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 Willows
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	01 July 2022
Centre ID:	OSV-0002394
Fieldwork ID:	MON-0028361

About the designated centre

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

The Willows is a designated centre operated by St Michael's House located in a suburban area in Dublin city. It provides community residential services to seven residents, both male and female, over the age of 18. The designated centre is a two storey house and adjoining apartment. The house accommodates six people and consists of a sitting room, kitchen/dining area, quiet room, a staff sleep over room or office, a bathroom and six individual bedrooms (four of which are en-suite). The apartment accommodates one person and consists of two bedrooms (one of which is en-suite), bathroom and kitchen/living room. The centre is located close to amenities such as shops, cafes and public transport. The centre is staffed by a person in charge, nurses and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 (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
Friday 1 July 2022	09:35hrs to 16:15hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre The Willows. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's certificate of registration. The centre had recently been subject to escalation due to high levels of non-compliance identified on inspection in October 2021. The provider committed to addressing areas of non-compliance and submitted a time-bound plan in this regard. A follow up inspection in December 2021 found that the provider had made progress in addressing the risks in the centre.

The inspector ensured that physical distancing measures were implemented as much as possible in all interactions with residents and staff during the course of the inspection. The inspector also wore personal protective equipment (PPE).

There were seven residents living in the designated centre at the time of inspection. The inspector had the opportunity to meet most of the residents. Two residents spoke to the inspector in more detail. Several family members of residents had also completed questionnaires to inform the inspector of their perspective of the quality of care in The Willows.

The Willows is a large house located in a busy suburb of County Dublin. The inspector saw that the house was clean, bright and homely. Each resident had their own bedroom which was decorated in line with their personal preferences. Residents' art work and photographs decorated the walls in communal areas. Residents had access to several living areas including two sitting rooms. Some residents had their own en-suite bathrooms, however the inspector saw that one en-suite bathroom was unavailable for residents' use on the day of inspection. This was due to a pest-related issue which was being addressed by the maintenance department.

The inspector met one resident who lived in an apartment which adjoined the main house. This resident told the inspector that they were happy in their home. They spoke about their plans for the day as chosen by themselves. The inspector saw that their apartment was well maintained. Premises issues which had been identified on the last inspection in the apartment had been addressed by the provider.

The Willows was surrounded by large gardens to the front and rear of the house. The provider had installed a "men's shed" for one of the residents who enjoyed spending time in the garden. Other parts of the garden were quite overgrown and improvements were required to ensure they could be enjoyed by all residents.

The inspector saw that resident and staff interactions were familiar and positive. The inspector heard residents and staff chatting and joking with each other throughout the course of the inspection. Staff were seen to support residents in a kind and gentle manner. Staff welcomed residents warmly when they returned from day

services or from community activities. The inspector saw that residents appeared comfortable in their home. One resident was seen to kick off their shoes on their return to their home. Staff put these away for the resident and assisted the resident in unpacking their shopping.

Residents were seen eating their meals in the dining room with the support of staff if required. The inspector saw that support with meals was offered in a way that respected residents' dignity and autonomy. Residents were supported by staff to prepare their own drinks and snacks and to put their plates and dishes away when they had finished their meals.

The inspector saw photo books of activities which residents had engaged in during the year to date. These included community based activities such as going for walks, visiting sensory gardens, horse riding and shopping. The inspector was informed that residents had recently gone on holidays together. One resident expressed that they had really enjoyed this holiday and was particularly happy that the holiday house had an accessible jacuzzi.

The inspector reviewed five questionnaires. Four of these were completed by family members and one was completed by a resident. The resident stated, through their questionnaire, that they were happy in The Willows and that they enjoyed choosing their own activities and having one to one time with staff. Family members were very complementary of the staff team and of the care provided to the residents in the designated centre. Family members stated that the staff were friendly and that management were responsive to any concerns or needs that arose.

The next two sections of the report present the findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration. The inspector found that the governance and management arrangements in this designated centre were effective in ensuring that a safe and quality service was being delivered to residents. The provider had taken measures to address previous areas of non-compliance and, in particular, had strengthened the mechanisms to ensure effective oversight of this centre.

The provider had recently applied to renew the centre's certificate of registration. The registration application was reviewed prior to the inspection. This review showed that a full and complete application had been made. All prescribed information in support of this application had also been submitted. This included a statement of purpose for the designated centre. The statement of purpose had been recently updated and reflected changes to the governance and management

arrangements. The statement of purpose was readily available in the designated centre for residents and their representatives to review.

The centre had a clearly defined management structure, which identified lines of authority and accountability. Staff spoken with were aware of their roles and responsibilities and of how to escalate risks or concerns. Staff reported that management in the designated centre were responsive and that they felt well supported. Family members, through their questionnaires, also identified that management were quick to respond to and address any expressed concerns.

Staff had access to regular quality supervision. A review of supervision records found that the content of supervision was thorough and was sufficient to meet the needs of the staff. There was a high level of mandatory and refresher training maintained for staff in the designated centre. All staff had completed the required online trainings in areas including COVID-19, safeguarding, fire safety and safe administration of medications. However, a small number of staff required refresher training in environmental first aid and therapeutic intervention principles (TIPS).

The person in charge had access to dedicated management hours which were detailed on the roster. The person in charge reported to a service manager. Regular meetings were held between the person in charge and service manager. These meetings covered issues arising in areas such as resident needs, staffing and staff training. This supported oversight of risks in the centre.

The provider had systems in place to monitor and review the quality of services provided. These systems included a series of audits such as an annual review and six-monthly unannounced visits. The annual review was completed in consultation with staff, residents and resident representatives. The annual review acknowledged that not all residents were able to participate in the consultation and set out alternative measures through which these residents' views and preferences were captured. Audits were used to inform time-bound plans and actions were allocated to responsible individuals. At the time of inspection, it was evident that many actions had been completed or were in progress.

The provider had suitable arrangements in place for the management of complaints. There were no recent or active complaints in the designated centre. An accessible complaints procedure was available for residents in a prominent place in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a full and complete application to support the renewal of the centre's certificate of registration.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, skill mix and qualifications of staff was appropriate to meet the number and the assessed needs of the residents.

A planned and actual roster was maintained. A review of the roster showed that staffing levels were in line with the statement of purpose.

Gaps in the roster were filled from a small panel of regular relief and agency staff. This supported continuity of care for the residents. Nursing care was also provided as per the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff reported that they felt well supported in their roles. Staff had access to regular quality supervision and were also kept informed through regular staff meetings.

The training matrix was reviewed on the day of inspection. This review demonstrated a significant increase in the levels of compliance with mandatory and refresher training subsequent to the last inspection. There was a delay in a small number of staff accessing face to face refresher training. For example:

- 19% of staff required training in environmental first aid and,
- 22% of staff required training in therapeutic intervention principles (TIPS).

Judgment: Substantially compliant

Regulation 23: Governance and management

There were effective governance and management arrangements in place. There was a clearly defined management structure. Staff spoken with were aware of their roles and responsibilities and of how to escalate any risks or concerns.

The provider had implemented systems to ensure oversight of the designated centre. These included audits to evaluate the quality and safety of the service. Six monthly audits were completed which identified areas of need and were used to inform time-bound action plans. An annual review was completed in consultation with staff, residents and their representatives. The annual review identified goals to be achieved for 2022. It was noted at the time of inspection that many of these goals had been achieved or were in progress. This showed that the annual review

was being used as a tool to drive service improvement.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose available in the designated centre which contained the information as required by Schedule 1 of the Regulations. The statement of purpose had been recently revised and reflected changes to the governance and management arrangements of the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre. The complaints log was reviewed on the day of inspection. There were no recent or open complaints in the designated centre at the time of inspection.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the inspector found that the day-to-day practice within this centre ensured that residents were safe and were receiving a good-quality and person-centred service. However, there were some areas for improvement identified. These included ensuring that residents were supported to communicate in line with their communication care plans, further enhancements to the garden facilities and, ensuring that all restrictive practices were logged and reported as such.

The premises was observed to be generally clean and well-maintained. The provider had addressed previously identified premises issues, particularly in the apartment. Residents stated that they were happy with the maintenance works completed and with their bedrooms. One en-suite was unsuitable for use at the time of inspection as it was being treated with chemicals due to a recent ant infestation.

The provider had recently completed works to three resident bedrooms. These

works involved adding fire escape doors to the bedrooms. This had a positive impact on residents' safety and wellbeing. The inspector saw that fire evacuation times had reduced subsequent to the installation of the doors. Resident bedrooms were also brighter and more welcoming with the additional light that the doors provided. New blinds had been fitted to ensure privacy.

Enhancements to the garden were required to ensure that it could be enjoyed by all residents. The inspector saw that they garden was quite overgrown and that there was insufficient facilities for residents to sit out and enjoy the garden.

The house was seen to be clean and tidy. The inspector saw staff engaging in good hand hygiene practices and supporting residents to also implement hand hygiene. There was availability of disposable hand sanitiser throughout the house however the hand sanitisers were not always easily accessible in high traffic areas or where there were shared touch points.

The designated centre also had documentation available to inform residents and to guide staff in the event of an outbreak of COVID-19 in the centre. However, the content of some of this documentation required updating to be in line with current public health guidance and the provider's policies and procedures.

Overall, the inspector found that the general welfare of residents was promoted in a meaningful and person-centred way. Residents had access to day services or were facilitated to engage in activities of their choosing from their home if that was their preference. The inspector saw that residents accessed a variety of community-based and in-house activities with the support of staff. Staff and resident interactions were seen to be friendly, familiar and caring.

There was a comprehensive assessment of need in place for each resident. The assessment had been recently reviewed and reflected any changes to the residents' health and wellbeing. These assessments were used to inform detailed care plans which were written in a person-centred and respectful manner.

It was evident that the provider was mindful of residents' rights in the provision of care in the designated centre. The inspector saw that residents were consulted with in relation to aspects of the day-to-day running of the centre and that external supports, such as advocacy services, were engaged if required to support residents to exercise their rights. However, improvements were required to the communication systems and to the recording of restrictive practices to ensure that residents' rights were fully upheld.

The inspector saw that some residents' required communication supports, as detailed in their communication assessments and support plans, were not available in the designated centre. In talking to staff, the inspector found that staff were unaware of some of these required supports. Enhancements were required to ensure that residents had access to their required assitive communication supports in order to support them to communicate at all times and to fully exercise choice and control in their daily lives.

Additionally, the inspector was informed that staff chose the weekly menu for the

centre based on their knowledge of residents' preferences. However, these preferences were not documented and it was not evidenced as to how residents were offered choices in relation to their meals.

The inspector saw residents accessing the community for lunch on the day of inspection. Some residents had assessed needs in feeding,eating, drinking and swallowing (FEDS). The person in charge had ensured that FEDS needs did not limit residents' access to the community for meals. The staff team had identified restaurants where food could be modified and were knowledgeable on how to check that modified food was in line with FEDS care plans.

There were several restrictive practices in place in the designated centre. The majority of these were recorded as such and were notified to the Chief Inspector in line with the Regulations. The inspector saw that most restrictive practices were reviewed by the provider's rights committee and were supported by residents' behaviour support plans. However, the inspector found that one restrictive practice had not been recorded or reported as such.

The provider had effected appropriate procedures and policies to ensure the safe administration of medications. Staff had received training in this area and could competently describe the processes for the ordering, administration and disposal of medications.

Regulation 10: Communication

Residents who required support with their communication each had an up-to-date communication support plan. The inspector saw that the designated centre had in place some accessible materials to support residents in making choices and being informed regarding their day. These included a visual timetable, social story for holidays and a buddy board to support one resident to choose their preferred staff for one to one support. Objects of reference were also available in the kitchen for one resident who required these.

However, it was not evident that all residents had access to their required augmentative and alternative communication supports as set out in their communication assessments and care plans. Some residents required access to specialist equipment such as e-tran frames and sign dictionaries. This equipment was not available in the centre and staff were unfamiliar with these systems.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The inspector saw that residents were provided with appropriate care and support

which was in line with their assessed needs. The person in charge and the staff team had ensured that residents had meaningful days. Many residents attended day services while others opted to have a day service from their home.

Residents also engaged in multiple in-house and community based activities. These activities were in line with residents' choices and preferences and were linked to residents' goals as set in their annual "my life" meeting. A goal tracker was in place which clearly showed the steps being taken to achieving these. The goals set aimed to support residents to develop autonomy, explore individual interests and to develop relationships with the wider community.

Judgment: Compliant

Regulation 17: Premises

The provider had made significant improvements to the premises subsequent to previous inspections. Previously identified premises issues such as damage to the bathroom in the apartment had been addressed. Resident bedrooms and common areas were freshly painted and were personalised. There was sufficient storage for equipment and for residents' personal belongings.

However, the garden required maintenance to ensure it was accessible and welcoming to residents. The garden was overgrown and, aside from the "men's shed", there was nowhere for residents to sit and enjoy their garden.

One resident's en-suite was also unavailable to the resident for use on the day of inspection. The en-suite had recently experienced an ant infestation. The provider's maintenance department had sealed pipes and treated the infestation with chemicals however this warranted the en-suite being out of use for several days.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector saw that there was a range of good quality and nutritious food available to residents. Several residents had feeding, eating, drinking and swallowing (FEDS) care plans. These care plans were up-to-date and staff were knowledgeable in relation to residents' FEDS needs. The inspector saw staff supporting residents with their meals in line with their FEDS care plans and in a manner which supported residents' dignity and autonomy.

The inspector also saw that residents with FEDS needs continued to be supported to access meals in the community in line with their preferences. There were arrangements in place to ensure that meals in the community were modified as per

residents' FEDS support plans.

Enhancements were required to the mealtime arrangements to ensure that residents were consulted with regarding their meals and were offered choices. FEDS care plans detailed that if a resident declined a meal then an alternative was to be offered. However, enhancements were required to ensure that residents were consulted with and their preferences sought in advance of mealtimes.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available in the designated centre. The residents' guide was reviewed on the day of inspection and was found to contain all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had generally effected systems to monitor, evaluate and address infection prevention and control risks. The house was seen to be clean and tidy. Cleaning schedules were in place and were completed. The inspector saw staff engaging in good hand hygiene practices and supporting residents to wash their hands on return from community outings. However, increased oversight was required to the availability of hand sanitising facilities at high traffic touch points. For example, staff were observed using a keypad to access the kitchen regularly throughout the course of inspection. There were no hand sanitising points available immediately at this point.

The inspector saw that COVID-19 outbreaks were managed effectively. Accessible information was available to residents to support them in understanding the need to restrict their movements if they had contracted COVID-19. There was documentation available to guide staff in the event of a suspected or confirmed case of COVID-19. However, some of the content of these documents required updating to reflect the provider's current policies and procedures. For example the COVID-19 self-assessment set out that residents could isolate in another of the provider's designated isolation centres. This practice had been discontinued by the provider and residents were supported to restrict their movements in their own homes.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had in place suitable arrangements to manage fire safety risks. The provider had recently installed fire escape doors in three ground floor bedrooms. This arrangement supported a faster evacuation time of all residents in the designated centre. Residents' personal evacuation plans had been updated to reflect the new arrangements.

Regular fire drills were held. These showed that residents could be evacuated within a safe time-frame.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate practices and procedures in place for the ordering, administration, storage and disposal of medications. Staff spoken with were knowledgeable regarding the procedures for the administration of medication. Staff showed the inspector the process for ensuring that medications were administered as prescribed as well as the procedure for recording medication errors.

The inspector saw that there had been two medication errors in the designated centre in recent months. In both instances, the errors had been logged and reported in a timely manner. There was evidence that advice was sought from an appropriate health care professional. Medication errors were also documented on the provider's monthly data reports. This supported oversight of this risk.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of need was available on residents' files. This had been recently reviewed and updated to reflect any changes to residents' assessed needs. The assessment of need informed care plans. Care plans were written in a person-centred manner and clearly described how staff should support residents' autonomy, dignity and respect residents' individual preferences in relation to their daily care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were behaviour support plans available on residents' files for those residents who required them. Behaviour support plans provided clear guidance for staff in responding to behaviour that was challenging. The inspector saw staff supporting residents in line with their behaviour support plans during instances of distress.

There were several restrictive practices in place in the designated centre. The majority of these were recorded and regularly reviewed by the provider's rights committee. However, there was one restrictive practice in relation to the frequency of access a resident had to alcohol. The resident's behaviour support plan set out that this resident should have access to alcohol no more than three times per week. However, this had not been identified as a restrictive practice or reported to the Chief Inspector as such.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector saw several examples of good practice in relation to residents' rights. Care plans were available on residents' files which documented the supports required to ensure their rights were protected. A rights poster was displayed in the designated centre and the FREDA principles were discussed at staff meetings.

Two residents also had access to advocacy services in order to support them in being autonomous in decision making.

Resident goals included those designed to further enhance residents' autonomy and independence in managing their finances.

Resident meetings were held on a one to one basis to support participation of those residents with complex communication needs. Records of these meetings were maintained. These records detailed residents full range of responses to questions and queries including non-verbal responses.

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 (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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Willows OSV-0002394

Inspection ID: MON-0028361

Date of inspection: 01/07/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: In response to the area of substantially compliant found under regulation 16 : PIC has liaised with training department to formulate a training plan for outstanding training dates. First Aid: • One staff member to receive training on July 21st. • One staff member to receive training on July 28th • Remaining three staff members eligible to receive training by the end of September. Tips: • 2 staff members scheduled for training on September 6th • 1 staff member scheduled for training on September 26th.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: In response to the area of substantially compliant found under regulation 10: Key worker to complete a dictionary for 1 resident which details LAMH signs in use. This dictionary will help to enable new staff to become more familiar with residents communication style. Communication guidelines for one resident to be reviewed, as E-Trans frame is no longer in use. PIC to liaise with SLT department to discuss meaningful ways to communicate with this resident as they await a re-scheduled appointment from CRC, as trial communication device provided was malfunctioning. Communication guidelines for each resident to be discussed at next staff meeting.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
In response to the area of substantially compliant found under regulation 17:

New garden furniture was purchased on 19/07/2022 and is due for delivery.

Trees being cut back by outside contractor 28/07/2022

Technical services have been contacted to add gardening to the schedule of works for the centre.

Residents bedroom is now fully accessible again following treatment for ant infestation which was on-going at the time of inspection.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
In response to the area of substantially compliant found under regulation 18

Residents weekly meetings will now include menu planning and residents will be encouraged to participate more fully in the weekly menu. Staff will offer different food options using both verbal and pictures of meals. Residents preferences, if any, will be recorded and menu choices will inform the weekly grocery shopping.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
In response to the area of substantially compliant found under regulation 27:

Self assessment plan and outbreak contingency plans were reviewed in the centre. Changes made to self assessment tool on 19th July to reflect the closure of Belcamp Nua and the organisations updated IPC policies.

Additional hand gels will be placed strategically in high traffic areas and will be wall mounted at front door and kitchen keypad to ensure there are adequate hand hygiene stations throughout the centre.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
In response to the area of substantially compliant found under regulation 7

PIC has liaised with PAMG monitoring group on the restriction of wine for one resident in line with their PBSP. This restriction has been risk assessed and a new personal plan detailing the rationale for its use has been developed and added to residents assessment

of need and personal plans.

PIC will include this in quarterly returns going forward to ensure transparency.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/08/2022
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/08/2022
Regulation 10(3)(c)	The registered provider shall ensure that where required residents are supported to use assistive technology and aids and appliances.	Substantially Compliant	Yellow	31/08/2022
Regulation	The person in	Substantially	Yellow	18/07/2022

16(1)(a)	charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Compliant		
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/08/2022
Regulation 18(2)(c)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which offers choice at mealtimes.	Substantially Compliant	Yellow	31/08/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	18/07/2022

	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 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/09/2022