



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

Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick Group B
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	25 November 2020
Centre ID:	OSV-0003940
Fieldwork ID:	MON-0030999

About the designated centre

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

The Community residential service provides full time residential support to ten adult residents on a full time basis. The centre is comprised of two separate houses located in quiet residential areas close to local amenities and public transport. The service provides a homely environment for the adults, both male and female, where they can live with respect and dignity, express their individuality, live as members of a household and be integrated into the local community. The Daughters of Charity offer all residents the opportunity to live in their own home, to share their home with friends, to build their own network of friends and family and to utilise all community resources as desired. These opportunities are available through an individualised approach to planning and provision of care and support, which involves the service user, the family, friends and key workers. The support provided is a social model of care with staff support during the day when residents are unable to attend their day service. Sleep over staff are also present in both houses each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
--	---

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 25 November 2020	10:15hrs to 16:45hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet with seven residents living in this designated centre which is comprised of two houses. To reduce movement between houses as a result of the COVID-19 pandemic, the inspector was located in the staff office in one of the houses. The inspector did meet the residents of the other house at the end of the inspection but remained in the back garden and spoke with the residents for approximately 20 minutes while adhering to public health guidelines.

On arrival at the first house, the inspector met with two residents who were getting ready for their planned morning activity; a meditation class facilitated through an online medium. One resident smiled and greeted the inspector with an elbow tap. The other resident was engaged in an activity on their tablet device but later in the day came up to greet the inspector with an elbow tap before they went out for a walk with a staff member. During the morning the inspector observed a staff member support one of the residents to participate in baking in the kitchen and later both residents enjoyed eating the results of their efforts, large warm homemade scones. Another resident spoke with the inspector after they had eaten their lunch. At the time the resident was enjoying watching a popular quiz game on the television and told the inspector how they liked to sit in the seat by the window. They were due to join an online music session but informed staff that they would prefer not to on that day. The resident enjoyed a conversation with staff about putting up the decorations for Christmas which was planned for the day after the inspection. This resident decided they were going to leave all that hard work to the staff to complete. The inspector did not get to meet another resident who was in their own apartment attached to the house. However, the inspector did see the resident go out for a walk with staff support during the day.

The four residents living in the other house had requested that they meet with the inspector during the inspection. When the inspector arrived at the patio door at the back of the house, all four residents greeted the inspector warmly and one resident asked if the inspector would like a chair to sit on. The residents spoke of how much the redeployed day service staff had supported them through the very difficult lockdown restrictions since March 2020. The residents outlined how the staff team helped the residents to engage in activities within the house such as cooking and baking while there was a transport vehicle available for residents to go out for spins in the community. It was evident the residents looked out for one another through their thoughtful interactions and consideration while individuals were speaking with the inspector. The residents wanted to convey how the restrictions were impacting them on a daily basis. The residents had made a complaint in August 2020 when they had to self-isolate in the house after a staff member had become ill while at work. All of the residents were aware of the public health guidelines but found the self-isolation very difficult.

All of the residents spoke of how they were anxious to see their families and friends,

they missed being able to go to work. The inability to be able to go shopping and engage in other social activities were very much a big loss to these residents. The group questioned the inspector about why they could not attend their day service when they followed the public health guidelines of washing their hands regularly and wore face masks. Residents spoke of activities such as rug making and tapestry that they missed partaking in every week. One resident stated they wanted their independence back. The resident explained that they had not been permitted to travel on public transport since the start of the pandemic. However, the resident did outline that they had been supported to resume walks on their own out in the community while adhering to the public health guidelines and informing staff of when they expected to return to the house. The residents were unsure if they would be able to go home for Christmas and this was a big worry for them. The residents were aware that there was due to be a government update regarding the national restrictions for the Christmas period and they explained how the person in charge and staff team would keep them informed of what the update would mean for them and their families for the holidays. All four residents repeated a number of times that they would take a vaccine for COVID-19 so that they could return to the daily routines they enjoyed and get to meet with their families and friends regularly.

The person in charge outlined the contact both they and the staff team had with one resident who had chosen to remain at home with family members since the start of the national lockdown restrictions in March 2020. Staff spoke with the resident and their representatives through regular phone calls and during monthly contact regarding medication requirements.

The inspector observed a number of interactions between staff members and the residents which were respectful in nature. It was evident residents were familiar with the staff supporting them. Staff were also aware of the individual preferences and routines of each of the residents.

Capacity and capability

This risk based inspection was undertaken to provide assurance that actions identified during the last inspection in April 2019 had been completed prior to the renewal of the registration of this designated centre. The provider had addressed most of the actions from the previous inspection; one action remained outstanding, all policies had not been reviewed within a three year period. The inspector was informed during the feedback meeting that the provider was aware that some policies required review nationally, including the medication management and fire policy, The review of policies had been interrupted and delayed due to the pandemic but updated documents were in progress at the time of the inspection.

The provider had ensured a governance structure was in place with clear lines of accountability and responsibility. While there was evidence of good quality of care, residents spoken to during the inspection expressed concern regarding the approach

taken by the provider to issue guidelines for the whole organisation regarding public safety measures rather than supporting residents within individual designated centres to engage in activities such as visits from family that could be accommodated while adhering to restrictions and public health guidance. The person in charge was aware of the guidelines issued relating to visits to long term residential settings as outlined in the Health Protection Surveillance Centre (HPSC) on 1 October 2020 and previous guidance issued. While one elderly relative had been prevented from visiting their relative on 13 June 2020, which was in line with the public health guidelines at that time, they were still not facilitated to visit their relative in the designated centre in the months since and at the time of this inspection. While the provider did have facilities available to support visits in public areas or in a dedicated area on the local campus setting when public health guidance allowed for such visits, this was declined by the relative. This resident lives on their own in a self-contained apartment with their own dedicated staff and the family representative had made a complaint regarding this position taken by the provider. A visit in a suitable location agreeable to both parties had not been facilitated while adhering to public health guidelines.

The staff team reported at the time of the complaint that both the resident and relative adhered to social distancing and hand hygiene at all times when they met in public areas such as parks which was the preferred option of the provider during the national restrictions. While this complaint was documented as resolved to the satisfaction of the complainant at the time in June 2020, when restrictions were lifted during the summer months the relative was still unable to enter the apartment as per the provider's guidelines on visiting by relatives to designated centres. In addition, the resident was unable to go home as were other residents within the designated centre. This will be discussed further in the next section in relation to residents' rights and visits. The inspector reviewed the latest version of the easy to read guidelines for residents to make a complaint which had recently been reviewed and updated to reflect the provider's policy and procedures.

The provider had ensured the person in charge of the designated centre had the required skills and qualifications to carry out the role in this designated centre. This person demonstrated their oversight of the centre during the inspection. Throughout the inspection discussions with the person in charge evidenced that they had a good knowledge of the support needs of residents living in the designated centre. In addition, their interaction with the residents during the inspection was observed to be respectful and reflective of a supportive role. The role was full time and the person in charge worked in both houses in addition to fulfilling the requirements of the role of person in charge. The provider had allocated five hours per house for administrative duties to be completed each week by the person in charge. The inspector was informed that the person participating in management did have oversight of the centre in their absence and the senior staff on duty in each house would contact the person on call if required when the person in charge was not present.

The provider had redeployed staff from the day services to support the residents in the designated centre since March 2020. The inspector met with some of these staff during the inspection who were able to outline the range of activities that the

residents were supported to engage in which included on-line meditation and exercise classes and spins in the community. All staff spoken to during the inspection were very familiar with the supports individual residents required. However, following a review of the staff rota in recent months the inspector noted that the provider had not ensured that staff numbers were always maintained as outlined in the statement of purpose and required as per the assessed needs of the residents. On 11 July 2020, one resident who requires assistance seven days a week with 1:1 staff support during the day did not have a dedicated staff. The person in charge was on annual leave at the time, one staff member was unable to attend due to illness and the other staff in the house provided some support during the day to the resident as relief staff were unavailable.

The person in charge had a comprehensive training matrix for staff in the designated centre. While staff refresher training had been impacted by the pandemic restrictions all staff had completed infection prevention and control courses online such as hand hygiene and breaking the chain of infection. All staff, apart from one new staff member had completed safeguarding training. This staff had attended induction training. The person in charge had scheduled training at the end of November 2020 for staff in fire safety; 21% of staff required refresher training in this area. However, 21% of staff also required refresher training in managing behaviours that challenge, no training had been scheduled for this at the time of the inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application for the renewal of the registration of the designated centre as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota, however, minimum staffing levels had not always been maintained as outlined in the

statement of purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, however, some staff required mandatory refresher training.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to review quality of care which included audits and annual review of the designated centre. However, the provider had not ensured the centre was always resourced to ensure effective delivery of care and support in accordance with the statement of purpose.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were aware of their right to make a complaint and the provider had ensured that all received complaints were recorded and investigated.

Judgment: Compliant

Quality and safety

Overall, the inspector found evidence of a good quality service. The person in charge and staff team were committed to continuous improvements in the delivery of services to residents. However, further improvements were required to ensure all residents were provided with support in all areas relating to their rights.

The inspector reviewed some guidance documents issued by the provider regarding visits of relatives to designated centres throughout the different stages of the restrictions during the pandemic. On 12 November 2020 the provider had informed staff that there were to be no outdoor visits in the gardens of designated centres. Prior to that the provider had issued a directive on 30 September 2020 that visits to gardens in designated centres could only take place on care or compassionate grounds. Public areas such as parks or a designated indoor area located on the provider's campus could be pre-booked to support family visits. However, the person in charge outlined these options were not suitable for some of the residents in this designated centre. At the time of this inspection no resident was able to go home with some residents telling the inspector they had not been home since the restrictions commenced in March 2020. As already mentioned in this report, residents were very upset and anxious about not being able to visit their families. Prior to the pandemic restrictions residents were supported to visit family members regularly, this included every weekend, for a few hours on a Sunday or for holiday periods depending on each individual resident's wishes. While the provider was trying to ensure residents remained safe during the pandemic, the ability for this designated centre to meet the specific needs of residents regarding contact with families and friends was not supported.

The person in charge outlined that all residents despite their individual circumstances could not go home or receive visitors, even if a risk assessment was completed or circumstances could support visits while adhering to public health guidelines. In addition, following a review of the risk register, not all risks had been identified within the designated centre. For example, the resident who received 1:1 support during the day in their apartment had not been assessed for any risk when they were on their own at night. Two staff on sleep over shifts were located in the adjacent house as per the statement of purpose. Following discussion with the staff team during the inspection, the inspector was informed there was an intercom system that the resident could use to contact staff during the night, however, this was not working at the time of the inspection. The person in charge had ensured the risk register was subject to regular review and the next date of review was in line with the proposed review date of the government restrictions. Regarding the risks associated with COVID-19, the inspector noted that the risk register for this centre stated no resident was allowed to go into shops during the pandemic restrictions, however, residents could be supported to have takeaway drinks such as coffee and go out for spins in the community.

The person in charge had ensured personal plans were completed for all residents. There was documented evidence of regular review and adjustment of some goals to reflect the pandemic restrictions. Where goals were adjusted, some focused on activities in the houses such as supporting a resident with the use of a tablet device and learning new skills while using this device. Another resident was supported to engage in cooking activities to create a number of different dishes for their peers to enjoy. Staff supported a resident to make an appointment to get their hair done independently with trials of how to make the call prior to succeeding. This process had taken place during the summer months. This resident was able to attend the hairdressers prior to the re-introduction of government restrictions in October. However, following a review of some personal plans, staff had not documented the involvement of residents and family representatives in the development of personal plans as per the provider's guidelines. This was discussed with the person in charge during the inspection. In addition, while goals developed were reflective of staff knowledge of residents in the designated centre, one resident's plan for goals did not include maintaining positive relationships with friends. This had been identified in the multi-disciplinary report for the resident in October 2020 and the goals had been reviewed after this report.

There was also detailed evidence of ongoing support to meet residents' healthcare needs. One resident had undergone major surgery prior to the pandemic. The staff team ensured the requirement for the resident to engage in exercises and activity while recovering was supported throughout the government lockdown. The resident's activity schedule continued over the last number of months in the designated centre.

The design and layout of the houses suited the assessed needs of the residents, however, some maintenance work was required. These issues were discussed during the feedback meeting and included maintenance to the kitchen presses and tumble dryer in one house and the garden shed in the other house. The inspector acknowledged the difficulty encountered by the provider to ensure the ongoing

management of regular maintenance in the houses during the pandemic. The houses were warm and had evidence of residents' personal input into the decoration of the communal areas.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. A COVID-19 folder was available in the designated centre with updated information and guidance. Easy-to-read information for residents was also available. There was evidence of regular temperature checks being taken for both staff and residents. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas. However, the regular cleaning of the thermometer was not part of any of the checklists in place to ensure regularly touched items were cleaned. In addition, some items that required either twice weekly or three times weekly cleaning were not consistently adhered to.

The provider had ensured fire safety systems were in place in the designated centre including a fire alarm system, emergency lighting and fire extinguishers. Fire exits were observed to be unobstructed on the day of the inspection, while fire evacuation procedures were also on display. Residents had personal evacuation egress plans (PEEPs), in place which were subject to regular review. However, not all information was contained in some of the PEEPs reviewed, such as the requirement for emergency medication.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Most of the residents were supported to maintain contact with relatives and friends while adhering to public health guidelines. However, the provider had not always facilitated each resident to receive visitors in accordance with their wishes.

Judgment: Substantially compliant

Regulation 17: Premises

The premises required maintenance to ensure the houses were kept in a good state

of repair both internally and externally

Judgment: Substantially compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19 and a process for escalating risk where required. While individual and centre risk assessments were in place for residents, these did not contain all risks in the designated centre or the measures and actions in response to such risks.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the HPSC. However, not all checks had been completed as per the provider's guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place. However, information contained in residents' PEEPs required further review

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of residents was carried out. However, not all assessments had been carried out as per the provider's procedures involving residents and their representatives.

Judgment: Substantially compliant

Regulation 6: Health care

The health and well-being of the residents was promoted in the designated centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that all residents' rights relating to their personal and living space and relationships had been supported at all times.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Community Residential Service Limerick Group B OSV-0003940

Inspection ID: MON-0030999

Date of inspection: 25/11/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

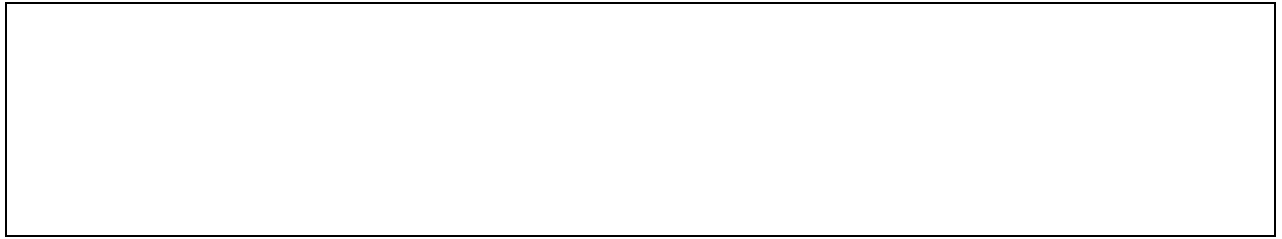
The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: PIC will monitor the staff roster to ensure that it is line with the statement of purpose. The registered provider will ensure that in PIC absence, PPIM and CNM3 will oversee this to ensure suitable staffing levels. Complete: 09.12.2020	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Registered provider and PIC will ensure that staff refresher training in MCB is complete. Complete: 30.03.2021	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC will oversee rosters to ensure that staffing is in line with the statements of purpose.	

<p>The registered provider will ensure that PIC and PPIM assess the impact of leave and make suitable arrangements to maintain staffing levels. Complete: 09.12.2020</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: The PIC has updated the risk assessment to provide for visiting for one resident living in self-contained accommodation. The registered provider, PPIM and PIC has actively engaged with families and residents with a view to supporting visits to family home over Christmas. Complete: 28.11.2020</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Registered provider and PIC will ensure that all maintenance works are completed as required and in line with public health guidance and restrictions: Tumble dryer- repaired 10.12.2021. Maintenance works for kitchen cupboards and shed, important works. Complete: 30.09.2021</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessment for night time for one resident complete. Complete: 28.11.2020</p>	

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>Cleaning of thermometer added to cleaning checklist PIC will oversee the cleaning schedule to ensure that all tasks are completed as required. Complete: 28.11.2020</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>PIC has updated PEEP summary sheet to include information regarding emergency medication. Complete: 28.11.2020</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The registered provider will ensure that PPIM and PIC will ensure that personal plans document the views of families/ representatives in their development. Completion date: 31.12.2020</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The registered provider has ensured the PIC has reviewed all risk assessments to ensure that rights are not negatively impacted by Covid 19 unnecessarily. The registered provider will ensure training will be provided to staff on promoting human rights while living with Covid 19 with support from MDT and Director of Quality & Risk. Completion date: 28.2.2021</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 11(1)	The registered provider shall facilitate each resident to receive visitors in accordance with the resident's wishes.	Substantially Compliant	Yellow	28/11/2020
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	09/12/2020
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	Substantially Compliant	Yellow	30/03/2021

	professional development programme.			
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	30/09/2021
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.	Substantially Compliant	Yellow	09/12/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/11/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	28/11/2020

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	28/11/2020
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/12/2020
Regulation 09(3)	The registered provider shall ensure that each	Not Compliant	Orange	28/02/2021

	resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
--	--	--	--	--