues currently affecting them, the occurrence of team meetings and SCL meetings, and information on Health and Safety and Maintenance. The proper implementation of the Governance Report at all levels will ensure that issues are escalated appropriately and in a timely manner. Doing so will allow for an effective response with a quick turnaround. When completed they will allow for a review of the service provided by the centre and the identification of problems and a fast response.

The Governance report will also be updated with a section to outline clearly what notifiable events occurred in the month and what notifications were done on the portal. This will also include a section for Restrictive Practice to ensure oversight. The final template is planned to be complete and in use for February's Governance Report on March 1st.

To ensure evidence of communication between all levels of management, as stated above, all Governance Reports will be printed and the subsequent email forwarding it to the provider will also be printed and attached to the back. The Governance Folder will include a section for correspondence with the Provider at the back of it to evidence communication also. This will include correspondence to escalate significant issues within the centre. Between the Governance Report and the printed emails, the Provider will be notified of all significant and notifiable events in a timely manner.

In relation to a plan for residents to support them in leaving the first floor should there be an issue with the lift, the plan was to relocate the bedrooms of the two residents affected most by the lift issues to avoid the problem ever impacting them significantly again. This has taken place. The 3rd resident can be transferred up and down the stairs. A risk assessment has been drawn up to outline measures should the lift issue reoccur. This outlines safely transporting him up and downstairs by carrying him. The risk assessment will be reviewed regularly and should the resident become too big to carry, this will no longer be prohibited. However, an electric evac chair has been purchased and will be used to safely transport him up and down the stairs. This chair arrived at the centre on the 21st February and the staff team will be shown how to use it as a group on March 1st. This is outlined in the Risk Assessment.

The staff Training Record will provide an overview of the staff team's training needs. This is to be reviewed on a monthly basis and forwarded to the provider to ensure there is no ambiguity in what training needs exist for the team. Going forward, this will be printed and stored in the Governance Folder. The email will also be printed and attached to the back to evidence it was sent.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose has now been reviewed and updated to reflect the fact that there is no longer a Clinical Nurse Manager working for the centre. The Provider is advertising for the role and should the position be filled the Statement of Purpose will once again be updated to reflect the organisational structure of the centre.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The lift has now been repaired. Discussions are ongoing with an alternative company to agree on a SLA to service the lift. This is hoped to be in place by March 3rd.

As stated above, an Evac chair has been purchased and is now located in the centre should the lift be out of action again. This will prevent residents from being upstairs with no safe way back down. A risk assessment has also been drawn up to ensure that the 3rd resident is not prevented from getting downstairs in the case that the lift is out of order again. He can currently be carried downstairs, but should it be deemed too risky to carry him downstairs he will avail of the Electric Evac chair.

Two of the residents have now had their bedrooms relocated to the ground floor. This will prevent any dependence on the lift. Minor building works were carried out to close off doors from bedroom 1 through to the kitchen. This is now a wall and ensures privacy.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
A risk assessment of the lift has been completed. This identifies the potential for the lift to breakdown and what to do in order to ensure that it does not significantly impact the

residents' lives. This includes use of the Evac chair.

A service level agreement will be in place to ensure the lift is serviced on a regular basis – twice per year. It will also include repair work should the lift breakdown.

Three staff were identified as not having Fire Safety and Evacuation training. 4 staff, including a new start and those originally identified, have now received training in Fire Safety and Evacuation as of February 3rd.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The Infection Prevention and Control folder has been updated to note that visits to the centre are now allowed, even during an outbreak. The SOP for maintaining the centre mops will be revised again with the staff team to ensure that they are aware of the procedures in place to maintain infection prevention control.

New foot pedal-operated bins have been sourced for the centre and have replaced inappropriate bins.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Fire Drill's that take place will be recorded in more detail to illustrate what was done to evacuate the residents, or simulate evacuation. The drills will also be more of a balance between night and day drills.

Master Fire will come to the centre and provide the team with floor plans that identify where each fire alarm zone is located.

All staff will be Fire Safety and Evacuation trained in a timely manner in future.

3 staff who were not trained in Fire Safety have now received training.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The lift has now been fixed and the two residents most significantly affected by the lift being out of order have now had their bedrooms relocated downstairs. This will ensure that their daily lives including attending education, being involved in activities on and off site, and attending appointments will not be impeded upon.
Appropriate risk assessments and updates to the Governance Report will ensure better oversight of such incidents and improve the response time to these problems should something similar occur again.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Restrictive practice procedures will be reviewed and updated accordingly with the resident's bedrails and chest harness. The restrictive practice register will note the restrictive practices in place with a rationale sought from the relevant OT's.

Restrictive Practices will also be added to the Governance Report to ensure oversight and the raising of significant issues, with reviews of prescribed restrictive practices.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The centre will ensure that the residents' rights are not negatively impacted upon again by ensuring all systems are not only in place but utilised to prevent disruption to the lives of the residents. This will involve effective governance systems such as the Governance Report (including updates), Training Record, an effective governance plan based on the governance reports, team meetings, SCL meetings, regular supervision of staff, planned audits with an improved audit process and report of outcomes, and monthly structured meetings with the provider to review governance systems. This will ensure that any arising issues are dealt with effectively and in a timely.

The two residents impacted upon have also had their bedrooms relocated downstairs to ensure that the lift being out of order again will not have a significant negative impact on their lives. The Evac chair will also help to ensure this along with appropriate risk management assessments.

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/03/2023
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.	Not Compliant	Orange	03/02/2023
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	Not Compliant	Red	06/02/2023

	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.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Red	28/02/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Red	28/02/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Not Compliant	Orange	03/03/2023

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	06/02/2023
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Orange	03/02/2023

Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	06/02/2023
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	02/02/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	03/03/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	02/02/2023