



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

Issued by the Chief Inspector

Name of designated centre:	The Bridge Community
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	15 November 2021
Centre ID:	OSV-0003605
Fieldwork ID:	MON-0034187

About the designated centre

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

The Bridge Community is located in a small town in Co. Kildare and provides residential, day and transitional training services to a wide range of people. There are five residential houses, three located within the main site and two houses located in housing estates in the community. The local town offers an array of amenities such as shops, a supermarket, bank, post office, public library, and community health services. There are various recreational and other facilities and workshops on the main site to provide work and learning experiences for the residents and day attendees. Residential services are provided to people with mild to moderate intellectual disabilities, physical and sensory disabilities and also those on the autism spectrum. The designated centre has capacity to provide full-time residential services for a maximum of 16 adults, male and female. Residents are supported by social care staff, care assistants and short-term co-workers (volunteers).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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
Monday 15 November 2021	9:20 am to 4:40 pm	Marie Byrne	Lead
Monday 15 November 2021	9:20 am to 4:40 pm	Michael Keating	Support

What residents told us and what inspectors observed

Overall, the inspectors of social services found that a number of improvements had been made in the centre since the last inspection and more were planned. During the inspection, the inspectors found that residents appeared happy, relaxed, comfortable and content in their homes. A number of residents sought out inspectors to tell them how hard staff were working in the centre to make sure they were happy and safe and said they had been waiting for inspectors to visit so they could tell them that.

Governance and oversight arrangements had strengthened in the centre and the provider had a quality improvement plan in place to track the required actions. They had completed the majority of actions since the last inspection but some actions remained outstanding and these were captured on the centre's quality improvement plan. Areas where improvements were required included recruitment to fill staff vacancies, works to a number of the premises, the replacement of some pieces of furniture and fittings, the implementation of new personal plan documentation and a further review of residents' healthcare and positive behaviour support needs and plans.

It was apparent from speaking with residents, reviewing documentation and speaking with the staff team, that there was a person-centred and human rights-based approach to the provision of services in this centre. Residents were supported by a staff team who were motivated to ensure they were encouraged and facilitated to participate in activities that were meaningful and purposeful to them. Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner.

As the inspection was completed during the COVID-19 pandemic, the inspectors adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. The inspectors had an opportunity to visit each of the five premises in the designated centre and to briefly meet with and speak with 11 residents during the inspection.

On arrival the inspectors were greeted by a member of the local management team and a dog who they described as the "community mascot". Later in the day a resident who lived in one of the houses in the community told an inspector that they were going down to the campus to bring the dog for a walk. There were many farm animals on the main campus in one of the houses a pet rabbit lived in the garden in their colourful hutch. The owner of the rabbit talked about looking after the rabbit and about how their housemate looked after them when they were away.

A number of residents had recently been on hotel breaks. They told inspectors about how much they enjoyed their breaks, particularly shopping in the big town near the hotel. They also talked about how good the staff in the hotel were to them, during

their stay and said they would definitely go back to stay there again. During the inspection residents spoke about the important people in their lives, and how they had kept in touch during the COVID-19 pandemic.

Residents' meetings were occurring regularly. Agenda items at these meetings included activity and menu planning, upcoming events in the community and local news. Inspectors were welcomed into each of the houses by residents and staff. A number of residents proudly showed inspectors around their homes and talked about things they liked to do, and things they had to look forward to. In each of the houses residents were observed taking part in the day-to-day upkeep in their homes, such as preparing lunch, cleaning parts of their home, and doing their laundry. Staff were available to residents should they need any support, but were observed to encourage residents' independence.

Residents had the opportunity to spend time on the farm or in the gardens should they so wish and there were large vegetable gardens beside the houses on the campus. A number of residents spoke about how important it was to them to be part of their local community. They talked about looking forward to the coffee shop on the campus opening back up as they were looking forward to catching up with some local people. They also talked about looking forward to the farm and nature trail on the campus opening back up to the public. Residents could choose to take part in different workshops during the day including cooking and baking, working on the farm, weavery, or arts and crafts, if they so wished. Residents talents and contributions to the running of their home were celebrated in the centre. A number of residents showed inspectors some of their arts and craft projects, some of the weaving projects, and some of their knitting projects.

In summary, residents appeared happy, content and relaxed in their home. Inspectors found that a person-centred approach was being used to ensure residents' care and support needs were met. The team were found to be quickly responding to residents' changing needs and to be motivated to ensure that residents were choosing how and where they spend their time.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the findings of this inspection were that improvements were noted in relation to the governance and management of the centre. These improvements included better oversight of the day-to-day running of the centre, and the implementation of the new providers systems for auditing, and the documentation and review of residents' assessments and personal plans.

Following a serious of poor inspection findings in centres operated by Camphill

Communities of Ireland, the registered provider was required to submit a comprehensive national improvement plan to the Chief Inspector of Social Services. During this time a number of inspections were completed in this centre where poor levels of compliance with the regulations were found.

This unannounced risk based inspection was the third inspection in this centre in 2021 and completed to verify the actions outlined by the provider in their plan following the last inspection in the centre on 15 July 2021. During the inspection in July, some improvements were noted since the inspection in February 2021; however, the centre remained under resourced and this was still impacting on the provider's ability to bring about some of the planned improvements in the designated centre and high levels of non compliance remained.

Following the inspection in July 2021, the provider was invited to a meeting where the Chief Inspector of Social Services issued them with a warning letter due to concerns in relation to the impact of non compliance with the regulations on the lived experience of residents in the centre. These concerns related to safeguarding, governance and management, staffing and residents' assessments and personal plans and their access to some health and social care professionals.

In line with ongoing safeguarding issues in the centre, the provider had submitted an application to vary following the last inspection to change the footprint of the centre to facilitate a resident to move to another house within the designated centre. This change had eliminated those safeguarding concerns. One of the inspectors spoke to the resident who had moved and they said they were very happy and settling in well to their new home.

Since the last inspection there a new person in charge and a person participating in the management of the designated centre had commenced. They were working with the existing local management team and were found to be focused on quality improvement and to be proactively driving improvements in the centre. They were quickly recognising residents' changing needs and responding appropriately.

As previously mentioned, some areas for improvements were still required and a number of these were due to be completed at the time of the inspection in line with the provider's plans following previous inspections; however, inspectors found that the provider and local management team were now self-identifying the majority of these and using their quality improvement plan to track their actions towards making these improvements.

The centre remained under- resourced in terms of staffing but inspectors were shown documentary evidence of numerous attempts the provider had made to recruit staff since the last inspection. They had held open-days, linked with local colleges and agencies and held numerous interviews. The provider was continuing to attempt to fill the vacancies and a number of interviews were scheduled after the inspection. In the interim, they were filling the required shifts with regular relief and agency staff. They were ensuring agency staff had the same training and supports as regular staff in the centre.

There were systems in place to ensure the staff team completed training in line with

the organisation's policies and residents' assessed needs, and to ensure they were supported to carry out their roles and responsibilities. Members of the team were in receipt of regular formal supervision, and staff meetings were occurring regularly. A number of staff informed inspectors that they were well supported by the local management team.

Registration Regulation 8 (1)

The provider had submitted the required information with the applications to vary conditions of the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role and had systems in place to ensure the effective governance, operational management and administration of this centre. From reviewing documentation, and speaking with residents and staff it was evident that they were regularly visiting each of the houses.

Judgment: Compliant

Regulation 15: Staffing

There were nine whole time equivalent staff vacancies at the time of the inspection. It was evident that the provider was attempting to recruit to fill these vacancies and in the interim were using regular agency and relief staff to cover the required shifts.

Inspectors viewed a sample of rosters and found that they were well maintained. In addition, a sample of staff files reviewed contained the required information.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were in receipt of training to enable them to provide person-centred care and support for residents living in the centre. Each staff had completed training and

refresher training in line with the organisation's policy, and they had completed a number of additional trainings in line with residents' specific care and support needs.

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. Staff who spoke with inspectors stated that they were well supported in their role and knew who to escalate any concerns they may have in relation to residents' care and support.

Judgment: Compliant

Regulation 23: Governance and management

The centre was managed by a suitably qualified and experienced person in charge who had the authority, accountability and responsibility for the provision of service. The quality of care and the experience of residents was being monitored and developed on an ongoing basis. The provider was completing regular audits and reviews and found to be self-identifying areas for improvement. Inspectors found there was a clear focus on person-centred care and quality improvement in this centre.

The provider's new systems and templates were now being utilised and leading to improvements in the day-to-day oversight of the centre. A number of improvements were still required in the centre including works to a number of premises, the replacement of furniture, filling staff vacancies, and a further review of residents' healthcare and positive behaviour support needs. The majority of these were captured on the centre's quality improvement plan.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the Regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and adverse events was maintained in the centre and the Chief Inspector had been notified of all the required information in line with the

Regulation.

Judgment: Compliant

Quality and safety

The inspectors found that residents were in receipt of person-centred care that supported them to spend their days as they wished. They were making decisions about their care and about the day-to-day running of the centre. For the most part, their likes, dislikes and preferences were known by the staff team and clearly documented in their personal plans. Plans were in place to make further improvements in the premises and in relation to residents' support needs and documentation in the centre. A risk relating to the temperature of water in a tap in one of the houses was identified by an inspector during the inspection and the provider arranged for this to be fixed during the inspection. Inspectors acknowledge this risk had been identified and reported prior to the inspection.

Overall, residents were living in warm, clean and comfortable homes where their safety and wellbeing was being prioritised. They had access to a number of private and communal spaces in their homes. Their homes were decorated in line with their preferences and their bedrooms were personalised to suit their tastes. A number of new pieces of furniture had been purchased since the last inspection and a number of residents showed the inspectors these and talked about going to pick them in the furniture shop. Works were planned in a number of the houses including the refurbishment of a number of bathrooms, painting and decorating, the replacement of furniture, works to hot water systems, and works to a ramp in one of the houses. These works had been escalated and reported at the time of the inspection.

There was an infection prevention and control policy and procedures in place, and contingency plans had been developed to support residents to isolate, should there be a suspected or confirmed case of COVID-19 in the centre. For the most part, each of the houses were clean and there were cleaning schedules in place to ensure each area of each of them were cleaned regularly. However, works were required in a number of areas and including the replacement of some bathrooms, furniture and surfaces to ensure effective cleaning and disinfection was possible.

There were systems in place for the prevention and detection of fire. Fire fighting equipment and fire alarm systems were in place and were appropriately serviced and maintained. Fire drills were occurring regularly and each resident had a personal emergency evacuation plan in place to guide staff on supports they may require to safely evacuate the centre. The provider had recently engaged with an external contractor to complete a review of fire safety in the centre and were awaiting the report at the time of the inspection.

Since the last inspection significant work had been completed in relation to residents' assessments and personal plans. The provider had rolled out new

documentation and each resident had a full review of their assessment of need and personal plan. Inspectors reviewed a sample of these and found that they were clearly guiding staff in relation to residents' care and support needs. The plans reviewed were found to be person-centred and celebrating residents' skills and talents, and reflecting how they liked to spend their time and contribute to the day-to-day running of their home.

In line with the review of residents' assessed needs work had been completed on documentation relating to residents' healthcare needs. From a sample of documentation reviewed the majority of residents were being supported to enjoy best possible health. However, there were gaps in documentation relating to one residents' healthcare. It was not clear that there was sufficient oversight of their healthcare needs. Inspectors were given some assurances during the inspection that a specialised weighing scales was ordered and assurances were sent after the inspection to demonstrate improved oversight of their food and fluid intake. The resident was being regularly reviewed by their GP, and attempts were being made on the day of the inspection to get a GP appointment.

A significant piece of work had been completed in relation to positive behaviour supports for residents in the centre since the last inspection. However, more work was planned to ensure that a small number of residents' were supported to manage their responsive behaviours. Restrictive practices were logged and regularly reviewed to ensure the least restrictive practices were used for the shortest duration.

Residents were protected through the policies, procedures and practices relating to safeguarding in the centre. Staff had completed training, there was an areas specific safeguarding protocol, and residents had detailed intimate care plans in place. Safeguarding plans were developed and reviewed as required, and the provider was acting to protect residents in line with allegations or suspicions of abuse. Staff who spoke with the inspector were aware of their roles and responsibilities in relation to safeguarding.

Regulation 17: Premises

Overall, each of the premises was found to be homely and to promote the privacy and dignity of each resident. Works had been completed to ensure the premises were accessible for all.

Residents had access to adequate private and communal spaces and storage for their personal items, and residents' bedrooms were personalised to suit their tastes. There were a number of maintenance issues and these had been logged at the time of the inspection. Works were required in a number of the houses and some bathrooms required refurbishment and furniture and a surfaces were due to be replaced. Painting and decorating was also planned in a number of areas.

Judgment: Substantially compliant

Regulation 20: Information for residents

The residents' guide contained the required information and was available for residents and their representatives in the designated centre.

It contained a summary of the services and facilities available, the terms and conditions of residency, arrangements for resident's involvement in the running of the centre, details on how to access inspection reports, the procedure for complaints and the arrangements for visitors.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had developed policies and procedures in relation to infection prevention and control, and contingency plans were developed during the COVID-19 pandemic. There were cleaning schedules in place to ensure each area of the houses were cleaned regularly. However, there were a number of areas where damage to surfaces was affecting the ability to clean and disinfect them.

For example, there was a kitchen countertop with a number of chips, and a kitchen table that was scratched and damaged. In addition, works were required to ventilation in a laundry room and bathroom, as there was evidence of damp in these areas. Inspectors acknowledge that each of these had been reported to the maintenance department at the time of the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect, contain and extinguish fires. There was suitable equipment and it was being regularly serviced and maintained.

Staff were in receipt of fire safety awareness training and fire drills were occurring regularly. It was evident that learning following drills was leading to further drills and the review and update of residents' personal emergency evacuation plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each residents had a review of their assessment of needs since the last inspection. The provider had rolled out new personal plan documentation and from the sample of plans reviewed they were reflective of residents' care and support needs and clearly guiding staff practice to support residents.

From reviewing documentation, and speaking with residents and staff it was evident that there was a strong person-centred culture in the centre. Residents abilities and needs were highlighted in their personal plans and for the most part, their changing needs were being recognised and responded to.

Judgment: Compliant

Regulation 6: Health care

For the most part the health and wellbeing of each residents was promoted and supported through diet, nutrition, exercise and activities. Residents had their healthcare needs assessed and these were reflected in their personal plan. However, inspectors found that some improvements were required to ensure that residents' healthcare needs were fully assessed and that care plans were developed, detailed and reviewed in line with the advice of health and social care professionals and residents' changing needs.

Overall, residents were being supported by allied health professional in line with their assessed needs. However, as previously mentioned, for some residents it was not clear that there was adequate oversight of their healthcare needs.

Judgment: Not compliant

Regulation 7: Positive behavioural support

A review of residents' positive behaviour support needs and plans had been completed since the last inspection and further reviews were planned.

Restrictive practices were logged and regularly reviewed to ensure they were the least restrictive practices for the shortest duration.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems in place to ensure that allegations or suspicions of abuse were reported, documented and followed up on in line with the organisation's policy, and national guidance.

Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. It was evident from reviewing documents and speaking with the staff team that every effort was being made to ensure that each resident felt safe and protected in their home.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Bridge Community OSV-0003605

Inspection ID: MON-0034187

Date of inspection: 15/11/2021

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A review of accessed needs has been completed by PIC and RM, this assessment noted a review of the whole time equivalent for The Bridge, the change in the whole-time equivalent has been reflected, statement of purpose has been updated accordingly.</p> <p>As a community we will continue to focus on recruitment of new staff members via online advertising and linking with numerous recruitment agencies. Administration officer for The Bridge will continue to on board new staff in the shortest time frame possible.</p> <p>Recruitment is an ongoing process, we have since inspection on the 15.11.21 offered 5 posts to individuals, they are all currently going through the on-boarding process and we hope to have all 5 completely on boarded by 15.01.2022</p> <p>Any agency staff who work in the Bridge are consistent and receive mandatory training from Camphill to ensure high standards are maintained and a continuity of care is delivered across the designated centre. A quarterly training plan is developed by quality and safety coordinator and PIC. The current training plan runs until 17 December 2021. The next quarterly training plan will end 31.03.2022.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC to update community improvement plan to reflect the above actions outlined in this</p>	

HIQA inspection by 16.12.21.

Premises in The Bridge is an action plan that is under continuous review, however as noted in the report there have been a number of improvements made since the July 2021 inspection. Camphill have implemented a new national maintenance portal where all maintenance issues are logged and sent to the national team for review, The national team will then create a work plan for the work required. Since inspection a new countertop has been installed on 29.11.21 in the designated centre, new duvets and pillows have been purchased for all residents' bedrooms in each designated centre.

Premises upgrading is an going progress within The Bridge. Work orders are available on request from the maintenance team, PIC to complete regular audits on premises within the designated centre, PIC to log all issues on the maintenance portal.

Regulation 23 inspections are complete bi -annually by the national team, Next Reg 23 inspection to be complete February 2022. All actions from previous reg 23 have been complete and are available for review on the community improvement plan. HIQA Inspector of Social Services received a copy of the Reg 23 inspection completed in August 2021 on day of inspection 15 November 2021.

PIC to continue to complete regular inspections within the houses of the designated centre and be present to review all aspects and ensure governance and oversight.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Premises is an ongoing piece of work for the designated center. Since inspection on the 15.11.21 a new countertop has been installed 29.11.21 and also a third couch has been purchased 10.12.21. As noted on the day of inspection a new national maintenance system is now in place where the PIC uploads all work required to the portal system and the national team allocate work orders for the jobs to be complete. PIC attended a team's call with the national maintenance Co Ordinator 10.12.21 to discuss priority works within the designated Centre, priorities included an upgrade of all bathrooms, painting in each house and tiles to be replaced. Each resident will be involved in the process of choosing all-new refurbishments.

Works order available on request.

PIC to continue to inspect the premises in the designated center and log any issues onto the maintenance portal, PIC to also ensure follow up regarding work orders regularly.

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>Weekly IPC audits are complete by the staff team, PIC to continue oversight of all infection prevention and cleaning rota's regularly, PIC to complete spot checks as per PIC's audit schedule. There are a number of environmental cleaning routines to be complete within each designated centre, these are monitored by the House Co Ordinator regularly and spot checked by PIC.</p> <p>A new regulation 27 audit tool has been implemented by the national team. PIC has utilized the Regulation 27 audit tool for three out of the 5 houses within the designated centre 10.11.21. PIC to utilize the regulation 27 audit tool on the remaining two houses by 20.12.21.</p> <p>PIC to ensure regularly audits and spot checks in each designated centre are complete to ensure governance and over-sight, as per audit schedule in place.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Full review of comprehensive needs assessments was complete in September 2021, a new OK Health Check system is currently under review by the national working group team and is due for roll out across The Bridge in January 2022.</p> <p>A concern was raised in regard to the care of one resident, Clinical Support team to complete a review of this resident's change in needs, needs assessment and support plan to be updated to reflect any change in the supports required.</p> <p>The resident's Occupational Therapist to also attend The Bridge to review the needs of the named resident. This will be completed by 30.01.22.</p> <p>Daily recordings are reviewed by PIC regularly as this resident is presenting with frequent change in needs requiring constant review of supports.</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>At present all 14 residents have a PBSP in place however a review is required to update and ensure all proactive and reactive strategies are sufficient to support both the residents and the staff members support each resident.</p>	
<p>A full review of positive behaviour supports is required by the Clinical Support team in The Bridge, a full review will be completed by 30.01.2022</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	15/01/2022
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	30/01/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances	Substantially Compliant	Yellow	31/03/2022

	where staff are employed on a less than full-time basis.			
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	23/12/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	29/11/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	28/04/2022
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.	Substantially Compliant	Yellow	28/02/2022
Regulation 27	The registered	Substantially	Yellow	23/12/2021

	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.	Compliant		
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	30/01/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/01/2022
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation	Substantially Compliant	Yellow	30/01/2022

	every effort is made to identify and alleviate the cause of the resident's challenging behaviour.			
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