



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

Issued by the Chief Inspector

Name of designated centre:	Coolamber House
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0001836
Fieldwork ID:	MON-0035130

About the designated centre

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

The statement of purpose for the centre outlines that this seven day full-time residential community house provides a home for three adults, male and female with moderate intellectual disability, behaviours that challenge and dementia. There is one-to-one staff support provided and two staff available at night time. Nursing oversight is available as part of the staff team and within the organisation. The premises is a two story detached house, on its own grounds, and comprises of a communal kitchen, living room and laundry room. There is one self-contained apartment located in the centre consisting of a large bedroom, en-suite facilities and living room. The second resident's bedroom consists of a large bedroom and en-suite facilities. The third resident's bedroom and separate bathroom are located in the main part of the centre. There is one staff bedroom and one separate office space. The centre is located in large town within easy access to all services and amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 1 March 2022	10:20hrs to 16:50hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This centre was previously inspected in October 2021, at that time significant non-compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations) were identified. In response to this inspection the provider was required to submit a robust compliance plan to the Health Information and Quality Authority (HIQA). In this compliance plan the provider was to outline the actions they intended to take to ensure residents were safe, the service delivered was of a high standard and the centre operated in compliance with the regulations and standards. This inspection was carried out as a follow up inspection to assess if the provider had followed through on their actions identified in the compliance plan.

From meeting with all three residents, speaking with the person in charge, a member of the senior management team, two staff members, and from reviewing documentation, it was evident that the provider had implemented a number of changes to the service provision. This in turn had positively impacted on risks which had been identified at the previous inspection and meant that residents living in the centre were provided with safer, more effective care and support which was informed by up-to-date information and policies and procedures. However, further improvements were still required in policies and procedures, records, governance and management, individual assessment and personal plan, positive behaviour supports, premises, risk management, and protection against infection.

The inspector met with all three of the residents on the day of the inspection. One resident had attended their day service and returned to the centre later in the day. Two of the residents went bowling in the afternoon and one of them went for a drive with staff earlier in the day .

One resident went out for a drive to a nearby hotel to walk around the grounds and had coffee out in the morning. When they returned they were keen to show the inspector their new games console that they recently purchased. They went on to tell the inspector that life had improved for them since the last inspection and that all the residents were now getting on better together the majority of the time. At the previous inspection this resident had expressed that they no longer wished to live in the centre. They updated the inspector about how their plans to move to an individual accommodation was being progressed and said they were happy work was still being done to progress the move.

During the inspection the inspector was informed that one resident had recently taken up interviewing people for a local radio segment. There was great excitement in the centre during the inspection with residents and staff waiting to hear the piece played live on the radio. This resident had recently been employed in a part time job and said they were enjoying the work.

The inspector spoke to or observed the four staff who were on duty on the day of inspection as they went about their duties. Staff were observed to interact in a respectful manner with the residents. They engaged in different topics of conversation that were of interest to the residents and facilitated different activities chosen by residents at different stages of the day. One staff member said that there had been improvements to the service since the last inspection and in particular to residents' files that contained their Schedule 3 information. They said the files were now more streamlined and it was easier to find information required.

Each resident showed their bedroom to the inspector and pointed out the work that had been completed since the last inspection in order to improve the cleanliness and décor of their rooms. Improvements had been made to all three rooms. For example one resident had new flooring put down in their living room, the resident said they had picked it out themselves and were very happy with how it looked.

Since the last inspection some changes had been made to the back garden, however, while some efforts had been made to make this a more accessible space for residents improvements were still required. For example, the paving in the small paved area still had broken or uneven paving. The picnic table and seating in the back garden had been sanded but had yet to be painted and was being stored in the large shed. While the large shed had required repair to its facade carried out, the shed at the side of the house still required repair to the door. The large grass area did not have any plants, leisure or recreation equipment for residents use.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

On the inspection in October 2021, it was found that the governance and management arrangements in the centre were not effective in ensuring the service was operated in compliance with regulations and standards or ensuring a quality safe service was delivered to residents. Subsequently the provider submitted a compliance plan with clear timelines which provided assurances as to how they would come back into compliance. This inspection was carried out as a follow-up to the inspection to assess if the provider had completed all identified actions within the timelines they specified.

On the day of inspection the inspector found that while the provider had addressed the majority of areas of concern and some actions were still progressing within the stated timelines, other actions had yet to be addressed or further improvements were required. For example, not all premises works had been completed and not all bi-weekly meetings were held between the services manager and the person in charge as agreed in the compliance plan.

The provider had not ensured that a new staff member had received a required training since the last inspection. They had not risk assessed the situation in the absence of the training or implemented any control measures while awaiting the training.

The provider did have all the required Schedule 5 policies and procedures in place and they were available at the centre. Since the last inspection policies and procedures that required review had either been reviewed or were scheduled for review within the timelines of the compliance plan.

The inspector reviewed a sample of staff files from the previous inspection and found that the provider had ensured that information required under Schedule 2 of the regulations was present for employees in order to ensure recruitment procedures were safe.

The person in charge had adopted a new training matrix and this gave them greater oversight of staff training needs. Staff identified as requiring training in the last inspection had received any outstanding training. One new staff was overdue manual handling training however, prior to the end of the inspection a date was arranged in the coming weeks for the staff to undertake that training. This is being dealt with under regulation 23: governance and management.

From a review of records within the centre there were improvements since the last inspection with regard to each resident's Schedule 3 folder in order to streamline them to ensure the most up-to-date accurate information was easily accessible. Improvement was still required in relation to other records for example, one personal plan mistakenly had additional printed information regarding an incorrect diet for a resident. This had the potential for the resident to receive the incorrect food type.

From a review of incidents that had occurred in the centre since the last inspection, the person in charge had notified the Chief Inspector in line with the regulations when every adverse incident had occurred in the centre.

Regulation 15: Staffing

The inspector reviewed a sample of staff files from the previous inspection and found that the provider had ensured that information required under Schedule 2 of the regulations was present for employees in order to ensure recruitment procedures were safe including a reference from a recent employer that was not present at the last inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A new training matrix had been adopted by the person in charge which gave them better oversight of staff training needs. Identified staff that required training in the last inspection had received any outstanding training. One new staff was overdue manual handling training however prior to the end of the inspection a date was arranged in the coming weeks for the staff to undertake that training. This is being dealt with under regulation 23: governance and management.

Judgment: Compliant

Regulation 21: Records

From a review of records within the centre there were improvements since the last inspection with regard to each resident's Schedule 3 folders in order to stream line them to ensure the most up-to-date accurate information was easily accessible.

Improvement was still required in relation to records. For example, staff recording of incidents to ensure documentation gives an accurate representation of an incident and not left open to interpretation.

While one resident's healthcare plan had been updated since the last inspection with required improvements, it required further review to ensure it accurately elaborated on necessary information.

From records reviewed it was not evident that all actions from a healthcare review were followed through on however, from talking to staff and the person in charge it appeared to be more of a documentation issue and therefore being dealt with under this regulation.

The dates of a contents page of a resident's risk assessments mentioned in the last HIQA report still did not all match the dates on the risk assessments themselves.

Cleaning schedules did not allow for recording of frequency of certain cleaning done more than once within the day.

One personal plan mistakenly had additional printed information regarding an incorrect diet for a resident. This had the potential for the resident to receive the incorrect food type.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the provider had addressed the majority of areas of concern identified in the last HIQA inspection and some actions were progressing within the stated timelines, other actions had yet to be addressed or further improvements were required.

For example, while the person in charge met with the compliance manager or the services manager, not all bi-weekly meetings were held between the services manager and the person in charge as agreed in the compliance plan. Some premises works were still outstanding. The provider had not ensured that a new staff member had received a required training since the last inspection. They had not risk assessed the situation in the absence of the training or implemented any control measures while awaiting the training.

More oversight was required in some areas such as, delegation of responsibility and completion of action plans to ensure actions from healthcare professionals were clear and followed through on.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Of incidents that had occurred in the centre since the last inspection, the person in charge had notified the Chief Inspector in line with the regulations when every adverse incident had occurred in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the required Schedule 5 policies and procedures were available in the centre. Policies and procedures that required review from the last inspection had either been reviewed or were scheduled for review within the timelines of the compliance plan with an overall completion date of 31/03/2022.

Judgment: Substantially compliant

Quality and safety

Overall, there were improvements to the running of the centre which helped to ensure residents in this centre were in receipt of quality care and supports that were individualised and focused on their needs. However, further improvements were required in relation to individualised assessment and personal plan, premises, risk management procedures, and protection against infection.

While each resident's assessment of need had been updated with some improvement since the previous inspection, some aspects were still non-specific and did not refer to all assessed needs. These included, money management, dietary requirements other than for eating, drinking or swallowing related, behavioural support needs and assessment of activities of daily living such as personal care. One PRN (when required) protocol required clearer guidance to staff as to what dosage of a medication should be given at what stage in order to support an individual with their mental health.

Since the previous inspection one resident's file had been updated to clarify when a recommended healthcare action would take place and who was responsible for carrying out the action. The plan required further elaboration as it was vague in some other areas, the actions outstanding are actioned under regulation 21: records. From talking to staff, the resident themselves and from documentation reviewed it was now evident that another recommendation for a particular diet plan for the resident was being followed through on consistently and supported as appropriate.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. The provider had ensured that residents' positive behaviour support plans had been reviewed recently by an appropriate professional. However, reactive strategies in one plan required further review to ensure they adequately guided staff on what the most appropriate actions to take to support the individual when requiring positive behaviour supports. In addition the most recent reviewed plans were not updated to include or signpost staff to restrictive practices or PRN protocols to be used for residents in order to guide staff as to how best to support them.

From a walkabout of the centre the inspector found that most of the required improvements had been completed however, some areas still required improvement for example some painting had yet to take place.

The risk management policy had required review in order to explain measures/actions in place to control certain risks as described in the regulations. This had been undertaken since the last inspection and the policy was in draft form ready to be signed off by the board. However, further revision was required as it did not mention accidental injury in relation to residents. Other actions that were identified on the previous inspection under risk management had been completed. For example, one resident's care plan had advised for a prescribed powder to be locked away and inspector observed it was now locked away.

The inspector reviewed arrangements in relation to infection control management in the centre in light of actions from the last inspection. There was a recently updated

contingency plan in place which included a staffing contingency. Staff had been provided with recently refreshed infection prevention and control trainings.

As per the centre's compliance plan to HIQA following the last inspection the centre had recently reviewed the storage of the mops used in the cleaning of the centre. Adequate supplies of personal protective equipment (PPE) were available in the centre. The provider had recently completed an update for staff in relation to mask use however, there was no guidance to direct staff for use of masks when in a vehicle with residents. Other areas for improvement included, inappropriate disposal of PPE was observed, gaps were identified in the centre's cleaning schedule and slight mildew was identified in two rooms around the windows.

The inspector reviewed actions taken by the provider in relation to fire precautions for the centre that were identified on the last inspection. The centre had installed an intumescent fire strip on the outstanding door identified. On the day of this inspection the door was not closing however, the provider arranged for it to be fixed prior to the end of the inspection. At the last inspection the inspector was unable to view a particular resident's up-to-date personal emergency evacuation plan (PEEP). This PEEP had since been updated and included the potential for the resident to refuse to leave the centre in the event of a drill.

Regulation 17: Premises

From a walkabout of the centre the inspector found that most of the required improvements had been completed however some areas still required improvement. For example, the sitting room, utility room and picnic bench required repainting, the side shed door required repair and cracked or uneven paving required repair.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The risk management policy had been reviewed since the last inspection in order to explain measures/actions in place to control certain risks as described in the regulations. The policy was in draft form ready to be signed off by the board however, further revision was required as it did not mention accidental injury in relation to residents. Other actions that were identified on the previous inspection under risk management had been completed such as, one resident's care plan had advised for a prescribed powder to be locked away and inspector observed it was now locked away.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector reviewed arrangements in relation to infection control management in the centre in light of actions from the last inspection. There was a recently updated contingency plan in place which included a staffing contingency. Staff had been provided with recently refreshed infection prevention and control trainings.

As per the centre's compliance plan to HIQA following the last inspection the centre had recently reviewed the storage of the mops used in the cleaning the centre. Adequate supplies of personal protective equipment (PPE) were available in the centre and while the provider had recently completed an update for staff in relation to mask use, there was no guidance to direct staff for use of masks when in a vehicle with residents.

Inappropriate disposal of PPE was observed with some masks disposed of in the cigarette bucket in the front garden and had since been rained on. Gaps were identified in the centre's cleaning schedule and it was not evident if there was oversight of this schedule or of the cleaning of the centre. Slight mildew was identified in two rooms around the windows seals.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector reviewed actions taken by the provider in relation to fire precautions for the centre that were identified on the last inspection. The centre had installed an intumescent fire strip on the outstanding door identified. On the day of this inspection the door was not closing however the provider arranged for it to be fixed prior to the end of the inspection. At the last inspection the inspector was unable to view a particular resident's up-to-date personal emergency evacuation plan (PEEP). This PEEP had since been updated and included the potential for the resident to refuse to leave the centre in the event of a drill.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While each resident's assessment of need had been updated with some improvement since the previous inspection, some aspects were still non-specific and did not refer to all assessed needs. These included, money management, dietary requirements other than for eating, drinking or swallowing related, behavioural

support needs and assessment of activities of daily living such as personal care. One PRN protocol required clearer guidance for staff as to what dosage of a medication should be given at what stage in order to support an individual with their mental health.

Judgment: Substantially compliant

Regulation 6: Health care

Since the previous inspection one resident's file had been updated to clarify by whom and when a recommended healthcare action would take place. The plan required further elaboration as was vague in some other areas and this is being dealt with under regulation 21: records. From talking to the resident themselves, staff and from documentation it was now more evident that another recommendation for a particular diet plan for them was being followed through on consistently and supported as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

In light of the last HIQA inspection the provider had ensured that residents' positive behaviour support plans were reviewed by an appropriate professional. However, reactive strategies in one plan could do with further review to ensure they adequately guided staff on what the most appropriate actions to take to support the individual when they required positive behaviour supports. The most recent reviewed plans were not updated to include or signpost staff to restrictive practices or PRN protocols to be used for residents in order to guide staff as to how best to support them and when required.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Coolamber House OSV-0001836

Inspection ID: MON-0035130

Date of inspection: 01/03/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All staff have been instructed at a meeting by the PIC to ensure that staff recording of incidents are detailed and are an accurate representation of the incident and not open to interpretation 7/3/22. Going forward any health requirements will be clearly identified and followed up in an action plan. Outstanding health care actions for one resident have been completed 8/3/22. The person in Charge has updated the contents page and risk assessments to ensure that all dates are accurately reflected and coincide with each other 7/3/22. One residents’ healthcare plan has been updated with more detailed and accurate information 8/3/22. A new weekly cleaning Schedule was introduced 2/3/22 and a new evening and morning cleaning schedule will be introduced 1/4/22 and will be signed off by the person in Charge on a weekly basis. The information regarding incorrect diet for one resident has been removed 4/3/22 this was sent in error by speech and language dept.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Due to covid leave the third bi-weekly meeting between the Residential Manager and the Person in Charge did not take place as outlined in the Action plan however this meeting did take place on the 22/3/22. As a control measure the staff member in question has completed online training 3/3/22 and is due to complete the practical manual handling training on the 29 /3/22. Going</p>	

forward where there is a waiting period for training a risk assessment will be carried out and the person will be asked to do online training in the interim.
 Outstanding health care actions for one resident have been completed 8/3/22. Going forward any health requirements will be identified and followed in an action plan.

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
 All schedule 5 Policies will be reviewed within the compliance plan timeline 31/3/22. A review of the services Human resources policies has taken place and will be completed subject to board approval 1/4/22.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 The scheduled painting of the utility room and touching up of the sitting room will take place 29/4/22. The door on the boiler house shed will be replaced 29/4/22. The uneven paving at the rear of the premises will be repaired to ensure that any trip hazard is addressed Date 29/4/22. The picnic bench will be painted 9/5/22. The Service Provider has arranged for a contractor to look at the exterior garden space and patio and will provide a design and quote for same with a view to seeking funding from the HSE to carry out works with regard to a long-term solution of outside grounds this quote will be ready by 29/4/22.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The risk management policy has been reviewed to include accidental injury to residents 5/3/22

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Guidance on the wearing of masks while on duty has been circulated to all services in order to remind staff re mask protocol 22/3/22 the guidance states that masks must be worn by staff at all times while on duty which includes transport. The cigarette bucket has been noted to all staff and will be checked on a regular basis to ensure no inappropriate disposal of PPE is carried out here 2/3/22.</p> <p>A new weekly cleaning Schedule was introduced 2/3/22 and a new evening and morning cleaning schedule will be introduced 1/4/22 and will be signed by the person in Charge on a weekly basis.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in Charge has adjusted the assessment of needs for residents to reflect all assessed needs such as Money Management, Dietary requirements and behavioural supports 10/3.22</p> <p>PRN Protocol for the Restrict Intervention for one resident is being reviewed by the medical practitioner as per medical administrative guidelines 21/3/22 and the GP has now signed off on this 28/3/22. Correspondence requesting that the PRN protocol be reflected in individuals Behaviour support plans was sent to the psychologist 15/3/22.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Contact has been made with the psychologist to expand on reactive strategies for one resident and an effective communication guideline as an additional support strategy has</p>	

been put in place 10/3/22

PRN Protocol for the Restrict Intervention for one resident is being reviewed by the medical practitioner as per medical administrative guidelines,21/3/22 and the GP has now signed off on this 28/3/22. Correspondence requesting that the PRN protocol be reflected in individuals Behaviour support plans was sent to the psychologist 15/3/22. Care plans have been updated to reflect the use of restrictive practices and necessary information to guide staff as how best to support the resident. 8/3/22

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	29/04/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	29/04/2022
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	01/04/2022
Regulation 23(1)(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	03/03/2022

	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.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	29/03/2022
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Substantially Compliant	Yellow	31/03/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	01/04/2022

	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.			
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.	Substantially Compliant	Yellow	01/04/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but	Substantially Compliant	Yellow	21/03/2022

	no less frequently than on an annual basis.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	28/03/2022
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	31/03/2022