



Office of the Chief Inspector

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

Name of designated centre:	Cumas New Ross
Name of provider:	Cumas New Ross
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	12 June 2019
Centre ID:	OSV-0004739
Fieldwork ID:	MON-0022580

About the designated centre

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

The statement of purpose outlines that the service provides fulltime residential care to 11 residents, male and female, with an additional bed designated for respite residents. Residents must be independently mobile and require very low support from staff. The statement advises that the service is closed over Christmas and that during the week it is expected that residents will attend day services as the centre is not staffed during these hours.

Staffing arrangements are sufficient currently with one staff on duty in each house. Staff are required to have social care qualifications in order to support the residents. The centre comprises two houses, one bungalow and one two story property, located some distance from each other in a coastal town. It is within easy reach of all local facilities and services. Both houses are large and comfortable. All residents have their own bedrooms and there is insufficient living and communal areas to afford space and privacy for the residents. There are a number of day services attached to the organisation which the residents attend.

The number of residents using the respite bed is very low and all residents attend the provider's day service and so are familiar with each other.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
12 June 2019	09:30hrs to 19:30hrs	Noelene Dowling	Lead
12 June 2019	09:30hrs to 19:30hrs	Sinead Whitely	Lead

Views of people who use the service

Inspectors met with nine and spoke with seven of the residents. The residents told inspectors how they were supported by the staff, were helped to make decisions and had access to lots of external activities. They said they felt safe and liked the staff who were very good to them. They said they had great holidays, enjoyed going to the pub and various concerts, to the bingo and the beauticians. There was some concern expressed at the storage available for personal possessions which inspectors observed was insufficient in one instance.

Inspectors observed that the residents were at ease and comfortable in their homes and they were welcomed back by the staff with hot tea and drinks. Dinner was being prepared and they said they looked forward to this. A resident who had returned from a hospital appointment was made comfortable and staff were very attentive to ensure she was warm and not in pain.

Questionnaires completed by a number of relatives were also received by the inspectors. These indicated satisfaction with the service, good communication with the manager and staff and a good quality of life for their relatives. They did reference the need for additional storage and some remedial paint works in one of houses.

Capacity and capability

This inspection was undertaken following the providers application for the renewal of the registration of the centre.

The findings of this inspection indicate that this centre is well managed and that overall there is commitment to providing a safe and good quality of life to the residents, in which their wishes are paramount. Changes had been made to the management structure since the previous inspection, to better support the oversight and governance arrangements. A new and dedicated person in charge, who is a registered nurse intellectual disability, had been appointed to the post since the previous inspection. The person in charge had significant experience in the centre as the nurse manager and demonstrated competence in the role. However, the person does not have the required manage training for the role currently. This was discussed with the representative of the provider at the feedback meeting.

There were good reporting mechanisms in place to oversee and direct the quality and safety of care for the residents.

The provider had addressed a number of the non-compliance's from their

previous inspection with improvements evident in responding to accidents/incidents, and supports available to residents with more complex support needs. Actions had been taken on the remaining non-compliance's but some improvements were still required to support the best outcome for the residents. These mainly concerned the development of a considered and consistent approach to safeguarding, complaints, risk management and the changing needs and continued relevance of the care provided.

For example, inspectors found, and residents confirmed, that on occasions they made complaints on day-to-day matters such as food or storage for personal belongings. These were neither recorded nor addressed satisfactorily. Inspectors were advised that these were not serious and therefore not considered as warranting this approach. This does not demonstrate an effective system for monitoring residents' satisfaction and addressing what may be reasonable concerns despite the provider's evident best intentions.

In addition, the quality management systems in place including unannounced visits by the provider and an annual report of the quality and safety of care were not robust. They did not provide a transparent review of the residents' care or strategic planning for their changing needs. There was no effective system for auditing of, for example, accidents or incidents, medicines errors, or management of complaints which would support learning and practice changes if needed.

The statement of purpose is very clear in the level of support to be provided to the residents. The centres lone staffing arrangement is informed by this. With the changing needs of residents and changing family circumstances this does impact somewhat on the residents. This matter is discussed further in the quality and safety section of this report and does impact on the findings in relation to the residents right to care.

Recruitment procedures had improved with the appropriate documents and clearances procured with exception of one reference which was not procured for a newly appointed staff. Training had also improved with schedules implemented for all staff. There was a well managed induction programme implemented.

The provider was found to be careful in seeking to employ experienced and qualified staff in recognition of the fact that they work alone with the residents. Supervision systems had also been implemented for all staff and there were frequent and resident focused team and management meetings held. Staff were seen engaging well and in a supportive manner with the residents. It was very apparent that staff and the managers were very familiar and concerned with the residents' individual needs and preferences.

There was a tenancy agreement signed by, or on behalf of the residents but there were no contracts for provision of services in place. A complete application for the renewal of the registration had been made by the provider. The required policies and procedures were in place and the records pertaining to the residents were maintained in an appropriate manner.

Registration Regulation 5: Application for registration or renewal of registration
A complete application for the renewal of the registration had been made by the provider.
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was engaged full time the role, had the required management experience but did not have the the qualification required for the post.
Judgment: Not compliant
Regulation 15: Staffing
The staffing numbers and skill mix are currently suitable but this should be kept under review. Recruitment practices had improved but one reference for a newly appointed staffs last employer was not available.
Judgment: Substantially compliant
Regulation 16: Training and staff development
All of the required training was carried out with schedules in place for all staff. There was an detailed induction programme implemented and good supervision systems evident.
Judgment: Compliant

Regulation 21: Records

All of the records required for the residents were in place and were maintained in an appropriate manner.

Judgment: Compliant

Regulation 22: Insurance

Evidence of the required insurance was forwarded with the application for renewal.

Judgment: Compliant

Regulation 23: Governance and management

There was improved management and reporting structure in place and overall the centre was well managed taking the needs of the resident into account. However, while there were systems in place for oversight of the centre these were not fully effective to bring about improvements despite the commitment evident. These included, but were not exclusive to robust audits of incidents or medicines errors, more effective review of the quality and safety of care by the provider and more consistent sourcing of the views of the resident and their relatives.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There was no detailed signed agreement for the care and support to be provided to the residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was in accordance with the regulations and

care arrangements currently were in accordance with this statement.
Judgment: Compliant
Regulation 31: Notification of incidents
The notifications required to be submitted to HIQA had been forwarded.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The provider had made arrangements for the absence of the person in charge and HIQA had been informed of these.
Judgment: Compliant
Regulation 34: Complaints procedure
While residents could express concerns there was no evidence that these were being recorded, managed or addressed in a timely manner despite the detailed policy on complaints.
Judgment: Not compliant
Regulation 4: Written policies and procedures
The required policies and procedures were in place.
Judgment: Compliant
Quality and safety
Inspectors found that the residents had a good quality of life with meaningful

activities, recreation and day services and that their independence was promoted. The provider ensured that they were supported to achieve their personal aims and goals. These included supported employment, skill development, life skills and self-care and socialisation pertinent to their own wishes.

The residents participated in yoga, music therapy and attended age appropriate groups which they said they enjoyed. They participated with staff support in taking care of their own home and with cooking and shopping. Some residents used technology and staff were practicing using sign language with the residents to support them with communication.

There were detailed assessments of need and appropriate support plans implemented with the residents. The residents had individual key workers, which ensured their voices were heard and their goals and aspirations achieved. There was evidence of an emphasis on consultation with residents regarding their routines and their activities.

At the time of the inspection, one person was in the process of being discharged to a very specialised older person's facility. This decision was based on a thorough assessment of the resident's swiftly changing needs and the capacity of the provider to support the ongoing care needs. It was being undertaken in consultation with all the relevant persons. The provider had taken a range of steps including changing staff hours of work and the use of additional equipment to support the resident while awaiting this transition. The records seen and observations of the interaction during the inspection indicated that the staff were supporting the resident sensitively at this time.

However, there were a number of areas which required further attention as to how the service was to be delivered into the future taking a consistent approach to the rights of the residents.

The resident's age profile and care needs were changing naturally. There was no facility to, for example, slow down from full-time attendance at day service, if this was the preference of the resident. Inspectors saw that a family member had expressed some concern at a resident having to leave the centre at Christmas. While not currently of significant impact these factors do need to be addressed by the provider in a manner congruent with the residents' needs and rights. For instance, to be able to reasonably expect to remain living in their own home for as long as possible and for this not be dictated entirely by the staffing levels and arrangements. This was discussed with the provider at the feedback meeting.

An admission and transition process had commenced at the time of this inspection. While there was a careful and well planned transition process implemented there were some improvements found to be necessary in the process for assessment of residents prior to admission. This would ensure that the provider could adequately meet the resident's needs and help to avoid placement breakdowns.

Detailed annual reviews of the residents' care needs and quality of life were held which were attended by the residents themselves, if they wished, and their relatives. On this inspection, there was evidence of more robust monitoring of the

implementation of the residents support plans to ensure their quality of life was promoted. There was very good access to allied services for all of the residents' health and psychosocial care needs. These were being carefully monitored by the person in charge who was also the services nurse. A resident with a long-term chronic illness was being supported to maintain the best possible quality of life and health by the diligent monitoring of dietary and clinical needs.

Overall, the residents' safety was prioritised by the risk management systems implemented and the procedures had been reviewed. However, a revised risks register was based on incidents which had occurred as opposed to being a comprehensive assessment of potential and known risks, including clinical and environmental risks, which would help to inform practice. In addition, there were some inconsistencies evident in the practices which could create risk. For example, one resident, due to changing capacity was considered at high risk of leaving the centre inadvertently, and had done so on one occasion via the front door. No action had been taken to secure the front door even as an interim measure. Inspectors were advised that this would be considered restrictive. Yet, a significant mechanism to prevent falls, which impacted on a resident's dignity and ability to mobilise, was implemented where this risk was assessed as very low. It is acknowledged that this was undertaken with good intentions however a more consistent approach was required to risk management based on findings.

Medicines management procedures had improved since the previous inspection. More robust monitoring of practice was evident and a good quality of training was made available to the staff.

Safeguarding systems were found to be satisfactory and there were trained designated persons in the centre. Inspectors reviewed the records of an internal safeguarding concern and found that this had been managed in accordance with the required procedures and to the benefit of the resident concerned. However, other records seen showed that on occasions statements were made by residents which indicated that safeguarding concerns may have occurred. These were viewed (by the provider) as primarily symptomatic of behaviour. There was no framework or protocol to adequately record, manage or review these statements. This is necessary to ensure that residents are appropriately safeguarded. Where necessary, there were appropriate behaviour support plans implemented and the use of PRN (administer as required) medicines had reduced.

The premises are currently suitable for the residents, comfortable and personalised. Some remedial painting works had been undertaken in one house but not fully completed. In addition, in one of the houses, inspectors noted that the female residents had to go through the dining room and kitchen if they wished to have a shower rather than a bath. This did compromise their privacy somewhat. There was an option available which was discussed with the provider at the feedback meeting. There was also a lack of storage available for one resident's personal possessions.

The actions required in relation to fire safety had been addressed with the installation of emergency lighting and the installation of automated doors closures in one of the houses. These allowed the residents to move freely within the house due

to the weight of the fire doors. However, inspectors noted that these were not available in the second house in order to ensure that the second floor occupants could safely be evacuated. Fire alarms and equipment had been serviced as required and the residents participated in regular fire drills.

Regulation 10: Communication

Residents were supported to communicate, visual aids were used and staff were familiar with sign language and seen to be understanding of and responsive to the residents non verbal communication.

Judgment: Compliant

Regulation 12: Personal possessions

In one of the houses there was limited storage space for the residents personal possessions.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents preference for work, training and life skill development were encouraged and supported by the staff.

Judgment: Compliant

Regulation 17: Premises

The premises are suitable for the current needs of the residents but this should be kept under review as needs change.

The location of the accessible shower room in one unit does not support easy access as residents have to go through the dining room and kitchen to get to it. One unit still requires remedial works in terms of decor.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' dietary needs and personal preferences were found to be well managed and supported.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

A residents discharge was being planned in a systematic way in consultation with the residents and family and was based on the residents recently assessed needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, the residents' safety was prioritised by the risk management systems implemented and the procedures had been reviewed. However, systems for identifying potential risks, responding to and learning from incidents were not sufficiently robust and could place residents at risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The actions required in relation to fire safety had been addressed with the installation of emergency lighting and the installation of automated doors closures in one of the houses. These allowed the residents to move freely within the house due to the weight of the fire doors. However, inspectors noted that these were not available in the second house in order to ensure that the second floor occupants could safely be evacuated. Fire alarms and equipment had been serviced as required and the residents participated in regular fire drills.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services
Management procedures were satisfactory with a good quality of training made available to the staff.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
There were detailed assessments of need and appropriate support plans implemented with the residents. They participated in reviews of their care and had very good access to the community and social activities of their choice.
Judgment: Compliant
Regulation 6: Health care
Residents had good access to health care professionals and relevant reviews of their health care needs. The staff implemented supportive plans to ensure they could maintain their health and quality of life.
Judgment: Compliant
Regulation 7: Positive behavioural support
Systems for assessing and responding to behaviours of concern and mental health conditions were supportive to the residents.
Judgment: Compliant
Regulation 8: Protection
Policy and systems for reporting and responding to concerns in regard to residents were in place. However there was no framework within which to safely manage statements made by resident which were automatically considered

to be unfounded which could place residents at risk of harm. There was good oversight of the management of residents finances.

Judgment: Not compliant

Regulation 9: Residents' rights

While there was an evident commitment to supporting and promoting residents rights the changing age profile and needs was not being actively considered. There was no facility to, for example, slow down from full time attendance at day service, if this was the preference of the resident. Inspectors saw that a family member had expressed some concern at a resident having to leave the centre at Christmas. While not currently of significant impact these factors do need to be addressed by the provider in a manner congruent with the residents' needs and rights. For instance, to be able to reasonably expect to remain living in their own home for as long as possible and for this not be dictated entirely by the staffing levels and arrangements.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

Regulation 9: Residents' rights	Substantially compliant
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Compliance Plan for Cumas New Ross OSV-0004739

Inspection ID: MON-0022580

Date of inspection: 12/06/2019

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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>To comply with this regulation the PIC has enrolled in the following management courses QQI level 6 certificate in managing people (Course Code 6N3945) course with Professional Development, Blanchardstown, Dublin 15 (Commencing 8th of July 2019)</p> <p>Course completed</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Reference received.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new incident management system has put into operation. It involves a new Cumas Incident Report Form (CIRF) to be completed after all incident, accidents, and near</p>	

misses. All Staff have received training relating to this process on the 26/06/19.
New After Action Review form in place with training provided also on the 26/06/19.

The Senior Accountable Officer, Health Co-ordinator and Day-Service Co-ordinator meet monthly to review all incident forms.

During the review, incidents requiring After Action reviews are determined and carried out.

The Risk Register is continuously updated and is being managed specifically by a new member of staff with extensive experience in the area.

(Please see attached documentation)

Drug Error's will be audited on a quarterly basis by the Health Co-ordinator/PIC in conjunction with the quarterly medication audit.(Pease see attached documentation)

PRN usage will be audited quarterly by the Health Co-ordinator/PIC (see attached documentation)

Regulation 24: Admissions and contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

Each resident has a licence agreement signed on file

Each resident receives a statement of purpose.

A contract of care will be devised in accordance with SI 367 and issued to each resident.

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

Each resident has a residential facilitator and a day service facilitator with whom they have daily contact and communication.

Weekly meetings are held and documented in each residence, opportunities to make complaints are discussed and encouraged. Complaints can be made in many formats.

Easy read and easy tool complaints forms are available to each resident. Incidents form are also available to document complaints.

Staff meetings are held monthly in each residential house.

Any safeguarding incidents are supported with safeguarding policy and designated officers informed. Any notifiable incidents are reported to HIQA.

Individual's days are held quarterly in the day service and feedback from individuals is documented, reviewed and acted on.

All concerns that are informally raised are being treated as complaints with immediate effect.

In order to proactively support and safeguard individuals that may repeatedly raise concerns that are found to be without merit, a safeguarding plan will be completed with an ABC chart (documentation attached).

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Storage discussed with individuals, new storage facilities in place to meet individual's needs.

Use of this storage is discussed with individuals at house meeting and support given daily, if necessary.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Painting Contractor has been engaged and awaiting available start date.

Investigating the possibility of changing one of the toilets to a second accessible wet room shower.

3 quotations have been requested from local contractors for same.

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: New Risk Management system has been rolled out with training received by all staff on the 26/6/19.</p> <p>Risk management system being managed and updated specifically by a new member of staff with extensive experience in the area.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Electronic door stops that are connected to the fire alarm system are being ordered for the relevant doors and will be installed as soon as they are received.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: Easy read complaints procedures discussed at individuals weekly house meeting and copies given to each individual. Any concerns raised are discussed at monthly staff meetings. Individual's facilitators discuss complaints and concerns at monthly PCP meeting. Safeguarding discussed at individuals Days in the day service and in the residential service. Designated Officers are clearly identifiable in both house with pictures. Each individual carries on their person a laminated Designated Officer details. Incident form completed with any raised concerns appropriate to an individual.</p> <p>Framework to manage statements to protect individuals at risk of harm Incident documented immediately. Body chart completed observing for injuries. ABC support plan completed. Risk assessment completed and registered Action plan completed. Reviewed at After Action Review Meeting.</p> <p>As per response to Regulation 34, all concerns that are informally raised are being</p>	

treated as complaints with immediate effect.

In order to proactively support and safeguard individuals that may repeatedly raise concerns that are found to be without merit, a safeguarding plan will be completed with an ABC chart (documentation attached).

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Each house is staffed until 11am daily which supports residences to avail of a lie in any morning during the week and attend day service after this. Staff proactively work with families from November to discuss plans for the Christmas period. The residential statement of purpose states that "the residential service closes for Christmas from noon on Christmas eve to and reopens at 5pm on the 27th of December each year." (Designated Centre Statement of Purpose 2019) When a family raises a concern that they may not be able to support a resident during this period, the relevant Facilitator advocates on behalf of the resident to ascertain if the resident wishes to spend Christmas with and once all avenues are explored, in association with the residents will and preference, alternate arrangements will be put in place to support the resident in their own home. As low support homes with one staff on duty prior to admissions and discharges, "Assessment of Need" forms are completed, (See attached document) to establish the suitability and support necessary. We strive to support individuals in their own home at long as reasonably possible. However, as per the Licence Agreement, (10.9) "If in the opinion of the Association, or upon medical advice, a Resident is unable to fulfil the terms and conditions of the Licence and requires such attention, care or social support with is beyond that which the Association can provide", the Association reserves the right to terminate the agreement.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	17/07/2019
Regulation 14(3)(b)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have an appropriate qualification in health or social care management at an appropriate level.	Not Compliant	Orange	10/07/2019
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the	Substantially Compliant	Yellow	17/07/2019

	information and documents specified in Schedule 2.			
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/08/2019
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	Orange	17/07/2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the	Not Compliant	Orange	31/07/2019

	designated centre.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	17/07/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2019
Regulation 34(1)(b)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall make each resident and their family aware of the complaints procedure as soon as is practicable after admission.	Not Compliant	Orange	17/07/2019
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation	Not Compliant	Orange	17/07/2019

	into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	17/07/2019
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	17/07/2019