



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

Issued by the Chief Inspector

| | |
|----------------------------|--|
| Name of designated centre: | Kingfisher 3 |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Limerick |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 31 March 2021 |
| Centre ID: | OSV-0004840 |
| Fieldwork ID: | MON-0032523 |

About the designated centre

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

The Brothers of Charity Services stated aim, is to work with people with intellectual disability to claim their rightful place as valued citizens. In doing this, the organisation works with each individual, in order for them to have wide opportunities for self-expression in home life, education, occupation and leisure. The organisation's vision is focused on "Love and respect in every action". This centre comprises of two houses, next door to each other, in a housing estate on the outskirts of Limerick city. Both houses are two-storey with bedroom accommodation at ground and first floor level. At the time of inspection, one house accommodated two residents and the other house accommodated three residents. Each house has a kitchen, dining area, sitting room, in addition to office and storage space. There is a large back garden in each house and space for car parking at the front of the houses. Social care staff support is provided by day and night in each of the houses. The provider has plans to add a newly built house which will support two residents to this designated centre.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 5 |
|--|---|

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 31 March 2021 | 10:50hrs to 17:30hrs | 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 the five residents living in this designated centre which is comprised of two separate houses. To reduce movement between the houses as a result of the COVID-19 pandemic, the inspector was located in a room in one of the houses and was introduced to all three residents living in that house while adhering to public health guidelines and wearing personal protective equipment, PPE. During the day the inspector was also able to meet with the two residents in the other house while remaining outside in the back garden.

The inspector was introduced to two residents on arrival at the designated centre by a staff member who was very familiar with the preferences and routines of both residents. The residents had limited verbal communication. However, the staff assisted the residents to explain to the inspector the daily routine and activities that the residents participated in. One of the residents had been attending regular day service prior to the pandemic restrictions. The staff outlined how the resident had begun to really enjoy this and had participated in many activities including reflexology. To assist in supporting the resident to continue to experience similar activities, the staff facilitated the resident to have a foot spa in the evenings. This resident also enjoyed the experience of visiting cafes prior to the pandemic. As an alternative the resident has been supported to choose what they would like for a weekly takeaway meal, which has resulted in the resident enjoying the decision making and choice each week. The inspector met with this resident in their ground floor bedroom which was large and brightly decorated with personal items which included family photographs.

The inspector was then introduced to another resident who was relaxing in their preferred chair in the sitting room watching the television but also keeping an eye on what was happening outside in the estate. They had observed the inspector arrive at the house. The resident greeted the inspector as staff explained how this resident enjoyed walking and was able to go out daily with staff support. Prior to the pandemic restrictions the resident had also enjoyed attending a day service regularly. The inspector observed the resident to relax a few times during the day in an upstairs room which had been furnished with a comfortable seating area and television. The inspector also observed the resident looking at printed photographs of family members which were being used by staff to stimulate the resident's speech. Staff spoke of how they make the pictures relevant for the resident and building their use into everyday activities such as when participating in video calls with family members. To further enhance this resident's communication skills, the staff outlined plans to put family photographs on a tablet device for the resident to access and refer to while engaging in activities with staff.

The inspector met the third resident living in the house when they returned from a spin and walk in the local area with another staff member. The resident was supported to rest in the sitting room with their preferred music and ambient lighting.

Staff explained how this approach along with the use of a weighted blanket had helped the resident to deal with anxiety in a positive way. The resident also enjoyed a foot massage prior to having their homemade lunch with their peers which staff had prepared. During the inspection the staff described adjustments that had been made to the residents' routines which have worked well during the pandemic. These included a less rushed routine in the mornings, each resident was supported to have time to rest after getting their morning medication daily. Staff reported that this adjustment had a positive impact on the day ahead for each of the residents.

The residents in the second house had enjoyed a spin and walk in a local amenity area during the morning and the inspector met with them after they had finished their lunch. The staff in this house outlined how one of the residents had enjoyed swimming three times each week prior to the pandemic restrictions and was missing this activity. However, both residents were able to enjoy daily walks in all weathers as staff explained they were able to safely access an indoor route in a local college campus if the weather conditions were poor. The inspector could hear music playing in the background and was informed of how much one of the resident's liked music. Staff supported the resident to tell the inspector of how they really liked concerts and how much they had enjoyed a live performance of a musical from London in a local cinema before the pandemic restrictions. The resident smiled when this was mentioned. To support the resident maintain their interest in music, regular music activities were incorporated into the resident's weekly schedule. They also participated in art, garden and baking activities in the house while the pandemic restrictions remained in place. The other resident living in this house was enjoying a favourite quiz show in the sitting room when the inspector arrived. They came out briefly to acknowledge the inspector and the staff spoke of how both residents liked to go out each day together and enjoyed getting treats such as ice-cream.

Throughout the inspection, residents were observed to be supported by familiar staff who created a calm and relaxing atmosphere for the residents. Staff responded to the needs of the residents in a flexible manner and kept the residents informed of planned activities throughout the day. Staff had continued to support the residents to engage regularly in activities that they enjoyed while adhering to the public health guidelines which included music, baking and art. Prior to the pandemic restrictions the residents from both houses would have met regularly in the back gardens enjoying barbecues while celebrating birthdays or other events. Also, the inspector was informed of how a resident from both houses enjoyed regular swimming sessions up to three times a week together. Staff outlined how they would ensure these activities would be re-commenced again once the public health restrictions were lifted which included golf.

The inspector did discuss with the staff team during the inspection issues relating to the use of swing bins in the houses, the storage of floor mops outside the back of both houses and the obstruction of external fire exits at the side of one of the houses by items of gardening equipment.

Capacity and capability

This risk based inspection was completed to ensure compliance with the regulations since the centre was last inspected in July 2018 and to inform the decision of an application to vary conditions of the registration of this designated centre. The provider had notified the Health Information and Quality Authority, HIQA of their plans to add an additional house to this designated centre which is being proposed to support two residents currently residing in another designated centre. The house is located in another housing estate a short drive from the houses visited by the inspector. While the provider has systems in place to provide a safe, consistent service which was appropriate to the residents needs, improvements were required in the areas of notifications and staff training.

The inspector was aware of the planned absence of the person in charge since January 2021 and the person responsible for the role at the time of the inspection had previously been the person participating in management. This person had remit as the person in charge for this designated centre and two other designated centres along with the responsibilities of their role as area manager and person participating in management in two other designated centres. The inspector spoke with this person over the phone throughout the inspection as the person was unable to attend in person due to circumstances outside their control. At the time of the inspection, the inspector was informed that the provider was actively recruiting for the position of person in charge for this designated centre. The staff on duty on the day of the inspection facilitated the inspector with all requests for information that were made. The current person in charge was very familiar with the residents in this designated centre and the supports that they required.

Staff spoken to during the inspection outlined how they were supported by a supervision schedule and attended regular staff meetings through video calls since the pandemic restrictions were in place. They spoke of the importance of consistency and familiarity of staff and how this had a positive outcome for the residents. The provision of a dedicated staff to support one resident during the day assisted with the resident coping well with the pandemic restrictions and helped to reduce their levels of anxiety.

The inspector reviewed the training completed by staff at the time of the inspection. The inspector acknowledges that face to face training had been impacted by the pandemic restrictions. While the provider had ensured all staff had completed training in areas such as infection prevention and control, safeguarding and fire safety; there were gaps evident in the following areas, 20 % of staff had not completed refresher training in managing behaviours that challenge and 47% had not completed medication management refresher. The inspector noted on the centre's risk register that all staff were to have attended medication management training and staff were not to administer any medications without completing this training.

In addition, following a review of residents' safeguarding plans, the inspector noted

that plans had not been reviewed since April 2019. One of the plans required staff to document all events including “near miss incidents” and all incidents were to be reported on the provider’s incident reporting system. However, the inspector noted two incidents that had occurred on 30 March 2020 and 2 April 2020 which had not been reported. One incident occurred in the sitting room while a resident was sitting in a chair and the other incident occurred in a bedroom, staff were present and supported the residents on both occasions. The non-reporting of these incidents on the incident reporting system by staff resulted management not being aware the incidents occurred and the required notifications had not been submitted to HIQA, in line with regulatory requirements. However, the inspector was informed that all residents have coped very well during the pandemic restrictions and there is a more relaxed and calmer atmosphere in the houses since a dedicated staff was assigned to one resident during the day which is supporting the needs of the all the residents very well.

The provider had ensured an annual review had been completed which reflected the views of the residents and activities undertaken during 2020 with plans outlined for resumption of favoured activities once the restrictions are lifted. Actions identified had been progressed and six monthly provider- led audits had also been completed.

Registration Regulation 8 (1)

The provider had submitted a complete application to vary the conditions of registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that an interim person in charge during the planned absence of the previous person in the role had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured the number of staff was appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the

designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff had completed all on-line training courses in the absence of face to face training. However, there were gaps in some areas of refresher training that was deemed by the provider to be essential for this designated centre which included medication management.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that arrangements and resources were in place in the designated centre to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment: 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. Minor changes were made to the document during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that the Chief Inspector was notified in writing of all adverse events as required by the regulations.

Judgment: Not compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had ensured that the Chief Inspector had been notified of planned absences of the person in charge where the absences exceeded a continuous period of 28 days or more.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider had ensured the Chief Inspector had been notified in writing of arrangements in place for the management of the designated centre during planned extended absences of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre at the time of the inspection and no new complaints had been logged since the last inspection. The provider had ensured residents were provided with an easy-to-read format of the complaints policy and staff supported residents during weekly meetings to address any issues that required review.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent staff team. However, improvements were required in the areas of infection prevention, fire safety and protection.

Residents had been supported to visit with family members when the pandemic restrictions had been relaxed during 2020 and staff had ensured regular contact had been maintained during the more recent restrictions. The staff team outlined how the return of regular family visits would be facilitated as soon as public health

guidelines would allow this to happen.

Staff had completed regular personal planning meetings with the residents, their family representatives and members of the multi-disciplinary team, MDT. Goals had been identified that had been adapted to reflect the current pandemic, such as providing foot spas to a resident while awaiting the return of their day service where they enjoyed reflexology. Another resident was to be supported to trial an exercise bike to ensure they would enjoy and use the equipment before purchasing and also staff had identified that this resident might enjoy a rocking chair in their bedroom. Goals were being progressed with additional goals identified for when the pandemic restrictions were relaxed which included the return of day trips to the zoo and an overnight stay in a hotel. While the inspector saw evidence of regular review of the personal plans for the residents, at the time of the inspection the personal emergency egress plans, PEEPs that were in three files had not been reviewed since April 2019. In addition, some health care appointments had not been followed up as per the recommended review period. For example, one resident had a dental appointment in September 2019 and was due to have another appointment 3 months later. While an appointment had been made for 27 March 2020 which had to be cancelled, no dental review had since taken place for this resident. The same resident had attended an appointment with a speech and language therapist in January 2018, the resident was to be scheduled for a further review three months later by the speech and language therapist but no review had been completed.

The inspector also reviewed the positive behaviour support plans for two of the resident which had been subject to regular review and were consistent with the information provided by staff to the inspector. Staff outlined the ongoing support available to them from the clinical nurse specialist in behaviour support at all times. However, the inspector also reviewed active safeguarding plans. One plan had not been reviewed by the MDT since April 2019. The previous person in charge and staff team had reviewed the plan in August 2019. However, as previously mentioned in this report the inspector reviewed documentation that indicated at least two incidents had not been reported in line with this safeguarding plan and as a result the incidents went unreported and no review had taken place. In addition, some actions in the safeguarding plan were to be subject to review after three months.

While staff were observed to adhere to infection control and prevention practices which included appropriate use of PPE and cleaning of frequently touched points throughout the day some issues were noted. Not all staff had consistently recorded their temperatures as per the provider's protocols and outlined at the top of the document in use. For example, some staff had recorded their temperatures only once during a full day shift and others had not included details of the time of day the recordings were taken. During the inspection, the inspector observed the bins required staff to touch the lid of the bins to discard waste materials including PPE. In addition, the inspector observed a mop head on the ground outside the patio door of one house while the coloured coded buckets and mops were stored outside the back patio door of the other house.

There were some general maintenance issues evident both internally and externally which included an old electrical appliance in one garden and visible damage to some

kitchen presses in one house. In addition, the inspector observed an upturned garden rake that was lying on a garden path at the back of one house that was part of the external escape route for residents in the event of an evacuation. The inspector also observed a wheel barrow on the same path which also presented as an obstruction in the event of the escape route being used especially during a night time evacuation. However, the inspector did review measures the provider had taken to ensure the safety of residents from fire while awaiting the installation of fire containment measures in the two houses. These included regular fire safety checks and fire drills being completed by staff and the servicing of equipment including emergency lighting and a fire alarm with waking staff present in both houses at night time.

The inspector was able to review individual and centre specific risks which had been reviewed by the social care leader in February 2021 which included all staff to have completed medication management training. This risk had been identified in January 2019 following the occurrence of medication errors in the designated centre. However, in the documentation presented for review the details of risks did not include the risk ratings. The person in charge advised the inspector that there were no escalated risks at the time of the inspection and the review of risks in the designated centre was over seen by the area manager and the MDT. The person in charge did have access to the full risk assessments for the designated centre.

Overall, residents were supported by a committed staff team that facilitated a good quality of life which provided residents the opportunities to engage in individual or group activities as per their wishes and preferences while adhering to public health guidelines.

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

The residents were supported to maintain contact with relatives and friends while adhering to public health guidelines. Residents had also been supported to meet with relatives when restrictions had eased during the summer of 2020.

Judgment: Compliant

Regulation 17: Premises

The houses were observed to be warm and clean during the inspection. However, general maintenance required review both internally and externally.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had ensured residents were provided with information in easy-to-read format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19. The person in charge had ensured individual and centre risk assessments were in place. However, there were gaps in the information on the documentation presented for review during the inspection .

Judgment: Substantially compliant

Regulation 27: Protection against infection

While the provider had procedures in place to ensure residents who were at risk of healthcare infections (including COVID-19) were protected, improvements were required with the storage of cleaning equipment and the consistent documentation/recording of staff temperature recordings in line with the provider's protocols.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place which included a fire alarm, regular servicing of equipment, emergency lighting and regular fire safety checks carried out by staff. Fire safety upgrade works had not yet been completed but was part of the provider's overall plan submitted to HIQA. On the day of inspection three residents PEEPs reviewed by the inspector had no documented evidence of review since April 2019 and obstructions were visible on some external escape routes.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that regular review of residents' personal plans had taken place.

Judgment: Compliant

Regulation 6: Health care

Staff demonstrated a good knowledge of the residents' health care needs and how to support them. However, not all residents had been supported to attend allied health professionals as required for review.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff had good understanding in regards to supporting residents with behavioural needs. Behavioural support plans were subject to regular review and restrictions that were in place supported the safety of residents.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured all staff were trained in the safeguarding of residents. However, some actions in a safeguarding plan had not always been adhered to and resulted in a resident being subjected to incidents which had not been reported to management.

Judgment: Not compliant

Regulation 9: Residents' rights

The privacy and dignity of all residents was respected.

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 | Compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Regulation 32: Notification of periods when the person in charge is absent | Compliant |
| Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | 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 | Compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Not compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Kingfisher 3 OSV-0004840

Inspection ID: MON-0032523

Date of inspection: 31/03/2021

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • PIC is currently reviewing training records of staff. • Any staff who has gaps in training will be scheduled for the relevant training as a matter of priority. • Medication refresher training scheduled for staff on April 28th and April 30th. | |
| Regulation 31: Notification of incidents | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • All incidents are now recorded on AIRs (accident incident reporting system) and reported to line manager after which they will then be discussed and assessed. • Safeguarding procedure will be followed if the incident meets the definition of abuse. • Staff have been spoken to in relation to ensuring all incidents are reported as above. • This will be on the agenda for staff meetings periodically. • Safeguarding plans reviewed 18/4/2021 to reflect above mentioned. • All staff made aware of reviewed safeguarding plans as well as the reporting structure of all incidents. • Staff and Designated officer were consulted regarding unreported documented incidents, it was agreed they do not meet the definition of abuse and therefore are not reportable to the Designated Officer. | |

| | |
|---|-------------------------|
| | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Outdoor footpath area immediately cleared following inspection. Old electrical appliance disposed of immediately following inspection. • Internal maintenance will be carried out in kitchens. A referral has been made to Facilities. • Storage for mops is now in place. • Storage unit will be sourced in conjunction with Facilities and in place as early as possible. | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Risk logs have been amended to include risk rating and next review date. • All risks are up to date in risk register. | |
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Staff reminded to document times staff temperature taken and that it is consistently taken at least twice per shift. • All swing bins replaced with pedal bins immediately following inspection. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> | |

- PEEPs were reviewed immediately following inspection.
- Fire doors will be upgraded as part of the upgrade plan in respect of fire safety upgrade by 31/12/2022. This upgrade will be completed with the support of the fire safety engineer.
- All fire safety prevention practices and checks will continue in line with recommendations from the fire safety engineer. These practices are documented in the fire safety register.

| | |
|---------------------------|-------------------------|
| Regulation 6: Health care | Substantially Compliant |
|---------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 6: Health care:
 All outstanding appointments have been followed up on since date of inspection and appointments are scheduled, including dental and SLT.

| | |
|--------------------------|---------------|
| Regulation 8: Protection | Not Compliant |
|--------------------------|---------------|

Outline how you are going to come into compliance with Regulation 8: Protection:

- All incidents are now recorded on AIRs (accident incident reporting system) and reported to line manager after which they will then be discussed and assessed.
- Safeguarding procedure will be followed if the incident meets the definition of abuse.
- Staff have been spoken to in relation to ensuring all incidents are reported as above.
- This will be on the agenda for staff meetings periodically.
- Safeguarding plans reviewed 18/4/2021 to reflect above mentioned.
- All staff made aware of reviewed safeguarding plans as well as the reporting structure of all incidents.
- Staff and Designated officer were consulted regarding unreported documented incidents, it was agreed they do not meet the definition of abuse and therefore are not reportable to the Designated Officer.

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 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 30/06/2021 |
| 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 | 30/06/2021 |
| Regulation 26(1)(e) | The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: | Substantially Compliant | Yellow | 05/04/2021 |

| | | | | |
|------------------------|---|-------------------------|--------|------------|
| | arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered. | | | |
| Regulation 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 05/05/2021 |
| Regulation 28(2)(b)(i) | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Substantially Compliant | Yellow | 31/12/2022 |
| Regulation 31(1)(f) | The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring | Not Compliant | Orange | 06/05/2021 |

| | | | | |
|---------------------|--|-------------------------|--------|------------|
| | in the designated centre: any allegation, suspected or confirmed, of abuse of any resident. | | | |
| Regulation 06(2)(d) | The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive. | Substantially Compliant | Yellow | 30/04/2021 |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Not Compliant | Orange | 18/04/2021 |
| Regulation 08(3) | The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse. | Substantially Compliant | Yellow | 06/05/2021 |