



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

## Issued by the Chief Inspector

Name of designated centre:	Ocean House
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	11 March 2021
Centre ID:	OSV-0007912
Fieldwork ID:	MON-0031233

## About the designated centre

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

The designated centre provides a service for adults with a mild or moderate level of intellectual disability. The maximum number of residents who can reside in the centre is two. The centre comprises of a semi-detached two story house based in a large town in Co. Wicklow. It comprises of a communal sitting room leading to an adjoined kitchen/dining room with a large sunroom/conservatory at the rear with access to the back garden. There is a toilet/shower room down stairs and a garage to the side of the house. Upstairs there are four rooms, three bedrooms (one is used for staff sleepover) and a storage room and staff office. There is also a communal toilet/bathroom on this floor also. The centre employs a full-time person in charge who shares their working hours between this centre and one other. The residents are supported by social care workers during the day and a sleep over staff at night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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
Thursday 11 March 2021	09:00hrs to 15:30hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

Overall, the inspector found that the residents living in this centre were supported to enjoy a good quality life and to make choices and decisions about their care. The two residents who were residing in the centre had previously lived together in another centre which was run by the same provider. They had moved to this newly registered designated centre in November 2020 along with the same staff and person in charge.

On the morning of the inspection, the inspector was welcomed into the house by both residents. Throughout the day, the inspector had a number of brief conversations with one of the residents and in the afternoon the inspector sat down and talked with both residents individually about their lived experience in the centre and the service provided to them. Conversations between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment (PPE) and was time limited in adherence with national guidance.

On speaking with the residents and staff, the inspector was advised that the residents were consulted about the move to their new home and were involved in making choices and decisions during this time. In advance of moving to the new designated centre, the residents visited the house on a number of occasions. Bedrooms were chosen and some new furniture and fittings were purchased. However, the inspector found that both residents' personal plans, which are owned by the resident as a record of their care and support, were not reflective of the change in circumstances and of the new developments in their lives relating to this move.

The residents had been supported to complete a Health Information and Quality Authority (HIQA) questionnaire in advance of the inspection. The questionnaires demonstrated that residents were happy with the location of their new home and in particular, that they were near shops, cafes and the seafront. One resident noted that it was a nice neighborhood to live in and that there was plenty of space in the new house to relax in.

The questionnaires relayed that residents were happy with the choice of food and meals provided to them and were looking forward to returning to grocery shopping when the health pandemic restrictions were lifted.

Residents commented about how the restrictions had limited their family visits and some of their community based goals and activities however, they were currently enjoying other activities such as arts and crafts, learning a new language, going for walks, baking, listening to music and watching television.

Both residents advised that they knew who to go to should they need to make a complaint. One resident advised, that when they had made a complaint it was

listened to and had resulted in a positive outcome in their life. Residents relayed that the staff were very nice and always very helpful.

Where appropriate, residents were supported to keep in contact with their family on a regular basis and during the current health pandemic restrictions, this was primarily through telephone calls. Previous to the current level of restrictions, one resident visited their family independently and was assisted by staff in advance to learn about ways to stay safe when visiting including social distancing, hand hygiene and wearing a mask.

The inspector found the centre to have a homely and relaxed atmosphere. The kitchen, dining area and sitting room included an open plan design and was bright and spacious with many large windows allowing plenty of daylight. There were fairy lights displayed around the front bay window and one of the residents advised the inspector that they had put them there to give the room a more relaxing feel. Residents noted in their questionnaires about the new furniture they had chosen for their rooms and how they had been supported to bring other items belonging to them from their old house.

The residents had differing methods of communication, one of the residents spoke independently with the inspector and were able to relay their views and opinion about the quality of care and support provided to them. The other resident communicated with the inspector through pictures. They sat with the inspector and looked through a book of photographs which included various outings, activities and celebrations that they had enjoyed with staff, their fellow resident and their family.

The inspector observed that the residents seemed content in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents' modesty and privacy was observed to be respected. Where appropriate, and to ensure that the dignity of each resident was promoted, residents' personal plans included clear detail on how to support each resident with their personal and intimate care needs.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were provided with a choice of healthy meal, beverage and snack options. Residents' personal plans, included a variety of care plans to support them live a healthy and safe life however, the inspector found that not all of these plans included a yearly review or had been updated since moving to their new home.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in regular house meetings where menu planning, activities and other matters were discussed and decisions made. The inspector saw that a recent meeting included a discussion, with the aid of easy-to-read material, about the COVID-19 vaccination process. Residents were supported to understand the different vaccinations, what the process entailed and what it meant for them.

Overall, the residents were supported to keep themselves safe during the current health pandemic however, to support residents self-isolate in the event of an

outbreak, the inspector found that the self-isolation plan in place required improvement so that it fully ensured the safety and wellbeing of the residents. This is discussed further in the capacity and capability section of the report.

In summary, the inspector found that overall, the residents' well-being and welfare was maintained to a good standard and that there was a person-centred culture within the designated centre. The residents had been supported to move to a new home which resulted in positive outcomes for the residents. However, the residents' person plans were not fully reflective of the changes in circumstances and new developments occurring in the residents' lives during and since the transition.

The inspector found that overall, through speaking with the residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that the resident lived in a supportive and caring environment and to empower residents live as independently as they were capable of.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

The registered provider was striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. The provider had ensured that the centre was adequately resourced and that there was a clearly defined management structure in place. Staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. However, the inspector found that improvements were required to the local monitoring and auditing systems in place to ensure they were effective in informing continual improvements in the centre and in the residents' lives.

As this was a new designated centre the unannounced six monthly review of the quality and safety of care and support in the centre was not due to be completed until May 2021. The person in charge had carried out a number of local audits which monitored and reviewed the standard of care and support delivered to residents in the designated centre. However, the inspector found that some of the auditing methods in place were not always effective in identifying matters that required addressing and did not always include a timeline or person responsible to complete actions. For example, the personal plan audit, which included reviewing information on the centre's electronic system, had not identified that residents' plans had not been renewed annually and had not included changes in circumstances and new developments in residents' lives. This meant that not all local audit systems could

ensure that the operational management and administration of the centre resulted in safe and effective service delivery at all times.

The inspector found that there had been regular team meetings prior to moving to the new centre and that the meetings had ensured an effective way of providing COVID-19 updates, reviewing staff training and development, sharing learning about adverse events, and reviewing the care and support provided to residents. However, there had been no team meeting since the move to the new centre in November 2020. This meant that the previous level of information sharing, to ensure the quality of care and support provided to residents, was now lacking.

The inspector found that staffing arrangements included enough staff to meet the needs of the residents and overall, there was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. There was one staff vacancy however, recruitment for this position was underway. In the interim, staff who worked in the centre covered the shifts alongside one relief staff member who was familiar to the residents and their assessed needs. The person in charge and staff had all moved with the residents to their new home.

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to meet the regulatory requirement for this post. The person in charge was full-time and divided their role between working in this centre and one other centre. Staff who spoke with the inspectors advised that the person in charge was very approachable and supportive at all times.

There was a staff roster in place and overall, it was maintained appropriately. The staff roster clearly identified the times worked by each person however, an improvement was required to the roster so that it clearly recorded when the person in charge was present in the house.

Staff were provided training in the areas of fire safety, safeguarding, health and safety and managing behaviours that are challenging however, the inspector found that many of the staffs' refresher training was overdue and that some training relating to keeping residents safe, had not been completed.

Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic however, there were a number of staff who had not completed specific training relating to the prevention and control of COVID-19. As such the inspector found that overall, the education and training provided to staff could not, at all times, fully enabled staff to provide care that reflected up-to-date evidence based practice.

The Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak had been completed for this centre. The person in charge advised that inspector that the self-assessment informed the development of the centre's contingency plans, staffing contingency, self-isolation plans and risk assessments.



On review of the centre's self-isolation plan, the inspector found that, to ensure the safety and welfare of both residents, the plan required improvement so that it provided better preparedness and planning in the event of an outbreak. The inspector was advised that one of the residents would find self-isolating in their upstairs bedroom difficult. The plan included setting up a temporary self-isolating area downstairs. On review of the plan, the inspector found that it could not fully ensure the safety of both residents, it had the potential to impact negatively on one of the residents and it had not taken into account all the possible risks associated with this plan.

### Regulation 15: Staffing

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of the resident.

The staff roster clearly identified the times worked by each person however, an improvement was required to the roster so that it clearly recorded when the person in charge was present in the house.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Not all staff had been provided with refresher training in safeguarding, fire safety, managing behaviours that challenge.

Not all staff had completed specific training in relation to the prevention and control of COVID-19.

Judgment: Not compliant

### Regulation 23: Governance and management

The inspector found that a number of the local monitoring and auditing systems in place in the centre were not effective in identifying and addressing improvements required to ensure a safe and good quality service was being provided to the residents living in the designated centre.

There had been no team meeting between the person in charge and staff since the centre was opened in November 2020.

The centre's COVID-19 contingency plan, relating to self-isolation plans, required review to ensure better preparedness and planning in the event of an infectious disease outbreak.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

The residents had been provided with an accessible format of a contract of care (agreement) and it had been signed. However, the contracts had not been reviewed or updated so that they reflected the residents new place of residence.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to residents and their representatives.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For example, the quarterly notifications were being submitted to HIQA as per the regulatory requirement.

Judgment: Compliant

## Quality and safety

The inspector found that for the most part, residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, the inspector found, to ensure better outcomes for residents, improvements were required in the areas of individual personal plans, positive behavioural supports and fire safety.

The residents were provided with a personal plan which included information on their personal details, their environment, their relationships and their hopes and dreams. The plans encompassed an assessment of the residents' needs and the supports in place to meet those needs. Plans included photographs of the different activities the residents enjoyed, their achievements and various celebrations such as celebrating birthdays with their families, friends and staff members.

However, the inspector found that overall, the review of residents' personal plans was not effective. Residents' plans had not always been reviewed on an annual basis or updated when there had been changes in circumstances and new developments in their lives.

The inspector found that residents' personal plans were not fully reflective of the care and support provided to them during the recent move to their new home. In addition, not all care and support plans had been updated to take into account the impact the move would have on these plans. For example, a safety enhancement and guidance support plan, to empower a resident live life independently in a safe way in their home and community, had not been reviewed or updated since the move to their new house and location.

Overall, this demonstrated that the residents' personal plans, which is owned by the resident as a record of their care and support, did not fully ensure that it remained valid and clearly identified changes in the residents' lives.

The inspector found that overall, appropriate healthcare was made available to residents. Residents were supported to live healthily and were provided with choice around activities, meals and beverages that promoted healthy living. Residents' healthcare plans demonstrated that each resident had access to allied health professionals including access to their general practitioner (GP). Where appropriate residents were facilitated to attend national health screening and where residents refused health treatment, this was respected and followed up appropriately to ensure the safety of the resident. However, as mentioned above, a number of care plans relating to the residents' health and wellbeing had not been reviewed on an annual basis.

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where behavioural support practices were being used they were clearly documented and reviewed by the appropriate professionals on a regular basis.

There were a number of restrictive practices in place in the centre. Where applied, the restrictive practices were documented and were subject to review by the

appropriate professionals. However, to ensure the rights of residents were promoted at all times, the inspector found that an overall review of the restrictive practice registrar was required to ensure that it provided a clear distinction between therapeutic medicines and those used as a form of restraint.

The residents were protected by practices that promoted their safety. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Safeguarding measures were in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

Overall, residents were protected by risk management policies, procedures and practices in the centre. There were systems in place to manage and mitigate risks and keep the resident and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. However, to better ensure the safety of residents in the event of an outbreak, specific individualised risk assessments to assist residents' self-isolation plans, were required.

The inspector found that overall, the day to day infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector observed the house to be clean and that cleaning records demonstrated a good adherence to cleaning schedules. Residents were supported to become educated and knowledgeable in practices to keep themselves safe during the current health pandemic.

The inspector found that to ensure the safety of residents at all times a number of improvements were required to fire safety systems in place. Overall, there were appropriate fire safety precautions, including fire precaution equipment, in the centre. Staff had received training in fire prevention and emergency procedures, however, a number of staff were due refresher training in fire safety. There was an evacuation plan in the centre however, on speaking with the person in charge and staff, the inspector found that further clarity was required so that all staff were fully familiar with the evacuation route. Two fire drills had taken place since moving to the new house however, the inspector found that they did not include all possible scenarios. Furthermore, not all staff had taken part in a fire drill since moving to the new centre.

## Regulation 26: Risk management procedures

The provider had carried out a number of risk assessments associated with the current health pandemic however, the inspector found that residents were not

provided with individualised risk assessments around the risks relating to self-isolation.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guided staff to prevent or minimise the occurrence of healthcare-associated infections. Cleaning schedules had been adapted in line with COVID-19, residents and staff temperature checks were carried out twice daily and all required personal protective equipment was available if required.

Not all staff had completed training specific to COVID-19 however, this has been addressed in Regulation 16. Matters relating to self-isolating plans have been addressed in Regulation 23.

Judgment: Compliant

### Regulation 28: Fire precautions

Two fire drills had taken place since the residents moved in to the new house in November 2020 however, the drills did not include all possible scenarios such as a night-time scenario.

Clarity was required around the fire evacuation plans so that all staff working in the centre were fully aware of them. Not all staff had taken part in a fire evacuation drill since moving to the new centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents were provided with an individual personal plan however, not all plans were reviewed annually or reviewed when changes in circumstance or new developments had occurred in the residents' lives.

Judgment: Substantially compliant

<b>Regulation 6: Health care</b>
Overall residents were supported to live a healthy life. A number of care and wellbeing plans required reviewing however, this had been addressed in Regulation 5 .
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Overall, the provider had a positive approach to behaviours that challenge.  However, the centre's restrictive practice registrar required review to ensure that it provided a clear distinction between therapeutic medicines and those used as a form of restraint.
Judgment: Substantially compliant
<b>Regulation 8: Protection</b>
Overall, the residents were protected by practices that promoted their safety; the residents' intimate care plans ensured that each resident's dignity, safety and welfare was guaranteed. There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected.  A number of staff had not completed their refresher training in safeguarding however this has been addressed in Regulation 16.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Residents were encouraged and supported around active decision making and social inclusion. Residents participated in regular house meetings where menu planning, activities and other matters were discussed and decisions made.

Residents were supported to be knowledgeable and educated in COVID-19 matters, including the upcoming vaccination process.

Residents were supported and empowered to live life as independently as they were capable of. For example, one resident was supported to be alone in the house from time to time and to self-administer some of their own medications.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Ocean House OSV-0007912

Inspection ID: MON-0031233

Date of inspection: 11/03/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: As of 12.03.21 the roster flags which unit of responsibility the PIC is present at.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC reviewed for purpose of the action plan 07.04.21 and the current status is <ul style="list-style-type: none"> <li>• Safeguarding, all staff refresher training is now in date.</li> <li>• Fire Safety, all staff refresher training is now in date.</li> <li>• Covid 19, all staff have completed the online module.</li> <li>• Managing Behaviours That Challenge (MAPA), the provision of this training is organizationally suspended and will resume late May/ early June 2021. MAPA refresher training will be provided to all seven staff by 30.07.21.</li> </ul>	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:  
 A new auditing rhythm tool has been designed and operational as of 01/04/21, this tool pulls together all of our general audits and all our resident specific audits into one overarching monitoring tool.

A team meeting is scheduled for 16.04.21, to be followed thereafter on a monthly basis.

The two residents each have in individual isolation plan with additional measures in the event of an outbreak.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:  
 Both residents were issued new contracts of care specific to their new location as of 12/03/21.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  
 Both residents now have risk assessments in place for self- isolation 12.03.21.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 Walk through fire precautions training with all staff has is now complete as of 09.04.21

- Evacuation drill with particular attention to the evacuation point.
- Operation of fire panel and demonstration of use through simulated test.
- Walk through discussion of night time management.

As of 08/04/21 all staff 'Fire Safety Refresher' training in date.

On 30.03.21 the PIC conducted evacuation drill specific to a client who has an ability to be on their own, the focus of which was the scenario that they were on their own when the alarm sounds.

On 05.04.21 conducted a residents consultation meeting the focus of which was fire precautions and evacuation, the focus of this meeting was how to safely evacuate and the difference between the fire alarm and the kitchen smoke alarm.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
 As of 01.04.21 the PIC has put in place a new auditing rhythm tool which is designed to pull together cyclical auditing required, in particular the audit tool identifies resident specific individualized assessment and plans in need of cyclical review.

In particular a 'safety enhancement plan & guidance support plan' was reviewed 15.03.21 and was updated where required.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
 On review the medications referenced are provided therapeutically under the direction and regular monitoring of a qualified consultant practitioner. The Person In Charge has forwarded a request to the providers internal 'Rights Committee' that the restriction be lifted 09.04.21.

## 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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	12/03/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/07/2021
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	Not Compliant	Orange	16/04/2021

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	12/03/2021
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	12/03/2021
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	08/04/2021

Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	08/04/2021
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	29/04/2021
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	29/04/2021

Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	29/04/2021
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	29/04/2021
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	29/04/2021
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	29/04/2021
Regulation 07(4)	The registered provider shall	Substantially Compliant	Yellow	09/04/2021



	ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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