Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Tóchair
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	12 August 2020
Centre ID:	OSV-0005699
Fieldwork ID:	MON-0029580

About the designated centre

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

Tóchair designated centre provides community based living arrangements for up to four adult residents of female gender only. This service provides supports for residents with severe to profound intellectual disabilities and complex needs. The provider identifies that residents living in this centre require high levels of support and assign two staff to work in the centre during the day with a third staff available to support residents in having a full and active life. One waking night staff works in this centre at night time. A full-time person in charge is assigned to this centre. The centre is supplied with one transport vehicle to support residents' community based activities. Tóchair designated centre is a spacious, bespoke property that provides residents with a high standard living environment which can meet their assessed mobility and social care needs. Each resident has their own bedroom and private en-suite facilities are available in each bedroom.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 August 2020	09:00hrs to 15:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with resident at intervals during the day. Residents communicated through non-verbal means such as smiling and laughing. Residents were observed partaking in a variety of activities during the day. One resident was sitting out in the sun, having a nail painting sessions with staff. Jovial interactions were observed at this time.

Two residents spent time in the kitchen area with another staff member helping to prepare the lunch for everyone. When speaking of the service or the residents planned move the staff member ensured to include the residents in conversation and to seek their agreement in what was been said. One resident smiled at the staff in agreement.

Staff spoke of the change in activities which had occurred due to the COVID 19 national restrictions. Community activities had recommenced with one resident recently attending the hairdressers for a new hair style. Residents were out and about and enjoying activities throughout the day.

Residents appeared very relaxed in their environment and in the company of staff members. All interactions observed were positive in nature and a relaxed homely environment was present.

Capacity and capability

The inspector reviewed the capacity and capability of the registered provider. This inspection was completed to determine the registration renewal of the designated centre. Whilst the provider had submitted a full application to register the lease of the property for the duration of the registration of the centre remained outstanding.

In the weeks prior to the inspection a new governance structure had been allocated to the centre. A new person in charge was in place. This individual possessed the necessary skills knowledge and experience to fulfil their governance role. They also held a governance role in another centre operated by the provider. The person in charge had spent this induction time ascertaining the level of compliance within the centre to prioritise the work required to ensure an effective service. An active working action plan had been developed. The provider had also recently allocated a new person participating in management.

During the transitional period of the change in governance structure a person in charge had been appointed to the centre, with a number of duties allocated to the staff team including fire audits, medications audits and roster development. This

ensured that the day to day operations of the centre continued to operate effectively. However, improvements were required to ensure that all systems in place remained active. For example, formal supervisions of staff had not occurred in line with organisational policy, staff team meetings had not occurred since March 2020. Also, although the provider had appointed a person in charge a number a number of organisational monitoring systems referred to the person in charge as absent for example the annual review of service provision.

This review was comprehensive in nature and was last completed in June 2020. A robust action plan was developed including a set timeframe and the person responsible for completion. As stated previously the person in charge was actively monitoring actions identified. The most recent six monthly unannounced visit to the centre occurred in January 2020 by the previous community service manager. This report did not include any consultation with residents or their representatives. The inspector was informed that a new unannounced visit was required however this had been postponed due to COVID 19. The footfall in the centre remained minimum to safeguard the resident and staff. Monitoring of service provision had been maintained by the staff team at this time with the person participating in management maintaining contact throughout.

The registered provider had allocated an appropriate staff team to the centre. The skill mix was fitting to the assessed needs of residents. Nursing care was allocated as required. As stated previously formal supervisions had not occurred for the staff team. Since their commencement the person in charge had met with each staff member and had developed a supervision schedule to ensure all staff received a quality conversation. Overall, staff were facilitated to attend relevant training. Some training had to be postponed to adhere to national guidelines. To provider interim training staff were facilitated to complete some on line training. With a plan now in place to address any outstanding needs.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full application. However, the lease of the property of remained outstanding.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced individual to the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

The registered provider has ensured the allocation of an appropriate skill mix and staffing level as per the assessed needs of the residents.

Nursing care was provided as required.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff were appropriately supervised in accordance with local policy.

The person in charge had ensured staff had access to appropriate training, including refresher training as part of a continuous professional development programme

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider shall establish and maintain a directory of residents in the designated centre incorporating the regulatory required information.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

Following a period of transition there is a now clearly defined management structure in the designated centre that identified the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision. Improvements were required to ensure during any times of changeover all required system are operated effectively.

Regulatory required systems were in place to monitor service provision however consultation with residents and their representatives was not evident.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1. Clarification was required with respect to the admissions process in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

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.

Judgment: Compliant

Quality and safety

Tóchair presented as a service which ensured residents were afforded with person centred, individualised supports in a safe environment. Participation in meaningful activities was promoted and encouraged by staff. Residents were consulted in the day to day operations of the centre and encouraged to participate in regular house meetings to communicate their views and opinions in the running of their home. These meetings were also utilised to inform residents of any upcoming events, ensuring they were kept up to date.

Each resident had a comprehensive and individualised personal plan in place. The personal plans provide guidance for staff on the multi-disciplinary support needs

of residents in a clear concise manner. This incorporated the social and health care needs of each individual. Through the use of social role valorisation and visioning meetings personal goals had been formulated with each resident. Within each personal plan differing documentation was utilised to evidence progression of goals and inconsistent approach to monitoring was observed. An organisational plan is in place to address this issue and ensure all goals are documented and progressed in a consistent manner.

The residents within the centre were currently in preparation to transition to their new home. Staff spoke excitedly of the transition. Currently residents were involved the decorating of their new home and picking out paint colours. Staff were supporting residents to participate in activities within their new community such as shopping, going to the local hairdressers and coffee shops for example. Families were actively involved in the transition also. Whilst transitional plans were in place, these were not utilised to effectively document the planned transition of the individuals and evidence the support that staff were utilising.

The registered provider had ensured effective measures were in place for the detection and containment of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in a timely manner. There was evidence of a number of evacuations completed utilising a number of scenarios. However, on a recent report it was noted that the procedure in place for assistance to be given was not effective and required review.

The registered provider had ensured that residents were safe in their environment. Through staff training and an organisational policy staff spoken with could clearly articulate procedures to adhere to should a safeguarding concern arise. Where an identified issue was present, clear guidance was available for staff to adhere to. Staff were aware of these procedures and displayed a high level of awareness of the need to adhere to all safeguarding plans and to ensure the safety of all residents.

The registered provider had policies and procedures regarding national public health guidance with respect to the current COVID 19 pandemic. The organisational infection control policy had been updated to reflect best practice within regard to standard precautions. Staff were observed to adhere to practices with respect to the wearing of PPE and social distancing. However, the inspector found a number of improvements were required to ensure all parts of the centre were appropriately cleaned and hygienic. For example, some rooms, hallways and bathrooms inspected were found in a poor state of hygiene with dirt and dead flies observed throughout. A pungent odour was found with an unused bathroom observed to not have the water systems regularly flushed. This is not good practice regarding the prevention of Legionnaires disease. The provider was required to take immediate/urgent measures to address this matter and a deep clean of the centre occurred following this inspection.

Regulation 13: General welfare and development

The registered provider had ensured the provision of an appropriate service to each individual based on their assessed needs. Each resident was afforded with ample opportunities for participation in meaningful activities in accordance with their unique hobbies and interests.

Judgment: Compliant

Regulation 17: Premises

The centre presented as a warm homely environment which was tastefully decorated. Each resident had a private bedroom which they were supported to decorate with an adjoining en suite.

An internal courtyard area was present with outside seating available. A large unused area had been adapted to activity room during the COVID pandemic. Issues found with this premises pertaining to cleaning and hygiene have been addressed under Regulation 27. However, improvements were required to ensure all areas of the house were cleaned to a high standard including all rooms currently not in use.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre and ensured a copy was provided to all residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Whilst transitional plans were in place for all residents with regard to the transition to their new home, these plans were not utilised to effectively document the planned transition of the individuals and evidence the support that staff were utilising.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had policies and procedures regarding national public health guidance with respect to the current COVID 19 pandemic. The organisational infection control policy had been updated to reflect best practice within regard to standard precautions. Staff were observed to adhere to practices with respect to the wearing of PPE and social distancing. However, the inspector found a number of improvements were required to ensure all parts of the centre were appropriately cleaned. For example, some rooms, hallways and bathrooms inspected were found in a poor state of hygiene with dirt and dead flies observed throughout. The provider was required to take immediate/urgent measures to address this matter and a deep clean of the centre occurred following the inspection.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had ensured effective measures were in place for the detection and containment of fire. Through ongoing monitoring by the staff team, through daily and weekly checks, any issues were identified and addressed in a timely manner.

Whilst residents were supported to participate in evacuation drills,improvements were required to ensure measures in place to safely evacuate all were effective.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive and individualised personal plan in place. The personal plans provide guidance for staff on the multi-disciplinary support needs of residents in a clear concise manner Personal goals had been set following consultation with the resident, documentation of same required review.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured all residents were provided appropriate health care having regard to the residents' personal plan.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plan in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted all aspects of their support needs.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tóchair OSV-0005699

Inspection ID: MON-0029580

Date of inspection: 12/08/2020

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: During the start of COVID pandemic SPC housing department was in regular contact with SPC solicitors since the 26/04/2020 to request extension of the current lease. SPC solicitors have received the updated and signed lease from Tochair tenant on the 02/10/2020, which was immediately sent to HIQA registration team to process the application for re-registration of Tochair designated centre.	
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 registered provider acknowledges that due to a change of PIC and PPIM Quality Conversations were not completed in June and July 2020 as per SPC policy. SPC has developed a new 6 monthly unannounced visit template and schedule. Each designated centre in SPC will have a 6 monthly unannounced visit completed before the end of 2020 and outcomes of any necessary actions will be discussed in operations, cluster and QA meetings. A new PIC has commenced work in Tochair on the 10/07/2020. All staff have since then received their Quality Conversations and a schedule is in place for completion of same as per policy to ensure the staff team is appropriately supervised and supported.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Since the inspection took place the 4 ladies were supported by their staff team in their transition to their forever home Kilfane House. The transition process was a positive and successful experience, supported by the PIC and PPIM.

The newly appointed CEO has commenced a strategic development "Focus on Functions" within SPC to ensure better communication within all departments. SPC recruitment strategy has been reviewed to ensure more efficient replacement of vacant positions and provide handovers between PICs.

The Director of Service has also improved the agenda and reporting system in monthly operations team meetings to ensure oversight systems are in place within all clusters and designated centres. Necessary actions will be discussed at the meeting and actioned by the relevant functions/departments.

SPC is currently implementing a new monitoring system and schedule regarding 6 monthly and annual unannounced visits to designated centres. A new audit template has been developed for 6 monthly unannounced visits and is now being rolled out across the service. People supported and representatives are being consulted as part of the visits. 2 auditors are completing visits to all SPC houses before the end of December 2020.

A Standard Framework Process is outlining the steps to be followed:
• The Quality Manager prepares an audit agenda for the six-monthly unannounced visits to all centres
• The Director of Services identifies staff to carry out the audits
• Audits are carried out as per audit schedule and actions are identified by the auditor.
• Completed audits are to be sent to the relevant CSM, PIC and QM.
• The PIC to assign person responsible and close out date on identified actions to be completed.
• The person that completed audits prepare a report at end of that week and send it to the Quality Manager (QM).
• The person that completed the audit will check in with Person in Charge of house to ensure all actions have been closed out within the agreed timeframe.
• If actions are not closed out within the timeframe the assigned person completing the audit will escalate the issue to the CSM to address.
• The CSM has responsibility to ensure all actions are followed through within their designated centres.
• The QM will use the data to establish statistics and trends across the service.
• The QM will present statistics and trends of the service at both the Operational meeting and Quality Assurance meeting on a monthly basis.

• Learning from audits to be discussed at QA meetings.

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 was updated to reflect the updated Admission, Transition and Discharge process within SPC.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All four ladies supported have been transitioning to their forever home on the 01/10/2020. The designated centre Tochair is therefor currently vacant.

As identified in the inspection report some areas of the premises that were not in use needed improvement regarding cleaning and maintenance. Cleaning of the identified areas was immediately completed and areas included on the house specific cleaning schedule.

The PIC addressed and actioned all necessary improvements on the 13/08/2020. An urgent compliance plan response was submitted to HIQA on the 14/08/2020 with all completed actions. Details on actions are outlined under Regulation 27.

Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:
The PIC, PPIM and staff team of Tochair have successfully supported the four ladies on the 01/10/2020 to transition to their new forever home Kilfane House. All ladies are settling into their new home very well.
The PIC has reviewed the transition documentation since the inspection took place to address any outstanding information. On review the PIC could not identify any missing

information within transition planning folders in Tochair. Transition plans were in place for all four ladies supported and also a generic transition folder with documentation was available in Tochair before the planned move.

Transition planning documentation was again discussed at the Orientation morning for Kilkfane House on the 30/09/2020 the day before the move. It was evident on the day of the move and the settling in period since that all necessary supports were identified and in place to ensure a positive transition for the ladies.
All ladies have been supported in developing links in the community of their new home previous to their move. Each ladie's personal planning documentation will be reflecting identified roles as part of their transition.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The PIC and PPIM have discussed necessary actions with the staff team and H & S Department on the day of the inspection. All actions were completed by the 13/09/2020 and the urgent compliance plan sent to HIQA on the 14/09/2020.

Following actions have been taken to ensure compliance with Regulation 27:

• Weekly cleaning schedules for Tochair have been updated by the PIC to incorporate cleaning of rooms which are not in use in Tochair.

• Deep clean of identified rooms has been completed by the staff team with support from the Maintenance Team.

• Water supply to the upstairs room has been disconnected to ensure best practice to prevent occurrence of Legionnaires disease.

• PIC will ensure adherence to cleaning schedules as per monthly Health Safety audit.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
On the last fire drill in Tochair before the move to Kilfane House all 4 ladies were engaging well and staff documented a completion of evacuation process within 8

minutes.
In the event that Tochair designated centre is re-occupied by people supported, the PIC will ensure to implement all necessary actions to comply with Regulation 28.

As the ladies have now moved to their new home Kilfane House the PIC and staff team have assessed all relevant fire precautions to ensure the safety of people supported, staff and all visitors to the designated centre.
The PIC has arranged a visit of fire officers to Kilfane House, which was completed on the 30/09/2020 as part of the Orientation morning before the move. The fire officers were assured with all current measures in place. Kilfane House is a fire compliant new built property which results in a reduced risk in the event of a fire.

Fire drills have been carried out by the staff team to make themselves and the people supported familiar with the evacuation process. The last fire drill was carried out on the 11/10/2020 at 6am and all ladies were evacuated within 4 minutes and 50 seconds.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
SPC has implemented a Personal Plan Policy and Pathway to ensure clear guidance for all staff members on personal planning and the use of documentation to evidence:
• Assessment processes – to assess all support needs for the people supported.
• Annual and monthly reviews – to identify roles and goals and create actions and steps to progress same.
• Weekly progress – to evidence progress on roles and goals.

All documentation is based on the theory of practice Social Role Valorisation and includes person centred and outcomes based approach. The development of the new SPC Personal Plan Pathway was deemed necessary to develop progression on personal planning within SPC and amalgamate the MDT pathway and visioning based documentation.

The Personal Plan Policy and Pathway was rolled out by the CSMs and Quality Department at cluster meeting on the 05/08/2020. The PIC and Tochair staff team have attended training, which was rolled out by SPC in August and September 2020.

Additional support and guidance will be given to all staff teams through mentoring by CSMs, Quality Department and Practice Development Lead by attending annual review meetings and providing video based training via SPC Q drive.

As all ladies have now transitioned to their new home Kilfane House the staff team has scheduled annual review meetings in Kilfane House for all people supported to review

their personal planning. All annual review meetings are scheduled for completion between the 04th and 23rd November 2020.
This will ensure all person's relevant roles and goals have been identified and reviewed and each person is supported in achieving same.

The PIC will ensure the staff team will adhere to the documentation of progress and outcomes for roles and goals on the monthly review and weekly progress sheets.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	02/10/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	13/09/2020
Regulation	The registered	Substantially	Yellow	30/09/2020

23(1)(c)	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.	Compliant		
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/09/2020
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Substantially Compliant	Yellow	01/10/2020
Regulation 25(3)(b)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:where appropriate, the provision of	Substantially Compliant	Yellow	01/10/2020

	training in the life-skills required for the new living arrangement.			
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.	Not Compliant	Orange	13/09/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	11/10/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/08/2020
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	23/11/2020

	frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			