



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	CareBright Community Centre
Name of provider:	CareBright Company Limited by Guarantee
Address of centre:	Ardykeohane, Bruff, Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	26 November 2020
Centre ID:	OSV-0005636
Fieldwork ID:	MON-0031092

About the designated centre

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

Care Bright Community Residential care facility was located near the town of Bruff. It was set in lovely spacious gardens which were tended by the gardener, the horticulturalist and any residents who wish to be involved. The centre consisted of three bungalows, each of which was designed to accommodate six residents. The community was designed to recognise people's ongoing right to home and connectedness to their family and community. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential dementia care and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Prior to, and on admission to CareBright Community each resident has a comprehensive, holistic assessment of their needs. Care plans following assessment of the resident are then formulated with the resident and family to ensure a resident-focused, patient-centred approach. All assessments and care plans are reviewed by the nursing staff every 4 months or as residents' needs change. Residents are encouraged to be actively involved in their care planning and family involvement is also encouraged with the resident's consent. The activities coordinator meets all new residents to discuss and plan an activities programme for those who would like to engage in home-based and new activities. There is a gym, hairdressers and canteen in the on-site "HUB". Care Bright employs a professional staff consisting of registered nurses, care assistants, maintenance, and laundry, housekeeping and catering staff. There is 24-hour nursing care provided. All staff will receive appropriate and mandatory training including dementia-specific training to support optimal care. The centre is registered with HIQA and aims to be compliant with the relevant regulations. There are policies in place to guide staff in best- evidence based practice. Health and safety issues are addressed and fire safety is a priority. Staff are trained to recognise and respond to abuse and complaints. Interesting, nutritional and varied menus are provided and meals are cooked by residents and staff. CareBright encourages and promotes visits from local artists, schools, community groups and residents go out to visit local areas of interest and relaxation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 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 26 November 2020	09:00hrs to 18:00hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

On the day of inspection inspectors met with all the residents as well as with a number of relatives. Residents appeared to live active, busy lives in the centre with personal choice and independence being supported. Staff were seen to encourage residents to engage in social distance meetings with family members and to carry out some household chores and activities, appropriate to their abilities and assessed needs. For example, a number of residents did baking, residents cleared up after lunch and other residents did the washing and hung out the clothes. Residents were happy to have seen their relatives and told inspectors that it was very assuring to see family members. New activities programmes were being developed on an ongoing basis depending on residents' choices. Some of these were currently curtailed because of the COVID-19 risks, for example outings in their personal mini-bus. Nevertheless, residents were seen to walk around the grounds independently and with other residents, taking their dog for a walk and engaging with the pet goats, which had been kindly donated. Two residents spoke with inspectors about their dog and how much joy they got from the daily walks. Residents appeared very happy in each others company and were seen to link arms while walking. Residents told the inspector that staff were kind and supportive. Relatives spoken with confirmed this. Staff were seen to engage with residents in a respectful way throughout the inspection.

Throughout the COVID-19 pandemic the centre remained free of the virus. The person in charge praised the relatives, residents and the staff for their adherence to the national guidelines from the health protection surveillance centre (HPSC) and the Health Services Executive (HSE). Specialist services and allied health care services such as physiotherapy, dental, occupational therapy (OT) and dietitian services were seen to be availed of either in person or by video call, depending on the restrictions at the time of referral. The chiropodist attended residents on a monthly basis and documentation confirming this was reviewed. Residents had the option of retaining the services of their own general practitioner (GP) or changing to the GP service in the town for easy access. Residents with dementia were facilitated to attend personally at the pharmacist or a number of medical consultants where indicated.

Capacity and capability

This was a short-term (48 hours) announced, risk-based inspection conducted over one day. The provider in this centre was Carebright Company Ltd. The centre had a good history of compliance with the regulations and had applied to renew the registration of the centre, as required on a three yearly basis.

On this inspection inspectors acknowledged that residents and staff living and working in the centre had made great efforts to maintain a COVID-19 free environment during the first wave of infection and to date.

The person in charge was experienced and was supported by a team of knowledgeable managers, nursing, household and care staff. She had developed a comprehensive COVID-19 contingency plan and had updated staff with the most recent guidelines from the Health Service Executive (HSE) and the Health Protection and Surveillance Centre (HPSC). Inspectors found that public health, occupational health, HSE and infection prevention specialists had been consulted to support the COVID-19 contingency plan. The person in charge said that she liaised with the provider's team of agency staff, to ensure that she had a pool of staff members available in the event of a COVID-19 outbreak.

Audits were wide-ranging and comprehensive. The 2019 review of the quality and safety of care had been completed and was available to inspectors. The lines of authority and accountability were clearly set out. Management, staff and health and safety meetings were convened regularly. This was confirmed by staff and minutes of the meetings were made available to inspectors.

Copies of the standards and regulations for the sector were available to staff. Staff spoken with were aware of their responsibilities in relation to infection control, safeguarding residents and promoting their rights. There was a comprehensive staff recruitment and induction process in place. The person in charge explained that the probationary period was utilised to assess the suitability of staff to support the "household model of care" for residents. This model required that staff think differently, maximise residents' strengths, be accepting of their right to autonomy and to make personal decisions about their lives each day. The person in charge and the Chief Executive Officer (CEO) assured inspectors that Garda Síochána (GV) vetting clearance was in place for all staff, prior to them taking up their respective roles. A sample of staff files was seen to be in compliance with regulations.

Records required by Schedule 2, 3 and 4 of the regulations were securely stored and easily retrievable. A sample of residents' records such as care plans and nursing records was seen. These were maintained and updated on an electronic system. Maintenance and service records were up to date.

In this section of the report, namely: Capacity and Capability, inspectors remained concerned about staffing levels at night. This was addressed with the CEO and the person in charge at the feedback meeting following the inspection. This finding was discussed under Regulation 15: Staffing. Findings in relation to statutory notifications were detailed under Regulation 34: Notifications.

Issues requiring action in relation to risk management, fire safety and infection control were addressed under the Quality and Safety dimension of this report.

Registration Regulation 4: Application for registration or renewal of registration

All the required documents were submitted.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the necessary fees were paid as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge began working in the centre when it first opened its doors three years ago. She was on duty in the centre five days a week and was very familiar with residents' needs, as well as their family arrangements. She was found to be knowledgeable of the regulations and standards and was responsive to the regulator. She had developed a comprehensive contingency and preparedness plan for preventing and dealing with a COVID-19 outbreak.

Judgment: Compliant

Regulation 15: Staffing

Day time staffing levels were adequate to maintain safe care for residents. The staff roster was reviewed. This indicated that there was a nurse on duty in the centre on a 24-hour basis.

There was a good staffing contingency plan in place in the event of an outbreak of COVID-19. Senior, externally based, nurses had been identified as suitable and knowledgeable of the centre to provide nursing care in the event of an outbreak of COVID-19.

However, similar to findings on previous inspection the current night time staffing levels required review to ensure that residents were not left unsupervised for any length of time during the night.

As a number of residents' in one house were found to have high to maximum care needs two staff members were required to attend to their care needs at all times. For this reason inspectors spoke with management staff in relation to the need to increase night staffing levels, to ensure a gender mix of staff, to ensure that

residents were not left unattended and to ensure that the staff nurse was available to go from house to house during the night on supervision and report writing duties.

As this was a repeat finding which had not been fully addressed, it had an impact on the finding of non compliance under this regulation.

Notwithstanding these findings inspectors had additional concerns in relation to the prevention of COVID-19 and the management of a potential outbreak in the event that nursing care was required in more than one house during the night time hours.

A review of the night time nursing staff levels did not provide assurance that the centre had adequate staffing numbers and skill-mix to ensure that there was sufficient staff available at night to facilitate the segregation of nursing staff to deal with a potential outbreak.

Judgment: Not compliant

Regulation 16: Training and staff development

Training was seen to be scheduled on a regular basis by the qualified in-house trainer and on the 'Hse-land' on-line training system. The training matrix was available for review. Staff confirmed that they had received training in mandatory subjects such as the prevention of elder abuse, fire safety training and training in understanding the behaviour and psychological symptoms of dementia (BPSD).

In relation to the risks presented by the COVID-19 pandemic appropriate training had been provided as follows;

- training on infection control to include hand-washing techniques, application of personal protective equipment (PPE) and use of masks and gloves where appropriate
- the signs and symptoms of COVID-19
- training on the most updated guidelines from the HSE and other bodies on preventing and managing an outbreak of COVID-19
- safe-pass training for those involved in cleaning duties.
- food safety training for all staff involved in supporting residents in preparing meals.

All staff were afforded refreshing training related to COVID-19 at each handover report. This ensured that staff were consistently reminded of the serious risk posed by the virus and of their role in preventing infection in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure that identified the lines of authority and accountability and detailed the responsibilities for each area of care provision.

During the COVID-19 restrictions the management team had made every effort to ensure that the service provided was consistent, controlled and effectively monitored. Staff were supported by the GPs, the community health care services, infection control specialists and public health colleagues to remain COVID-19 free. Staff, residents and visitors had followed the policies and protocols set out by the HSE and the HPSC. These guidelines were seen to have informed the centre's policies such as the infection control policy. Resources were made available for a plentiful supply of PPE and hand sanitising gel.

The required COVID-19 infection control guidelines were implemented in relation to the management of residents returning from hospital and the visiting protocol.

The centre's audit and supervision processes incorporated the oversight of infection prevention to ensure that staff were following the recommended guidance. On the day of inspection, inspectors observed that staff were adhering to infection prevention and control guidance in relation to hand washing and by wearing appropriate PPE.

The regulatory annual review of the quality and safety of care had been completed for 2019. A number of actions from this review were seen to have been addressed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Inspectors found that a number of residents' contracts of care did not provide details of the room number or house to be occupied by the resident, as required under the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose, which set out the ethos and services in the centre was available and had been updated.

Judgment: Compliant

Regulation 31: Notification of incidents

A regulatory notification, that is a notification in the case of a sudden death of a resident, had not been submitted to the Chief Inspector.

This was submitted retrospectively.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were infrequent. They were seen to be well documented, followed up and resolved to the satisfaction of most complainants. An appeals person was identified for any follow up required.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required under Schedule 5 of the regulations were updated on a three yearly basis. Relevant policies were amended in line with the risks, new protocols and infection control guidelines for the COVID-19 era.

Judgment: Compliant

Quality and safety

Inspectors found that the quality and safety of care was of a very good standard in Care Bright Community Centre. This ensured that residents' rights and their safety were promoted. Areas of responsibility had been clearly defined, for example, staff

were assigned specific areas to oversee such as, resources, health and safety, audit, medicine management, manual handling assessments and staff supervision.

The health of residents was promoted through ongoing assessment using a range of recognised assessment tools. Residents' cognition levels, skin integrity, malnutrition and falls risks were documented in a sample of care plans reviewed. Residents benefited from input of a range of medical professionals such as physiotherapy, dietitian, occupational therapy and the dentist. Care plans were found to be underpinned by information and knowledge from residents' life stories and preferences. Findings in relation to care plans and health care issues were described under Regulations 5 and 6 respectively, in this report.

Interaction and sociability for residents were enhanced by the choice of meaningful activities suitable for their preferences and abilities. It was evident to inspectors that there was a strong emphasis on autonomy and activity. Residents were seen out and about in the gardens, walking and feeding their dog, reading the paper, engaging in sensory activation therapy and attending music sessions. Inspectors found residents' rights were upheld and that they were encouraged to participate in decisions about their care plans and daily routines. Residents' rights and safety were further safeguarded by comprehensive systems which had been developed to enhance their personal independence and choice. These included minimum use of restrictions such as bed rails, recording of end of life care choices and follow up with staff on the effectiveness of person-centred care training. Key performance indicators (KPIs) were recorded to facilitate staffing plans, learning and audit.

Medicine management was good. The general practitioner reviewed medicines on a three-monthly basis and was very attentive to residents, according to the person in charge. The responsive medical attention was supportive to staff in the management of residents' care needs, maintenance of records and medicine stocks. Comprehensive audit was conducted on a monthly basis on various aspects of medicine management, for example on the use of psychotropic medicines. Inspectors found that there was very limited use of sedative drugs on a PRN (administer as necessary) basis.

Regulation 11: Visits

New protocols were set up for visiting and these were found to be in line with the current national guidelines. This involved visits on compassionate grounds only at present, due to the new COVID-19 restriction period. Visitors were allowed visits through the window of individual patio doors which was consoling to residents all of whom had a diagnosis of dementia. One resident availed of a face to face visit during the inspection, which had been agreed as necessary on compassionate grounds. Visitors had been very supportive to residents throughout the lockdown and made great efforts to visit.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer documentation was seen for any residents who had required hospital care. The document seen was detailed and included the status of the resident's COVID-19 status and their skin condition prior to admission to the acute sector. Discharge documentation from any hospital was also on file.

Judgment: Compliant

Regulation 26: Risk management

There was a risk register in the centre which covered a range of risks and appropriate controls for these risks. The risk management policy met the requirements of the regulations and addressed specific issues such as absconsion and the prevention of abuse.

Good practice was identified as follows:

- A comprehensive COVID-19 contingency plan had been developed by the management team which included infection control processes, cleaning protocols and individual COVID-19 risk assessments for residents.
- Audit actions had been completed.
- Maintenance of the building and service of equipment was attended to without delay.
- Daily, weekly and monthly fire safety checks were carried out and recorded.
- The fire safety system was well maintained. Fire exit signs were all in working order and fire exits were easily identified.
- Fire drills were recorded.

Nevertheless, the inspector was not assured during the inspection that all risks had been addressed and controlled:

- The risk present by having hand sanitiser bottles on the worktop in the utility room.
- Unsafe storage of large cylinders of oxygen.
- A cigarette lighter left in a toilet area.
- Attention to COVID-19 guidelines when facilitating face to face compassionate visits.

The provider was issued with an immediate action plan in relation to moving the oxygen cylinders to a safe storage area.

This was addressed by the person in charge and the CEO.

Judgment: Substantially compliant

Regulation 27: Infection control

The person in charge informed the inspector that contact from the community health care services and public health was very supportive at the height of the COVID-19 pandemic. The centre had remained COVID-19 free during the first wave of infection and to date. In light of the risks posed by the virus staff training had also been augmented in the relevant infection control procedures. Policies on infection control had been amended since the COVID-19 pandemic crisis and were found to be in line with the current guidelines.

Good practice was found:

- All updated guidelines on dealing with COVID-19 were available to staff.
- Hand-washing sinks were available in the centre and there was also a plentiful supply of hand sanitising gel and paper towels available.
- Staff were seen to be wearing masks and diligently hand washing on the day of inspection.
- The 2018 National Standards for Infection prevention and control in community services were accessed when preparing the COVID-19 contingency plan.
- Colour-coded cloths were in use for cleaning.
- Recommended cleaning agents were in use.
- Residents were isolated on admission from home or a hospital for a period of two weeks, as set out in the national guidelines.

Nevertheless, inspectors found that there a number of infection control matters which required attention in order to ensure that the infection control processes outlined in the Standards and in the centre's COVID-19 contingency plan were fully adhered to:

- provide suitable bins for the disposal of personal care items
- no bedpan macerator or bedpan washer in any house, if required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were written on an electronic system and were accessible to inspectors. The nursing notes were personalised and included details of residents' medical and

social needs. The care plans were supported by clinical assessments such as the malnutrition universal screening tool (MUST) and assessment of cognition and skin integrity. Residents with nutritional challenges were seen to be well managed. These were seen to be followed up by the dietitian and the speech and language therapist (SALT). Residents had their weights recorded on a monthly basis and food intake records were used if recommended by the dietitian. Expert advice had been sought into the management of residents who had sustained pressure sores prior to admission, in order to support optimal healing.

Communication with relatives was documented within the care plans and it was apparent that there was good communication established during the COVID-19 lockdown period. This included the use of an electronic tablet for video calls.

Judgment: Compliant

Regulation 6: Health care

Staff said that medical personnel and allied health care professionals were attentive to residents and responded to their health care and psychological well-being needs.

Health care professionals such as the physiotherapist and the occupational therapist were available by referral or on a private basis. All residents engaged in the exercise sessions in the fresh air and chair-based exercises also.

The pharmacist was very supportive, providing training to staff and carrying out meaningful audit and follow-up.

The dietitian and the speech and language therapist (SALT) were made available to residents through a nutrition company supplying nutritional supplements, as prescribed by the GP.

Inspectors found that efforts were seen to have been made to support residents who were not eating adequate meals due to the progression of their illness. Where weight loss was an issue for such residents there was evidence of family communication and a plan for supervision and regular assessment of weight.

Professional input from the aforementioned health care professionals was seen to inform care planning for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

All staff had been afforded training to support residents in the behaviour and and psychological symptoms of dementia (BPSD). Staff spoken with were familiar with residents' usual behaviour and the strategies which they used to alleviate any distress or upset. Staff were seen to facilitate residents who wished to walk outside by ensuring the front door was unlocked and making their coats and hats available to them.

Care plans for this aspect of care were detailed and informative.

These plans were individualised, person-centred and indicated that a non-pharmaceutical approach to managing and understanding the behaviour was the preferred approach.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place for the prevention, detection and response to abuse. Residents and their relatives indicated that they could speak to staff if they had any concerns and confirmed that they felt safe in the centre. Training records indicated that staff had received training in adult protection and safeguarding and this was provided by the person in charge.

There was a policy on responsive behaviour and staff were provided with training in the centre. This was recorded on the training matrix and in staff files. There was evidence that residents who presented with BPSD were reviewed by their GP and referred to psychiatry of old age as required. Inspectors observed good practice in the use of positive behaviour strategies in all of the three houses.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge informed inspectors that all residents were consulted with and participated in the organisation of the centre through daily interaction and attending resident meetings. An external advocacy service was available. Minutes of residents' meetings were viewed and any issues were addressed. Resident and family surveys were available for review also.

Communication with residents, pre-admission assessments and life-story knowledge was used to ascertain residents' activity choice and daily preferred routine. Activities included music, art, gardening, chair-based exercises, pet care, card games and personalised activities such as hand massage and cooking. Staff spoken with by inspectors explained how activities were designed according to the assessed needs

and preferences of residents. Staff spent constructive time each day with residents facilitating for example, walking, music sessions, reading and baking. In addition, residents who liked current affairs were provided with daily newspapers and access to favourite music, radio and television. Residents spoke with inspectors about which activities they enjoyed especially cooking and and baking. A dog lived in the centre and was a great comfort and interest for all residents. He was seen to sit by residents' chairs and was taken on walks by residents during the inspection. The residents had two pet goats in the paddock, who were walked and fed by residents daily.

They were happy with the accommodation which included, en suite bedrooms and small individual sitting area. These rooms were personalised in a manner which reflected their sitting rooms in their previous home. Each resident had a personal patio area attached to the room. They would sit there during socially distance visits from outside the house. Communal rooms were spacious and included a sitting room, quiet room and kitchen plus dining room.

Inspectors met with a number of relatives. They praised the staff, the managers and the care in a very positive and heartfelt way. Relatives stated that they could bring concerns to the management staff and they expressed confidence that these would be addressed. They said that before the pandemic all residents had visitors on at least three days in the week and this was part of the agreement to take up residency. This contact had a very noticeable positive impact on residents' psychological and physical well being. Relatives said that staff kindness and personal interest in residents during the COVID-19 visiting restrictions had maintained their wellness to a large extent. Relatives said that this commitment and the lifestyle which was promoted in the centre had enhanced their own personal lives also: they told inspectors that they felt that the centre had become a lovely, safe home for their mothers, fathers, sisters and aunts.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents and relatives. Staff in each house were seen to speak attentively with residents and to enable them to do regular household activities such as putting on their personal washing, cleaning up and setting the dinner tables.

An unhurried approach was seen to be fostered, which greatly enhanced the lived experiences of the wonderful residents who resided in Care Bright.

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareBright Community Centre OSV-0005636

Inspection ID: MON-0031092

Date of inspection: 26/11/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing is reviewed and 24/7 care staff will be allocated for all three houses 01/02/21	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contact of care is now completed with House name and bed room numbers. 24/11/2020	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Completed.	

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <ul style="list-style-type: none"> • Hand sanitizers are now removed and staff are provided with small individual bottles to carry with them. Completed 23/11/2020. • Oxygen cylinders are removed and stored safely outside. 23/11/2020. • Cigarette lighter was found in the toilet in the Hub that is not been used by any residents and it was removed immediately. 23/11/2020 • Seating in the Café is organized to ensure Covid restrictions are adhered during visiting. 23/11/20. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in timely compliance with the regulations.</p> <ul style="list-style-type: none"> • No residents are in use of bed pan or urinals currently, however they will be provided with single use ,disposable bed pan and urinals as the need arise in the future. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/02/2021
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that	Substantially Compliant	Yellow	24/11/2020

	resident shall reside in that centre.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	23/11/2020
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/12/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	04/01/2021