



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

Issued by the Chief Inspector

Name of designated centre:	Sylvie Lodge
Name of provider:	Communicare Agency Ltd
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	19 July 2022
Centre ID:	OSV-0008109
Fieldwork ID:	MON-0035290

About the designated centre

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

Sylvie Lodge can provide a full-time residential service for four male and female adults with mild to moderate intellectual, physical and medical challenges. Residents can be accommodated from 18 years. Sylvie Lodge is a modern and fully functional single storey bungalow located on a mature scenic property of approximately 0.50 acres. All bedrooms in the centre are for sole occupancy. The centre is fully wheelchair accessible throughout. Residents are supported by a staff team which includes the person in charge, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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
Tuesday 19 July 2022	11:00hrs to 17:45hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The person in charge and staff were very focused on ensuring that a person-centred service was delivered to residents. Residents who lived in this centre had a good quality of life, had choices in their daily lives, were well supported with their healthcare needs, and were involved in activities that they enjoyed.

The inspector met with three of the residents who lived in the centre, two of whom were happy to speak with the inspector about their lives there. One resident spoke very briefly with the inspector, while another was not present in the centre during the inspection. As this was a new centre all residents had transitioned there from other facilities and they told the inspector that they had settled in well and liked living there. They also said that they all got along well together. Residents who spoke with the inspector expressed a high level of satisfaction with all aspects of living in the centre. These residents were complimentary of staff, stating that they provided a high level of care and support. They also said that there were enough staff to support them to take part in their preferred activities.

It was clear that residents trusted the staff and knew who was in charge. Residents said that if they had any complaints or concerns, they would tell staff and it would be addressed. They also said that they enjoyed meals in the centre. They explained that they were very involved in shopping for and preparing their own meals and that they could also go out for meals whenever they preferred to.

Throughout the inspection residents were seen to be at ease in the company of staff, and were relaxed and comfortable in the centre. During this time, staff were observed spending time and interacting warmly with residents and supporting their wishes. Observations and related documentation showed that residents' preferences were being met. Some of the activities that residents enjoyed included outings to local places of interest, shopping, beach outing, sports such as swimming, and visits with their families. During the inspection, one resident was away for the day at an activity hub. The other residents got up at times of their preference and were all out and about in the afternoon. One resident, for example, went to Galway and told the inspector that he had enjoyed the outing.

A resident talked having good involvement in the local community. This resident, who is a country music fan, told the inspector about being supported by staff to attend concerts by favourite musicians, and about regular visits to stay with family.

The centre was situated in a residential area of a busy town, with a range of amenities and facilities available in the nearby areas. The centre had suitable transport, which could be used for outings or any activities that residents chose. As this was a home-based service, residents had the flexibility to spend their days in the ways that they preferred.

The centre and was modern, clean, spacious, and suitably furnished and decorated.

There was adequate communal and private space for residents, a well-equipped kitchen and sufficient bathrooms. All residents had their own bedrooms.

It was evident from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, in the centre, at activity and educational hubs, and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing, autonomy and quality of life of residents.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

The provider had measures in place in this centre to ensure that the centre was well managed, and that residents' care and support was delivered to a high standard. Overall, these arrangements did ensure that a good quality and safe service was provided to residents. However, some management systems required strengthening to ensure that a good quality and safe service would continue to be maintained. The improvements required in the centre related largely to documentation and records.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge. The person in charge was based in the centre frequently, worked closely with staff and with the wider management team, and was very knowledgeable regarding the individual needs of each resident. It was clear that residents knew the person in charge. There were arrangements to support staff when the person in charge was not on duty.

Arrangements were in place for the review and monitoring of the service to ensure that a high standard of care and support was being provided and maintained. The person in charge had developed an annual audit schedule and a range of audits were being carried out in line with this plan. These included audits of medication management, work force, care planning, policies and risk management. The provider was aware of the requirement to carry out six-monthly audits of the service in addition to an annual review. As this was a new centre, an annual review was not yet due, but the first unannounced audits had been completed. Audit records showed a good level of compliance and any identified issues had either been addressed or were in the process of being addressed. However, the auditing systems had failed to identify issues which were found to be either substantially compliant or not compliant at this inspection.

Documentation in use in the centre required improvement. While the provider had ensured that records required by the regulations had been developed and were

available to review as required, the quality of some documentation was poor. Some residents' plans were not sufficiently clear to guide practice and did not reflect the knowledge and care demonstrated by staff. This presented a risk that care might not be consistently delivered, particularly in the event of new staff being allocated to the centre. It was also found that some documents that were important to residents were not presented in an easy-read format suited to residents' individual needs. These included residents' personal plans and the guide for residents.

A statement of purpose had been developed before the centre was occupied by residents. This statement described the service being provided to residents. However, there was some minor adjustment required to the statement of purpose to meet all the requirements of schedule 1 of the regulations. Furthermore, the statement of purpose was out of date, as it had not been updated to reflect the appointment of a new person in charge and changes in staffing levels that had occurred after residents were admitted to the centre.

The provider had not agreed in writing with each resident, the terms on which that resident shall reside in the designated centre. Draft agreements had been developed, although at the time of inspection, these had not been supplied to any residents for agreement. A sample of the draft agreements viewed were found to be generally suitable, and included the fees to be charged. However, improvement was required as the draft agreements did not clearly state some aspects of the service that were not included in the fee and which incurred additional costs to residents.

There were arrangements in place for the management of complaints and it was evident from review of records and discussions with staff that complaints were taken seriously and were being addressed. However, the management of complaints was not in line with the requirements of the regulations and the organisation's own policy.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport for residents to use, access to Wi-fi and televisions, and adequate staffing levels to support residents' preferences and assessed needs.

Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records required by the regulations had been developed and were available to review as required. However, the quality of some documentation was poor. Some records were not sufficiently clear to guide practice, while some documents that were important to residents were not presented in an easy-read format suited to residents' individual needs. Examples of documents that require improvement are:

- the statement of purpose
- residents' personal plans
- the residents' guide
- complaints records and policy
- the draft service agreement

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, there were strong leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. However, the internal auditing systems required improvement as they had not identified some of the deficits identified during this inspection such as the failure to implement service agreements with residents, failure to update the statement of purpose, and required improvement to the management of complaints.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had not agreed in writing with each resident, the terms on which that resident shall reside in the designated centre. Although draft agreements had been developed, these had not been supplied to any residents for agreement. A sample of the draft agreements was generally suitable, although improvement was required to ensure that the agreements would clearly state aspects of the service that were not included in the fee and which incurred additional contributions by the residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose described the service being provided to residents and met most of the requirements of the regulations. However, there was some minor adjustment required to the statement of purpose to meet all the requirements of schedule 1 of the regulations. Furthermore, the statement of purpose was out of date, as it had not been updated to reflect changes in the service, including the appointment of a new person in charge and changes in staffing levels.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

While the provider had good arrangements in place for the management of complaints, some areas of complaint management were not in line with the requirements of the regulations. Although, any complaints made in the centre had been suitably managed and investigated, some improvement was required:

- complaints had not been closed off in line with the centre's policy
- the satisfaction of the person making the complaint had not been consistently recorded
- access to appeals process was unclear
- the complaints policy did not provide clear guidance to staff on the recording of complaints

Judgment: Substantially compliant

Quality and safety

The provider ensured that residents living at this centre received person-centred support and a good level of healthcare. There were measures in place to ensure that the wellbeing of residents was promoted and that residents' general welfare, and social and leisure interests were well supported. Residents received person-centred care that enabled them to be involved in activities that they enjoyed. However, to ensure the ongoing effectiveness of the personal planning process, improvements to documentation of personal planning records were required. Improvement regarding the use of personal protective equipment for infection control was also required.

Residents were supported to take part in a range of social and developmental activities both at the centre, at activity hubs and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. Some of these developmental opportunities included literacy classes, swimming, and attending a gym and healthy

eating group. Further independent living skills opportunities were being explored at the time of inspection.

Residents lived in a large house which suited their needs. The centre was warm, clean, comfortable and well maintained. There were adequate communal and private spaces, and the kitchen was well equipped and bright. All residents had their own bedrooms, and there were adequate bathrooms in the centre to meet the needs of residents. The centre was located in a residential area close to a busy rural town. There were a variety of amenities and facilities in the surrounding areas, and transport and staff support was available to ensure that these could be accessed by residents.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs. Residents' personal goals had been agreed, but these were not made available to residents in a user-friendly format as required by the regulations. Overall residents' personal planning information required some improvement as some of the plans did not include clear information of each resident's goals and how they would be achieved. While staff who spoke with the inspector were very familiar and knowledgeable about residents' goals and care needs, this was not consistently reflected in personal plans. This presented a risk that new staff may not have access to appropriate information to guide practice.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. Residents' healthcare needs had been assessed and plans of care had been developed to guide the management of any assessed care needs. All residents had access to a general practitioner, and access to healthcare professionals could be arranged as required. Most residents were not eligible to take part in national screening programme checks. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles. Although residents were very involved in their own food choices, staff advised and encouraged residents to make healthy choices. Residents were also supported to take exercise.

The measures for protection against infection were not examined in full at this inspection, although one aspect of use of personal protective equipment was observed to be managed unsuitably. It was noted that the use of face masks was not being carried out in line with the most up-to-date national infection prevention and control guidance. While the management team were very focused on infection control, the most recent version of the national infection prevention and control guidance for residential care settings was not available to guide practice. Therefore staff were not wearing face masks when in the company of residents as required by the guidance.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service as stated in the statement of purpose. The centre was well maintained, clean, spacious, and comfortably decorated and furnished, and suited the needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, took part in shopping for, and prepared much of their own food with appropriate support from staff. This ensured that residents had meals in line with each person's individual preferences.

Judgment: Compliant

Regulation 20: Information for residents

Information was provided to residents. This included information such as, staff on duty each day, and how to make complaints. There was also a residents' guide that included the information required by the regulations. This guide was made available to residents. However, the guide had not been developed in an accessible, easy-read format that would be suitable to all residents.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The measures for protection against infection were not examined in full at this inspection, although one aspect of use of personal protective equipment was

observed to be managed unsuitably. It was noted that the use of face masks was not being carried out in line with the most up-to-date national infection prevention and control guidance. While the management team were very focused on infection control, the most recent version of the national infection prevention and control guidance for residential care settings was not available to guide practice. Therefore staff were not wearing face masks when in the company of residents as required by the guidance.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Assessments of the health, personal and social care needs of each resident had been carried out, and personal plans had been developed for all residents based on their assessed needs. However, some personal plans and care plans were not documented in sufficient detail to guide practice. In addition, residents' personal plans were not available in an accessible format suited to the individual needs of each resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to a range of healthcare services. Each resident had access to general practitioners in the local area, and access to healthcare professionals and consultants was arranged as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Sylvie Lodge OSV-0008109

Inspection ID: MON-0035290

Date of inspection: 19/07/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • Statement of Purpose (SOP) <ul style="list-style-type: none"> o Statement of Purpose updated by Service Manager for revised PIC and WTE 22/07/2022 o Statement of Purpose is now included by Disabilities Services Manager in updated Internal Audit System (IAS) for future revision and review dates 16/08/2022 o Statement of Purpose is now included by PIC for ongoing discussion and review, where required, at Service Governance Meetings • Residents' Personal Plans (IPCP – Integrated Personal Care Plan) – review of IPCP is an item on the monthly audit for the PIC <ul style="list-style-type: none"> o IPCPs continue to be reviewed on monthly basis with Service User at their scheduled Key Worker meetings o Service Users supported in inputting information into their own IPCPs by Key Worker(s) o Service Users own IPCPs updated, including a clear step by step guidance regarding specific support when required for each Service User o Update Log developed and now maintained in IPCPs to record summary of all updates in IPCPs, including for Service User Input o IPCPs status / progress now included by Disabilities Services Manager in updated Internal Audit System (IAS) for future revision and review dates 16/08/2022 o IPCPs status / progress now included by PIC for ongoing discussion and review, where required, at Service Governance Meetings • Residents' Guide (SUG) <ul style="list-style-type: none"> o Easy Read Guide for Service Users to be completed by Service Manager by 31/08/2022 o Service Users to be consulted and feedback obtained on Easy Read Guide by Key Worker(s) o Further updates to Easy Read Guide based on Service User consultation and Feedback to be completed by Service Manager by 30/09/2022 o Easy Read Guide now included in updated Internal Audit System (IAS) by Disabilities Services Manager for future revision and review dates 16/08/2022 o Easy Read Guide now included by PIC for ongoing discussion and review, where required, at Service Governance Meetings 	

- Complaints Policy (CP) and associated Documents / Processes – Updated by Service Manager and Disabilities Services Manager
 - o Policy Updated by Service Manager and Disabilities Services Manager for Appeals procedure including timelines 15/08/2022
 - o Complaints Log – Reviewed and Updated by Service Manager and Disabilities Services Manager 15/08/2022
 - o Complaints Forms Reviewed and Updated, by Service Manager and Disabilities Services Manager including Update for Service User, their Satisfaction Feedback, Status of Complaint 15/08/2022
 - o Complaints policy, documents / processes status / progress now included by Disabilities Services Manager in updated Internal Audit System (IAS) for future revision and review dates 16/08/2022
 - o Complaints policy, documents / processes status / progress now included by PIC for ongoing discussion and review, where required, at Service Governance Meetings
- Service Agreement (SA) – completed by PIC, supported by Key Worker(s), with Service Users by 22/08/2022
 - o Agreement is going to be reviewed as required, with no longer than 6 monthly intervals, with Service User at scheduled Key Worker meetings
 - o Service Users are supported on their Agreements at their scheduled meetings with Key Worker(s) to express their feedback and the actioning of their feedback
 - o Update Log continues to be maintained by PIC to record summary of all updates, including for Service User Input, in their IPCPs

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- Service Agreement (SA) – completed by PIC, supported by Key Worker(s), with Service Users by 22/08/2022
 - o Agreement is going to be reviewed as required, with no longer than 6 monthly intervals, with Service User at scheduled Key Worker meetings
 - o Service Users are supported on their Agreements at their scheduled meetings with Key Worker(s) to express their feedback and the actioning of their feedback
 - o Update Log continues to be maintained to by PIC to record summary of all updates, including for Service User Input, in their IPCPs
- Statement of Purpose (SOP)
 - o Statement of Purpose updated by Service Manager for revised PIC and WTE 22/07/2022
 - o Statement of Purpose is now included by Disabilities Services Manager in updated Internal Audit System (IAS) for future revision and review dates 16/08/2022
 - o Statement of Purpose is now included by PIC for ongoing discussion and review, where required, at Service Governance Meetings
- Complaints Policy (CP) and associated Documents / Processes – Updated by Service Manager and Disabilities Services Manager
 - o Policy Updated by Service Manager and Disabilities Services Manager for Appeals procedure including timelines 15/08/2022
 - o Complaints Log – Reviewed and Updated by Service Manager and Disabilities Services Manager 15/08/2022

- o Complaints Forms Reviewed and Updated, by Service Manager and Disabilities Services Manager including Update for Service User, their Satisfaction Feedback, Status of Complaint 15/08/2022
- o Complaints policy, documents / processes status / progress now included by Disabilities Services Manager in updated Internal Audit System (IAS) for future revision and review dates 16/08/2022
- o Complaints policy, documents / processes status / progress now included by PIC for ongoing discussion and review, where required, at Service Governance Meetings
 - Internal Audit System (IAS) – updated by Disabilities Services Manager 16/08/2022 includes
- o Revision and Review dates for master documents now scheduled, including SOP and IPCPs, led by Disabilities Services Manager 16/08/2022
- o Update Log is now maintained by Disabilities Services Manager to record summary of all updates and revisions to Internal Audit System
- o Internal Audits continue to be conducted, led and supervised by Disabilities Services Manager
- o Outcomes, actions and reviews from Internal Audits continue to be included by Disabilities Services Manager for ongoing discussion and review, where required, at Service Governance Meetings

Regulation 24: Admissions and contract for the provision of services	Not 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:

- Service Agreement (SA) – completed by PIC, supported by Key Worker(s), with Service Users by 22/08/2022
- o Agreement is going to be reviewed as required, with no longer than 6 monthly intervals, with Service User at scheduled Key Worker meetings
- o Service Users are supported on their Agreements at their scheduled meetings with Key Worker(s) to express their feedback and the actioning of their feedback
- o Update Log continues to be maintained to by PIC to record summary of all updates, including for Service User Input, in their IPCPs

At a Company Governance Meeting on 27/07/2022, the charges for the Service were reviewed and signed off.

- Contract of Care includes specified Charges for Service and clearly specifies what is not covered by the Service Charges
- Updated Admissions Checklist, including Contracts of Care, now in place for new admissions to Sylvie Lodge Residential Care Service

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- Statement of Purpose (SOP)
- o Statement of Purpose updated by Service Manager for revised PIC and WTE 22/07/2022
- o Statement of Purpose is now included by Disabilities Services Manager in updated

<p>Internal Audit System (IAS) for future revision and review dates 16/08/2022</p> <ul style="list-style-type: none"> o Statement of Purpose is now included by PIC for ongoing discussion and review, where required, at Service Governance Meetings • Internal Audit System (IAS) – updated by Disabilities Services Manager 16/08/2022 includes <ul style="list-style-type: none"> o Revision and Review dates for master documents now scheduled, including SOP and IPCPs, led by Disabilities Services Manager 16/08/2022 o Update Log is now maintained by Disabilities Services Manager to record summary of all updates and revisions to Internal Audit System o Internal Audits continue to be conducted, led and supervised by Disabilities Services Manager o Outcomes, actions and reviews from Internal Audits continue to be included by Disabilities Services Manager for ongoing discussion and review, where required, at Service Governance Meetings 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Complaints Policy (CP) and associated Documents / Processes – Updated by Service Manager and Disabilities Services Manager <ul style="list-style-type: none"> o Policy Updated by Service Manager and Disabilities Services Manager for Appeals procedure including timelines 15/08/2022 o Complaints Log – Reviewed and Updated by Service Manager and Disabilities Services Manager 15/08/2022 o Complaints Forms Reviewed and Updated, by Service Manager and Disabilities Services Manager including Update for Service User, their Satisfaction Feedback, Status of Complaint 15/08/2022 o Complaints policy, documents / processes status / progress now included by Disabilities Services Manager in updated Internal Audit System (IAS) for future revision and review dates 16/08/2022 o Complaints policy, documents / processes status / progress now included by PIC for ongoing discussion and review, where required, at Service Governance Meetings 	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <ul style="list-style-type: none"> • Residents' Guide (SUG) <ul style="list-style-type: none"> o Easy Read Guide for Service Users to be completed by Service Manager by 31/08/2022 o Service Users to be consulted and feedback obtained on Easy Read Guide by Key Worker(s) o Further updates to Easy Read Guide based on Service User consultation and Feedback to be completed by Service Manager by 30/09/2022 o Easy Read Guide now included in updated Internal Audit System (IAS) by Disabilities Services Manager for future revision and review dates 16/08/2022 o Easy Read Guide now included by PIC for ongoing discussion and review, where required, at Service Governance Meetings 	

Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Updated 22/07/2022 and 25/07/2022</p> <ul style="list-style-type: none"> • Use of face mask is now carried out in line with a most up to date National Infection Prevention and Control guidance from HSPC • The Management Team have initiated an Alert Protocol for every Monday for reviewing the HSPC IPC site for updates as may be applicable to Residential Services • The up-to-date Infection Protection and Control Guidance is now available for Staff to read in the Infection Prevention and Control Folder. • IPC is a rolling item on the Team Meetings Agenda. 	
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> <ul style="list-style-type: none"> • Residents' Personal Plans (IPCP – Integrated Personal Care Plan) – review of IPCP is an item on the monthly audit for the PIC <ul style="list-style-type: none"> o IPCPs continue to be reviewed on monthly basis with Service User at their scheduled Key Worker meetings o Service Users supported in inputting information into their own IPCPs by Key Worker(s) o Service Users own IPCPs updated, including a clear step by step guidance regarding specific support when required for each Service User o Update Log developed and now maintained in IPCPs to record summary of all updates in IPCPs, including for Service User Input o IPCPs status / progress now included by Disabilities Services Manager in updated Internal Audit System (IAS) for future revision and review dates 16/08/2022 o IPCPs status / progress now included by PIC for ongoing discussion and review, where required, at Service Governance Meetings 	

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 20(1)	The registered provider shall prepare a guide in respect of the designated centre and ensure that a copy is provided to each resident.	Substantially Compliant	Yellow	31/08/2022
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	22/08/2022

Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	22/08/2022
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.	Not Compliant	Orange	25/07/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	22/07/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	16/08/2022
Regulation	The registered	Substantially	Yellow	15/08/2022

34(2)(d)	provider shall ensure that the complainant is informed promptly of the outcome of his or her complaint and details of the appeals process.	Compliant		
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	15/08/2022
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/09/2022
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or	Substantially Compliant	Yellow	30/09/2022

	her representative.			
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