



Office of the Chief Inspector

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

Name of designated centre:	Group K - St Anne's Residential Services
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	09 July 2019
Centre ID:	OSV-0005157
Fieldwork ID:	MON-0022597

About the designated centre

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

Group K - St Anne's Residential Services consists of a detached two-storey house, located in a small town. The designated centre provides a residential service for up to five residents with intellectual disabilities, both male and female, over the age of 18. The centre can offer support for those with mobility issues. Each resident has their own bedroom and other facilities in the centre include a kitchen/dining room, two sitting rooms, bathroom facilities and staff rooms. Staff support is provided by a clinical nurse manager, a home manager and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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
09 July 2019	10:30hrs to 18:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

This was an announced inspection and prior to the inspection taking place the designated centre was sent questionnaires for residents to complete. Such questionnaires covered many topics which impacted on the service received by residents such as activities, the food provided, rights, visitors and staff support. All four of the residents who lived in this designated centre were met during the inspection while completed questionnaires which staff had helped to complete on behalf of these residents were also reviewed.

One of the residents was attending their day service for the majority of the inspection but was met with briefly by the inspector. While the inspector did not have an opportunity to engage with this resident, it was seen that they appeared content in the designated centre and was observed to be supported to go on an outing. In this resident's questionnaire, the resident did not respond to some of the questions raised but did give positive responses to questions relating to rights and the care and support they received.

Another resident met was also seen to be comfortable in the presence of staff members on duty and was observed to move freely throughout the designated centre. While the inspector did not have an opportunity to directly obtain this resident's views on the centre where they lived, the questionnaire completed for the resident indicated a good level of satisfaction with life in the centre. This resident was observed to leave the designated centre for an outing with a family member for much of the day before returning.

The inspector had an opportunity to speak to the remaining two residents. The first of these residents indicated that they were happy their newly redesigned home and liked living in the centre. The resident indicated that they had gone on an outing the day of inspection which involved shopping and visiting a coffee shop which the resident enjoyed. The resident said they went swimming, enjoyed country music and went on a foreign holiday the previous year. Positive views were also in evidence in this residents' questionnaire.

The second resident spoken with also said they were happy with the designated centre. This resident spoke positively about a recent change which had been made to their wardrobe which made it easier for the resident to access the wardrobe. While the resident did help to fold their clothes away, they did say that they were unable to launder their clothes. The resident was also involved in advocacy group which they enjoyed and talked about an external day service they attended two days a week which they liked. This resident's questionnaire also contained similar views.

Throughout the inspection, residents were seen to be treated positively, warmly and respectfully by staff members on duty. All residents appeared comfortable with staff and their fellow residents. A social atmosphere was observed throughout the

inspection while the designated centre overall was presented in a homely manner. At the close of inspection, three of the residents were observed having a meal together in the kitchen.

Capacity and capability

The registered provider had ensured that residents were well supported in this designated centre. In doing, residents were provided with a premises which was suited to their needs, which in turn meant that the provider had met a specific condition of this designated centre's registration. This was reflected in an overall good level of compliance across regulations reviewed but some improvement was required in relation to reviewing key policies and also in the maintenance of some records.

During the previous inspection of this centre in October 2016 it was found that the design and layout of the premises was not suited to residents' needs particularly in terms of promoting accessibility. In response to this the provider submitted a plan to carry out premises works to address such issues. This designated centre was registered until May 2020 to provide residential services for a maximum five residents on condition that the premises work outlined was to be completed by a specific time. During this inspection it was seen that the stated works had been completed. As a result residents were provided with an improved standard of premises and facilities that promoted their ability to access their home and their overall safety.

This meant that the specific registration condition had been complied with while it was also seen that the registered provider was operating the designated centre in accordance with its statement of purpose. This is an important document which should describe the model of care and support that is delivered to residents. The inspector was satisfied that the statement of purpose reflected the day-to-day operations of the centre and contained all of the information required by the regulations. It was also seen that the statement of purpose was easily available within the designated centre while efforts had also been made to communicate it to residents in an accessible format.

To ensure that the designated centre operated in accordance with its statement of purpose, the provider had appropriate management systems in place to oversee the quality and safety of care and support that was provided to residents. This was reflected in various audits carried out in specific areas to identify areas for improvement. For example, it was seen that an external pharmacist had visited the centre to carry out a review of medicines practice. It was seen that the provider was also carrying out regulatory requirements such as unannounced visits to the centre every six months and had recently carried out an annual review for the centre which included consultation with residents and their families. It was noted though that no such annual review had been completed between January 2017 and January 2019.

The provider had ensured that the designated centre was overseen by a suitable person in charge. At the time of this inspection, the person in charge was in this role for a total of four designated centres. However, in practice the person in charge was only responsible for three designated centres as the fourth centre assigned to them was currently unoccupied and the provider had plans to appoint a new person in charge for there going forward. Based on the overall findings of this inspection, the current remit of the person in charge was not negatively impacting on the running of the current designated centre and it was also noted that their remit had been reduced during 2019.

The person in charge oversaw the staff team that was in place and ensured that staff members were appropriately supervised. The inspector was satisfied that the overall staff arrangements in place were suited to meet the needs of residents living in this designated centre. Staff members spoken with demonstrated a good knowledge of the residents they supported and were seen to interact well with residents during this inspection. Records reviewed also indicated that all staff members working in this centre had been provided with a range of training in areas such as medicines, food safety, fire safety, safeguarding and infection control. This provided assurance that staff members were supported to gain the necessary knowledge and skills to support residents.

While reviewing documentation in the centre, it was noted that the provider had in place all of the policies and procedures as required by the regulations. Such policies and procedures are important to guide overall practice within designated centres. It was seen though, that some of these policies had not been reviewed in over three years which is important to ensure that they are in accordance with recent developments and best practice. In addition to these policies and procedures, the majority of documentation requested by the inspector was available to review. However, records to allow the inspector to determine if recommended diets for residents were being followed were not maintained in the centre as required.

Regulation 14: Persons in charge

A suitable person in charge was in place who was responsible for a total of four designated centres at the time of this inspection. The remit of the person in charge was not having a negative impact on the running of the current designated centre.

Judgment: Compliant

Regulation 15: Staffing

Planned and actual rosters were maintained in the centre which indicated that a continuity of staff support was provided to residents. The staffing arrangements in

place were suited to meet the existing needs of residents living in this designated centre at the time of inspection. Staff files were held centrally by the provider and so were not reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training in areas such as food safety, medicines and manual handling based on records reviewed. Staff were also provided with supervision. This included formal supervision and records of these were maintained in the designated centre.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was in place which contained all of the required information such as the particulars of residents and details of residents' next of kin.

Judgment: Compliant

Regulation 21: Records

Records were not maintained in the centre to enable the inspector to determine if residents' recommended diets were being followed.

Judgment: Not compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Unannounced visits to this designated centre every six months had been carried out by the provider with written reports maintained of such visits. Where these unannounced visits identified any areas for improvement, action plans were put in place to respond to these with a person responsible and a time frame assigned for each action. A recent annual review had been conducted which included consultation with residents and their representatives. It was noted though that an annual review had not been carried out between January 2017 and January 2019. Audits were carried out in various areas such as medicines and infection control. A well defined management structure was provided for where clear roles and responsibilities were established.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had policies and procedures in place relating to admissions but there had been no new admission to the designated centre since the previous HIQA inspection. A sample of contracts for the provision of services were reviewed which outlined the services to be provided but did not clearly set out the fees to be charged to residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place which had been recently reviewed, was available at the entrance to the designated centre and was also presented in an accessible format. The statement of purpose contained all of the required such as the total staffing compliment and the arrangements made for dealing with complaints.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on how to make complaints was on display in the designated centre. Complaints was a recurring topic at regular resident meetings. A complaints log was

maintained in the designated centre for the recording of any complaints. The provider had a complaints policy in place that had been reviewed in December 2018.

Judgment: Compliant

Regulation 4: Written policies and procedures

Some of the required policies and procedures, such as the risk management policy and the safeguarding policy, had not been reviewed in over three years to ensure that they were up-to-date and reflected best practice.

Judgment: Not compliant

Quality and safety

The inspector was satisfied that residents were well supported while being encouraged to engage in various activities and develop new skills. Some improvement was noted to be required in areas such as medicines and some aspects of fire safety.

Since the previous HIQA inspection the premises of the designated centre had been redesigned to promote accessibility for residents. As a result of this, residents were provided with additional space and were seen to move comfortably within the designated centre. Changes had also been made to the bathroom facilities to ensure that they were designated and laid out to meet the needs of residents. All resident bedrooms were now located on the ground floor which facilitated residents to access their bedrooms at all times. The inspector saw two resident bedrooms which were noted to be well furnished and brightly decorated. It was also seen that residents were provided with space to store their personal belongings in their bedrooms

As part of the premises work carried out, an additional space had been made available which could be used for residents to receive visitors in private. Two residents spoken with said they were very happy with their home although one resident indicated that they were unable to do their own laundry. However, the provider did outline that changes had been made to the laundry facilities to ensure that this resident could access the laundry while further changes were also planned. Overall the premises that was provided for the designated centre was seen to be presented in a well maintained, homely and clean manner.

Appropriate facilities were provided for medicines to be stored securely within the designated centre including medicines which required refrigeration. A sample of medicines documents were reviewed which were seen to be in line with best

practice. It was noted though that a particular prescribed medicine for one resident had not been administered in a timely manner. The resident subsequently received this medicine and the person in charge had taken steps to prevent such an error happening again. It was noted though that this error had not been identified for over two months. Residents had also not been assessed to determine if they could administer their own medicines.

However, it was seen that overall residents were being supported to enjoy the best possible health. Residents were facilitated to assess allied health professionals as required and to undergo key healthcare assessments. There were systems in place for the monitoring of residents' healthcare needs although some inconsistencies were observed in the weight monitoring of some residents. As highlighted previously, documents were not maintained to determine if diets for residents, as recommended by relevant allied health professionals were being followed. Staff members spoken with did demonstrate a good awareness of the food that was to be provided to residents.

In addition to supporting residents' health needs, it was seen that residents were being supported to meet their personal and social needs. As part of this, residents were facilitated to go on outings, take holidays, attend concerts and go swimming amongst other activities. Residents were also supported to maintain personal relationships and links with the community. For example, during the inspection one resident was seen to go on an outing with a relative while another resident regularly visited a nearby post office. This was in keeping with residents' personal plans which identified the needs of residents and outlined the supports required to provide for these. The provider had well established structures and systems in place to ensure that the assessed needs of residents were met.

It was also noted that that residents were provided with an easy-to-read version of their personal plans. One resident showed the inspector their personal plan which was kept in their bedroom. Another resident spoken about meetings that took place weekly in the centre. Such resident meetings were used by the provider to consult residents in relation to the running of the designated centre. This resident also spoke about their involvement in an advocacy group operating within the provider. This group met with members of senior management to raise issues of concern. The resident indicated that they liked their involvement in this group and was happy with a response they had received about a topic they had raised recently.

Appropriate measures were also in place to ensure the safety of residents. All staff members had been provided with appropriate safeguarding training and residents were observed to be comfortable in the presence of staff members during this inspection. It was also seen that there was good fire safety systems present overall in the designated centre including a newly installed fire alarm, fire extinguishers and emergency lighting. Provision for fire containment had also been made which is important to prevent the spread of smoke and fire should a fire develop. It was observed that the fire containment measures in place on the first floor were not of the same standard as those on the ground floor.

Regulation 11: Visits

Visitors to the designated centre were encouraged and a private space was available within the centre for residents to receive visitors if needed.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with appropriate facilities to store their personal belongings. Laundry facilities were also provided for but one resident did comment to the inspector that they were unable to carry out their own laundry.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to maintain personal relationships and also to integrate into their local community. Various activities were facilitated for residents such as day trips, swimming, holidays and crafts. A vehicle was available to the designated centre to facilitate external activities.

Judgment: Compliant

Regulation 17: Premises

The premises provided was designed and laid out to meet the needs of residents. It provided additional space for residents while also promoting improved accessibility. The designated centre was presented in a clean, well-furnished, well-maintained and homely manner.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were seen to be offered tea and snacks during the inspection. Staff

members spoken with demonstrated a good awareness of recommended diets for residents. Appropriate facilities were in place to store food but it was observed that the readings on a fridge thermometer were in excess of the recommended temperature for storing some food and drinks.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as the arrangements for resident involvement in the running of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk assessments were in place outlining the necessary steps to reduce the potential impact of any identified risks in the centre. Such risk assessments covered issues relating to individual residents and issues that were specific to the designated centre as a whole. A vehicle was provided for the centre which was observed to be insured and provided with appropriate safety equipment such as a fire extinguisher and a first-aid kit.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems in place in the designated centre included a fire alarm, fire extinguishers and emergency lighting. Fire doors had also provided for throughout the ground floor where all evacuation points, living areas and resident bedrooms were located. It was observed though that the same standard of fire containment was not present on the first floor of the designated centre. Training records reviewed indicated that all staff had undergone fire safety training while staff spoken with demonstrated a good awareness of any supports residents would need in the event of an evacuation being required. Regular fire drills were taking place to ensure residents knew what to do in the event of a fire. Residents also had personal evacuation plans in place outlining the supports they needed to evacuate the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Assessments of residents' needs were carried out at least on an annual basis. The outcomes of such assessments were reflected in residents' individual personal plans. These plans set out residents' needs and the supports required to provide for these. The provider had systems in place to ensure that plans were subject to annual multidisciplinary review. Personal plans were provided to residents in an accessible format. Arrangements were in place to meet the assessed needs of the residents living in this centre based on the overall findings of this inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where necessary, residents had behaviour support plans in place to provide instruction for staff on how to promote positive behaviour. Staff demonstrated a good knowledge of these plans. Relevant training in de-escalation and intervention was also provided to staff based on records reviewed. Any restrictive practices in use were risk assessed and subject to multidisciplinary review.

Judgment: Compliant

Regulation 8: Protection

Residents were observed to be comfortable with their fellow residents and staff members present during this inspection. All staff members working in the designated centre had had been provided with relevant safeguarding training. Intimate care plans were in place to guide staff practice.

Judgment: Compliant

Regulation 9: Residents' rights

Staff members were seen to treat residents respectfully and made efforts to ensure residents' privacy during this inspection. Regular resident meetings were taking place where issues such as activities, food, complaints, residents' rights and the centre's statement of purpose were discussed.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to undergo key healthcare assessments. There was also systems in place for the monitoring of residents' healthcare needs but some inconsistencies were seen in the monitoring of residents' weight.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A particular prescribed medicine for one resident was not administered in a timely manner. Assessments had not been carried out to determine if residents could administer their own medicines.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant

Compliance Plan for Group K - St Anne's Residential Services OSV-0005157

Inspection ID: MON-0022597

Date of inspection: 09/07/2019

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 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Since Inspection the Person In Charge has ensured that an accurate recording system is in place to ensure that all dietary recommendations are being adhered to. The staff team has been updated in relation to this new system which is located in the relevant individual's plan of care. Dietary intake charts have been commenced for all service users on FED plans.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Since inspection it has been determined that an annual audit was carried out for this group when they were relocated to another registered centre Group T throughout building works in Group K. This audit took place in January 2019 to reflect 2018.and another annual audit took place when they returned to Group K in July 2019.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Since inspection the Service Manager in conjunction with Quality and Risk Officer has been reviewing the contracts of care. This process is ongoing with a view to completion by quarter three 2019.</p>	
Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Since inspection a schedule for policy review is in place and all policies will be reviewed and updated accordingly. The service review of the policy in relation to Safeguarding is on hold for review until the National Safeguarding Policy is updated. The policy in relation to Risk Management has been updated and reviewed. This policy is awaiting approval by the organization Chief Executive Officer and will be released and circulated October 2019.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: Since inspection the laundry facilities have been reviewed. Currently the resident can access the laundry and all appliances have been adjusted to meet her needs. The service manager has been in touch with the service user with a view to making further adjustments if required.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Since inspection the fridge thermometer has been replaced and the Person In Charge is overseeing the accuracy of all recordings. This was discussed at staff meeting to identify correct temperatures.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All residents in this center occupy ground floor rooms. The ground floor fire precautions are in place to meet the needs of the individuals living in this center. All areas are covered by automatic fire detection systems.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Since inspection the Person In Charge has discussed with the staff team the importance of adhering to the recommendations of the dietitian in terms of weight recordings. Ongoing accuracy will be reviewed by the Person In Charge. This was discussed at team meeting 16/08/2019.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Since inspection the Person In Charge has commenced assessments regarding self-administration of medication with the residents of this center. These are due to be completed by 31/10/2019.</p> <p>In relation to medication error the process was thoroughly followed up on. The Person In Charge has discussed this incident with the staff team to ensure learning occurs to eliminate a repeat of similar incident.</p> <p>In relation to the specific incident the resident was reviewed by the GP. And advice followed upon. An action plan was developed to ensure that this incident would not re occur.</p>	



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)(b)	The person in charge shall ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.	Substantially Compliant	Yellow	30/09/2019
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	30/09/2019
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.	Not Compliant	Orange	30/09/2019
Regulation 23(1)(d)	The registered provider shall	Substantially Compliant	Yellow	30/09/2019

	ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/09/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as	Not Compliant	Orange	30/09/2019

	prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	31/10/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	31/10/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/09/2019

