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:	The Sycamores
Name of provider:	S O S Kilkenny Company Limited by Guarantee
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	16 June 2021
Centre ID:	OSV-0001875
Fieldwork ID:	MON-0032749

About the designated centre

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

The Sycamores designated centre is a large bungalow which provides community based living in a home from home environment. It is a retirement home for up to eleven residents with mild to moderate intellectual disability many of whom present with additional difficulties such as dementia or Parkinson's disease. There are currently nine people living in this centre. The Sycamores is a high support home with a requirement for staff on duty both day and night. The staff team comprises of a combination of nursing staff, social care workers and health care assistants. It is a purpose built large bungalow in a housing estate on the outskirts of a large town. It has eleven bedrooms three of which are en-suite. There are two sitting rooms and a smaller communal room, with a dining room and separate kitchen. The house sits on a large site with ample parking to the front and a walled patio area for residents to enjoy private outdoor space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 16 June 2021	08:30hrs to 15:00hrs	Tanya Brady	Lead
Wednesday 16 June 2021	08:30hrs to 15:00hrs	Sinead Whitely	Support

What residents told us and what inspectors observed

This centre is a large, purpose built, single storey house in it's own grounds located in the middle of a housing estate. It is currently registered for 11 residents however, only nine individuals live there at present. The inspectors met with all nine residents on the day of inspection. The inspectors also had the opportunity to meet with members of staff, the centre management team and members of the provider's wider management team.

Inspectors adhered to best practice with respect to infection prevention and control practices and review of documentation occurred in a room separate to residents' living spaces. The regulations prioritised for review were those which provided the best evaluation of what it was like for residents to live in this house and what level of safety and care was afforded to residents by the staff and the organisation supporting them.

Inspectors observed that while staff were caring and engaged with the residents, much of their time was spent on health related care and staff time was not allocated to engaging with residents consistently over the day. Some residents spent all day in the centre with little to do and one resident was observed sitting on the sofa for long periods or moving on their own in the garden. Inspectors observed an art activity for two residents in the living room supported by staff in the morning which they were observed to enjoy, one resident was supported to go for a walk by staff. One resident enjoyed a socially distant visit from their sister on the day of inspection and took time to show the inspector an album they had with photos of all their family.

This centre includes a kitchen area with adjacent dining room. While residents can access the kitchen with this observed over the day with some residents entering to ask for something from staff such as a drink, in general the kitchen was not viewed by residents as part of their home and is staffed by a team of ancillary staff who prepare meals. Residents were observed using bathrooms that were not those usually allocated to them, staff explained this was because the one closest to their bedroom may be occupied. In addition inspectors observed residents while moving in the corridors present as anxious as a result of the volume of people passing them or the loud vocalisations of other residents moving through the centre. Staff were aware of the impact of particular residents engaging with each other and were present to support residents to move to separate areas.

Residents were observed to spend time watching television or listening to music in the living rooms. Others spent time in their rooms resting. While an inspector was in the living room of the centre one resident had a fall and staff knowledge regarding the safest way to support them back to their feet was observed to be mixed with differing approaches tried to support the resident up from the floor. Staff who spoke with inspectors commented that it was challenging to support medical needs, behaviours that challenge in addition to provide social support. It was acknowledged

that staff were seen to try and engage some residents in activities such as listening to music, art, relaxing in the sensory room or going for a short walk however, not much time was afforded to either going out of the centre or engaging in novel activities.

One resident told inspectors that the house was nice and that staff helped them and another resident stated it was noisy in their home and they did not like it.

Concerns that were identified during the previous two inspections of this centre with respect to activities for residents over the course of the day and the oversight of the provider remained concerns in this inspection. These will be discussed in more detail in the following two sections of the report. In addition, concerns identified in the previous two inspections regarding the governance and oversight arrangements in place for this centre remain and will be detailed in the following sections of the report.

Capacity and capability

Inspectors found that the registered providers governance and management arrangements had not ensured that residents received care and support in line with their assessed needs in The Sycamores. While the care and support provided to residents ensured that they received good quality healthcare, improvements were required with other aspects of their daily living. Improvement was required to the provider's governance and management arrangements to ensure compliance with both the regulations and the provider's own policies and procedures. Previous commitments given by the provider to the Chief Inspector with respect to improving the environment and to promote an improved quality of life in the centre had not been instigated or completed.

Governance and management arrangements were not regularly monitoring both residents' care and support and the centre's operational practices. The provider had not ensured that an annual review of the care and support provided was undertaken and one unannounced six monthly visit had occurred at the centre only in the last year. Auditing and governance arrangements had not ensured compliance with both the provider's own policies and the regulations in areas such as staff training and fire safety arrangements.

The provider had procedures in place to respond to adverse incidents, such as an outbreak of fire or loss of utility supplies. However, inspectors found that the provider's governance arrangements had not ensured that all risks were identified and the effectiveness of emergency protocols had been fully assessed.

Regulation 15: Staffing

The provider has increased staffing levels in the centre since the last inspection, and on the day of inspection there were six staff on duty. This was also reflected on the roster reviewed by inspectors. There was a mix of nurses, social care workers and care assistants on the staff team, however, the provider stated they did not feel that the current combinations were in line with residents assessed needs and they were seeking to increase nursing support in particular. Staffing levels in place did not reflect those as outlined in the centres Statement of Purpose. Inspectors on talking with staff and reviewing rotas observed that the staff team was not consistent and therefore not providing continuity of care to residents. Inspectors were told by staff, that agency staff working in the centre received brief orientations but were unfamiliar with the detail in resident care plans or personal plans.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider was not monitoring this centre as required by regulation nor had they ensured that a clearly defined management structure was in place and lines of accountability were not clearly apparent to the staff team. No annual review of the quality and safety of care and support in this centre had been completed for 2019 and 2020. While a six monthly unannounced visit had been completed in May 2021 the previous report had not been within the preceding six months. The most recent report identified 42 actions that were required some of which indicated that actions being reported as completed had not been completed in reality, and the management team had not ensured they had reviewed against checklists or work plans.

The inspectors found that there had been no evidence of information available in the centre being used to inform and improve practices or that supported improvements in care and support being provided to residents.

There had been multiple changes in persons in charge for this centre and inspectors met with the newly proposed person in charge on the day of inspection. Since the inspection of March 2019 there have been five persons in charge and six persons participating in management for this centre. The registered provider had not ensured that they had adhered to the actions as identified by them in the last compliance plan associated with previous inspection of this centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

This is an important governance document that outlines the services provided to residents in the centre. The inspectors reviewed the available statement of purpose and noted that it required updating and review as it did not accurately reflect all areas as required by the regulations. This document was amended on the day of the inspection by the provider and submitted to the chief inspector immeditely following the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

While the person in charge was aware of their remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations, the inspectors found that not all restrictive practices that were in use in the centre were notified as required.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The inspector found that a number of the providers written policies and procedures had not been reviewed as required by the regulations. This had been an area identified for improvement during inspections of other centres run by the provider in the last year and while a number had been reviewed and updated with some currently under review, others remained overdue for review.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider and person in charge had not ensured that staff were in receipt of formal supervision and performance review in line with their own policy. Information of concern had been submitted to the Chief Inspector via the concerns email prior to the inspection and this was discussed in length on the day. Concerns with respect to staff skill mix, performance management and the quality of care and support to residents had not been identified in the providers supervision and performance management systems. While inspectors acknowledged the provider had taken steps

to make changes to their systems it was evident that the supervision system had not been utilised as required and had failed to identify areas requiring improvement.

Staff training was provided in areas including medication, infection control, manual handling, safeguarding, epilepsy, and fire safety. However, a number of staff members had not received up-to-date training in dysphagia and swallow care. This posed a risk to residents who presented with dysphagia and swallow care needs. Three staff members were also due refresher epilepsy care training.

Judgment: Not compliant

Quality and safety

The quality and safety of care provided to the residents was not being monitored as required by the regulations. While residents' complex healthcare needs were being comprehensively provided for, their quality of life and the opportunities provided for residents to engage in their community was not. Ongoing compatibility issues between some residents continued to result in a number of safeguarding issues which had not been adequately addressed. These issues were impacting adversely on residents rights and quality of life.

The design and layout of the centre's premises does not ensure that residents assessed needs were met and while staff had supported residents in personalising their bedrooms other areas of the centre did not present as homely. Inspectors observed that the provider's maintenance arrangements for the centre had not addressed general 'wear and tear' such as damage to paintwork.

Inspectors observed that one resident was presenting with ongoing issues which were impacting adversely on another residents rights and quality of life in particular and this had been the case on the last inspection of the centre also. In order to manage this issue staff attempted to redirect residents to separate areas within the centre. Despite the acknowledged ongoing impact this was not being dealt with as a safeguarding concern rather as a behaviour support however, the recommended low stimulus environment for one resident could not be consistently provided.

Regulation 13: General welfare and development

Residents were not supported to participate in a range of activities which reflected their assessed needs and personal goals. The centre had an allocated vehicle which could not accommodate individuals who used wheelchairs for mobility. While a wheelchair accessible vehicle could be arranged from within the providers day service vehicles this had to be pre-arranged. As a result easy and spontaneous

access to transport differed between residents in this centre.

Judgment: Not compliant

Regulation 17: Premises

The designated centre is a large purpose built bungalow built around a central garden. It is currently home to nine residents but is registered for up to a maximum of 11 individuals. The residents all have their own bedrooms which are decorated to their personal tastes, and three of which are en-suite. The other six residents share three bathrooms two of which have showers and one with a bath. Some bedrooms were seen to be small and moving around them presented difficulties given the amount of personal belongings in place, others were large and spacious. Inspectors noted trolleys on corridors of this home that contained personal care supplies and items such as incontinence wear which was not stored in a manner to promote resident's privacy and dignity and did not lead to a homely feel.

The staff are using a currently unoccupied bedroom as a locker room which was also used for storage of files and other documentation outside of the centre office. Centre corridors are long and residents were seen to have difficulties in navigating these independently and the footfall through these is high with associated noise. While there is a second living room it was observed to be used mainly only by a single resident over the course of the day but it is acknowledged to be available. An additional space is identified as a sensory or relaxation space.

The centre required repair and maintenance with areas observed as needing painting or updating. Residents were not always assured access to their allocated or preferred bathroom.

As noted in previous inspection reports the centre design and layout requires review to meet the number and needs of the residents in addition to meeting the aims and objectives of the service. Assurances given to the Chief Inspector by the registered provider in October 2019 with respect to changes required in this centre have not been initiated and inspectors noted no change to the experience of living in the centre for individuals.

Judgment: Not compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk in the centre however, risk assessments in place were not being reviewed and updated in line with the providers policy. The registered provider had identified 74 risks for the nine

residents living in the centre so as to promote their overall safety and well-being.

However, the provider had not ensured that all risks to residents in the centre had been identified and suitably assessed or updated as required. The inspectors found for example that for one resident who received all their nutrition and hydration via non oral methods still had a risk in place that outlined control measures in place for oral intake. This guidance in itself posed a risk for the individual resident as it did not safely guide staff.

Judgment: Not compliant

Regulation 27: Protection against infection

The systems in place to protect residents from the risk of infection required review. While the provider, person in charge and the staff team had endeavoured to keep residents safe during the COVID-19 pandemic other areas required improvement. Where bedrooms were currently unoccupied there was no system in place to ensure water was bring run through taps to reduce the risk of leigionaires disease. Some unoccupied areas were seen to require cleaning.

The staff team were supported by two ancillary staff in cleaning the centre however, a review of cleaning records indicated that certain tasks were not been recorded as completed and others were signed as completed but the description given of the task was a room name only and not the task. Residents who needed to use hoists to move positions all had individual specialist fabric slings that they used, inspectors found there were no schedules in place for the cleaning of these which was of importance as the slings remained in residents seating underneath them.

Regular audits on the management of infection prevention and control were being completed by the provider however, members of the management team stated that what was reported to the auditor was not what was found in their unannounced visits where the provider identified areas such as bathrooms required deep cleaning.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had ensured that there were adequate arrangements in place for detecting, containing and extinguishing fires. There was evidence that fire fighting equipment was being serviced as required.

It was not evident however, that the provider had ensured the effectiveness of the centre's fire evacuation arrangements had been assessed under all circumstances and was reflective of staff knowledge. Reviews of fire drill records indicated that the

last drills which had occurred at night with minimum staffing levels had been two occasions in July of 2020. The time for evacuation was 18 minutes and nine and a half minutes respectively. It was also noted that residents were not being evacuated via the exits that were closest to them during these night drills.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors reviewed the medication systems and practices taking place in the designated centre. There was a staff nurse on duty and this person appeared knowledgeable regarding administration systems and the medications prescribed, when spoken with. Medications were stored in a secure manner in the residents individual storage presses in their bedrooms.

In general, protocols were in place for the administration of medication administered as required (PRN). However, one medication administered PRN did not have a protocol, when reviewed. This medication had been discontinued before the inspection day, however there was no record of a PRN protocol in place when it had been administered previously. Some medications were administered via percutaneous endoscopic gastrostomy (PEG). Staff had received training in this. Some medications administered via PEG were not identified in the right form on the residents prescription. Furthermore, five syringes used for administering medication via PEG were observed laying out on a trolley, it was unclear when these had been used last or opened. This posed an infection control risk.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to manage their health. Residents presented with high healthcare needs including diabetes, epilepsy, parkinsons disease and mental health needs. Inspectors observed care plans in place for residents specific health care needs and clear steps regarding how to support residents. Residents regularly attended their general practitioner (GP) and staff were making referrals for further multi-disciplinary support when required including physiotherapy.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents presented with behaviours that challenge they were supported to access support from psychology and/or psychiatry as required. Recommendations in place were not being consistently implemented such as the provision of a low stimulus environment.

The use of restrictive practice was in place to promote the safety of residents and an increase in use had been identified since the last inspection which was assessed as required in line with residents changing needs. However some restictive practices in use had not been identified as such they were not assessed for or reviewed in particular the restricted access to cigarettes for one resident.

Judgment: Not compliant

Regulation 8: Protection

A substantial body of work was being completed by the provider to ensure that accurate records of safeguarding concerns were in place in this centre. On the previous inspection it was identified that while policies and procedures were in place to keep residents safe no safeguarding plans were present to guide staff. The provider had ensured that plans were now in place and guidance was available for staff as required. The provider continued to review and close historic and older cases as appropriate.

As already mentioned in this report concerns regarding poor compatibility between residents remains and is reoccurring however, the provider is managing this via a behaviour support system.

Intimate care plans were in place for residents as required however inspectors found that these had not been signed on completion or reviewed in order to ensure they were current and guiding best practice in supporting individuals who present with changing needs.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Regulation 16: Training and staff development	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for The Sycamores OSV-0001875

Inspection ID: MON-0032749

Date of inspection: 16/06/2021

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Two new nurses have been recruited. One is commencing work on the 26th July and the second on 16th August. The Staffing in Sycamores is now in line with the SOP and will ensure consistency of staffing. A new Team Handover has been implemented and will give improved continuity of care to residents also.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An annual review and a second six monthly review has been scheduled to take place and will be completed by 30/11/21. The registration of the proposed PIC will be completed by end of August. The new PIC was previously the staff nurse in the Sycamores and therefore has vast knowledge of the home and the people supported. A new Social care leader is in place and there is a clearly defined management structure. Staff are aware of the lines of accountability within this designated area. The recent Internal Audit action plan has been reviewed and a plan is in place to ensure all actions are completed in line with agreed timeframes. Majority of actions completed as at 31/6/21 with remaining items due for completion by 30/8/21.	

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
All incidents are now been reported as required. A restrictive practice protocol has been completed with respect to the identified restriction and will be registered in line with policy.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All written policies and procedures are currently under review and a schedule is in place for completion of same. All policies will be fully reviewed by Dec 21.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
A schedule for quality conversations with staff is now in place and have commenced which will ensure that all staff receive supervision in line with policy. Any performance improvement issues identified through Quality conversations will be addressed through performance improvement plans.

Staff meetings have re-commenced and will take place each month. There is an agenda in place which addresses and on-going issues or concerns, identifies areas that require improvement and puts a plan in place to address same. Feedback from staff following these meetings has been very positive.

Staff training is ongoing and will be completed by end of October 2021.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
Activity plans are being developed for all residents which take into account their goals abilities and preferences. These activity plans will identify times when an outing will require a wheelchair accessible vehicle so that one can be available when required. This will be communicated to the transport Manager to ensure appropriate transport is available.
A new handover system is now in place which identifies daily plans for each resident and names support staff to ensure these plans are carried through.

Keyworking meetings are planned from the 9/8/21 with the Residential manager to ensure that all keyworkers have a clear understanding of their role and are working with the people they support to achieve identified goals.

The PIC will work closely with another Manager in the organization who has skills in developing programs for older persons, ensuring that engagement and participation can be optimized at all stages of the residents life as they age .
Initial meeting is planned for Monday 23.08.21.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
SOS Kilkenny aims to redevelop the Sycamores house into two x four bedded houses for older persons. Each home will be registered as a single location and will have its own facilities, i.e. kitchen, dining, sitting room etc.
We aim to provide the vast majority of the bedrooms as en-suite; each individual house will have a number of small gardens for residents' use.
There are currently 8 people residing in the Sycamores House - 3 of whom will move to the Milton Lodge house when the two bedded apartment is completed there (commencement date is August 2021). This will leave 5 residents to be accommodated in the redevelopment of the Sycamores
The next plan for the Sycamores is to move to the design phase in September/October 2021, then the tendering phase, followed by the construction phase and completion.
We aim to have this project completed in 18-24 months.
It is SOS' policy to date, not to back fill any vacancies in the Sycamores over the last two years.
As you are aware, the property is registered for 11 residents and currently accommodates 8 residents.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
All risk assessments are currently being reviewed and updated in line with policy.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
A new cleaning recording sheet has been developed which will include checks of unoccupied rooms to ensure that a system is in place to reduce the risk of legionnaire's disease. This commenced on the 4/8/21.
The new recording sheet will record individual tasks per room and will be checked and signed by the manager or shift leader on completion.
The new cleaning record now includes the cleaning of hoists and commenced on the 4/8/21.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
4 unannounced fire drills have taken place which included 2 night time and 2 simulated day drills. These took place on the following dates: 28/7/21 early morning unannounced, 28/7/21 pm simulated with full house capacity. 29/7/21 simulated with full house capacity and 4/8/21 simulated with full house capacity to include bed and wheelchair evacuation.
A new system has been put in place to address the changing needs in the house and any issues that were identified during these drills. This includes the availability of a wheelchair for every resident to allow for fluctuating mobility issues at any given time.
Enhanced site specific training for all staff on Bed evacuations, wheelchair evacuations, Ski sheet evacuations etc. is also being introduced.
All staff are aware of the exit points and a new handover system is now in place at each

shift change to ensure that staff are aware of the appointed fire officer and the procedures in place. The Person in Charge will be monitoring all Handover documents and will action anything immediately in conjunction with the health and Safety officer and Operations Manager. A schedule of monthly drills will be agreed with the health and safety officer and person in charge.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
A full review of Kardex and MARS will be carried out and any identified discrepancies will be addressed by the 30/8/21.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
All restrictive practices are reviewed in line with policy. A new protocol has been put in place for the identified restriction regarding access to cigarettes for one resident.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
All intimate care plans have been reviewed and signed.
Staff are aware of any concerns regarding compatibility between residents and they ensure that both residents are supervised to decrease the risk of re-occurrence. Behaviour support plans are in place and activities are taking place which will reduce such risks.

As an interim action to address compatibility and reduce incidents of concern a reassessment of current bedroom, communal and garden layouts will take place. The Operations Manager and Facilities Manager will meet the Person in Charge on site in the

house by 20.08.2021 to review all areas. This meeting will explore possible interim measures to take into account the timeframe committed to under Regulation 17: Premises.

Feedback will be provided to the inspector if changes are made.

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	30/09/2021
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	30/09/2021
Regulation 13(2)(c)	The registered provider shall provide the	Not Compliant	Orange	30/09/2021

	following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	23/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/10/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs	Not Compliant	Orange	31/07/2023

	of residents.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/09/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	09/08/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	09/08/2021
Regulation 23(1)(d)	The registered provider shall 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.	Not Compliant	Orange	30/11/2021

Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	04/11/2021
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.	Not Compliant	Orange	30/09/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Not Compliant	Orange	30/09/2021

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/08/2021
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Orange	31/08/2021

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/08/2021
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 prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/07/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following	Not Compliant	Orange	31/07/2021

	incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
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	31/12/2021
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	30/09/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental	Not Compliant	Orange	31/07/2021

	restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	31/08/2021