



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

Name of designated centre:	Aisling House
Name of provider:	Health Service Executive
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	08 and 09 January 2019
Centre ID:	OSV-0002600
Fieldwork ID:	MON-0025581

About the designated centre

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

This designated centre is a 24 hour nurse led service which can accommodate maximum twenty two men and women over the age of 18 years who have an intellectual disability. The centre consists of six separate residential properties. Five of these properties are detached houses which are located beside each other in an urban location close to a large town in Co. Kildare. Each of the five houses have two reception rooms, a kitchen and four bedrooms. Each house has a bathroom, shower room and three toilets. All houses have a separate utility area out the back of the house. Each house has a small support building for different purposes such as staff room, archiving, snoozelen, CNM office and relaxation room. Currently one of the five houses has no residents living in it and is being used as office space for staff and a resident's relaxation therapy room upstairs. The sixth premises is a detached bungalow located a few kilometers away in a more rural location with six bedrooms, two reception rooms, a kitchen, entrance hall, one wheelchair accessible bathroom, two shower rooms, four toilets and a utility room. There is another building at the back of the premises which is used on occasion as a day activation service or to facilitate a space for visitors.

There were 17 residents accommodated across all locations on the date of inspection.

The person in charge's post is job share between two CMN3's nurses. The centre employs one CMNII nurse, two CNMI nurses, eighteen staff nurses and twenty five health care assistants. The centre has 3 vehicles available to them.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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How we inspect

To prepare for this inspection the inspector or 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
08 January 2019	09:00hrs to 17:00hrs	Jacqueline Joynt	Lead
09 January 2019	09:00hrs to 17:00hrs	Jacqueline Joynt	Lead

Views of people who use the service

The inspector met and briefly spoke with eight residents and observed elements of their daily lives. Where appropriate, residents' views were relayed through staff advocating on their behalf. Residents' views were also taken from the centre's feedback surveys, the minutes of residents' meetings and various other records that endeavoured to voice the residents' opinions. On the day of the inspection, one of the residents was in hospital.

The residents, who the inspector spoke with, advised the inspector that they were happy with the service provided to them in this centre and happy to be living in the centre.

Feedback from residents demonstrated that residents felt comfortable in the house and that they enjoyed the different activities provided by the centre. Residents and families gave positive feedback about the care staff provided and in particular families were happy with the levels of consultation and communication between staff and themselves.

The inspectors observed that residents' needs were very well known to staff and management. The residents appeared very comfortable in their home and relaxed in the company of staff. The inspector observed that staff were kind and respectful towards residents through positive, mindful and caring interactions.

Capacity and capability

Overall, the inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was upheld through care and support that was person-centred and promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken into account. The majority of actions that were required from the last inspection had been completed however, the action regarding arrangements for performance management of the workforce, remained outstanding.

The inspector reviewed staff rotas and found that overall, there were enough staff with the right skills and experience to meet the assessed needs of the residents. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. The inspector found that a high cohort of the staff working in the centre had worked there since it had opened. The inspector observed kind, caring and respectful interactions between

staff and residents throughout the day.

The inspector saw that overall, the majority of staff mandatory training was up to date and that complementary to this other training was provided to staff to enable them provide care that reflected evidence-based practice. The inspector spoke with a number of staff who demonstrated appropriate understanding and knowledge of policies and procedures that ensured safe and effective care of residents.

Overall, governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service. The inspector found that there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for the residents.

The person in charge post was shared by two people. At the time of the inspection one of the assigned person's in charge was absent and this had not been appropriately notified to the Health Information and Quality Authority. However, appropriate arrangements had been made for another suitably skilled staff member to cover during the period of absence. The inspector found that there was effective leadership and management which ensured appropriate delegation when necessary. Furthermore, there were clear lines of of accountability so that all staff were aware of their responsibilities and who they were accountable to. There was evidence to demonstrate that both the person covering the absence of the part-time person in charge, and the person in charge were competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints. The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy services, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Regulation 14: Persons in charge

The post of person in charge in this centre was shared between two people. One person in charge has been absent for a lengthy period of time with the other person in charge working in a part-time capacity. However, post inspection information was submitted to the inspector to advise that a new full-time person in charge had been sourced and and that they would be commencing once all required documentation has been received.

Judgment: Substantially compliant

Regulation 15: Staffing

Each staff member played a key role in delivering effective, care and support to residents. Schedule 2 was not checked on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A staff training programme was in place however, on the day of inspection the inspector found that a small number of staff training was either overdue or out of date. A new Supervision Policy was in place since 2018 however, the inspector found that it had not been fully rolled out for all staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was made available and was up to date with all the required information.

Judgment: Compliant

Regulation 23: Governance and management

Overall, governance and management systems in place ensured residents received positive outcomes in their lives and the delivery of a safe and quality service. Unannounced six monthly reviews and annual reviews were being carried out in line with regulation.

However, the action from the previous inspection, relating to performance management had not been completed. The provider advised the inspector that "performance achievement" meetings were due to commence in 2019 and would

be incorporated into the current supervision meetings.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

All residents were provided with an up-to-date contract of care which was in an accessible format however, details of fees to be charged were not fully covered within the contract.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose is a key governance document which sets out how the centre is to be managed and how residents' needs will be met. Overall, the service being delivered was in line with the current statement of purpose. However, changes were required to reflect current management structure including person in charge details and correct whole time equivalent hours for same.

Judgment: Substantially compliant

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

A notice was submitted in June 2017 of the absence of one of the persons in charge for 3 months. However, no notice was submitted for the return of the person in charge nor of their subsequent absence. Post inspection the appropriate notification has been submitted.

Judgment: Substantially compliant

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

Overall, the inspector found that there was appropriate procedures and arrangements in place during the absence of the person in charge however, this information had not been appropriately notified to the Health Information and Quality Authority. Post inspection the appropriate notification has been submitted.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were complaint policies and procedures in place that ensured the service was committed to the making, handling and investigation of complaints and that all residents and family members were aware of this. There was easy to read information booklets and photographs of the complaints officer displayed in communal areas of all the houses.

Judgment: Compliant

Quality and safety

The inspector found that the person in charge and staff were aware of each resident's needs and knowledgeable in the person-centred care practices required to meet those needs. Overall, care and support provided to residents was of good quality. However, the inspector found that a number of improvements were required to premises, infection control and residents rights.

The inspector looked at a sample of personal plans and found that overall, residents had up to date plans which were continuously developed and reviewed in consultation with the resident, relevant keyworker, and where appropriate, allied healthcare professionals and family members. The multidisciplinary reviews were effective and took into account changes in circumstances and new developments in residents' lives.

The residents' plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector found that there had been improvements made to the development of residents' personal plans since the last inspection however, further improvements were required to ensure that the plans were available in a format which was accessible to the residents.

The inspector found that residents' personal plans demonstrated that they were facilitated to exercise choice across a range of daily activities and for the most part to have their choices and decisions respected. Two residents were supported to be involved in their local community through day activation services with the remainder of the residents involved in their community through local activities such as bingo, shopping, going to the cinema, visiting animal petting farms and dining out in local restaurants and cafés.

Residents who did not attend an activation service were engaged in an

individualised service within the house which had been assessed and personalised to better meet the needs of the resident. The residents enjoyed activities such as reflexology, aroma therapy, going for local walks, going to the cinema, attending regional events such as musicals and the wild lights at the zoo.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. Residents were supported to develop their knowledge, self-awareness, understanding and skills required for self-care and protection through accessible information that promoted safeguarding.

Overall, the residents were protected by practices that promoted their safety. Since the last inspection a number of residents had transitioned to different houses within the centre which better met their assessed needs and ensured they were appropriately safeguarded and protected from harm. The inspector found that there was a proper level of scrutiny and oversight in place to guarantee that safeguarding arrangements ensured residents' safety and welfare. On the day of inspection the inspector found that alternative accommodation had been sourced and secured for a resident whose current living environment did not fully meet their assessed needs. A robust transition plan was in place and it was envisaged that the resident would move to the new premises within the first quarter of this year.

The inspector found that staff treated residents with respect and dignity and in particular in relation to personal communications. This was evident in the ways in which staff communicated with residents. Residents weekly meetings ensured that each resident was listened to with care and respect by staff and that their views were taken into account in all decisions on how they chose to spend their day. Information was available to residents so that they could access citizen's information, advocacy services and an advocate of their choice when making decisions in accordance with their wishes. However, the inspector found two separate situations where residents' rights and dignity had not been ensured and improvements were required by the provider to rectify the situation.

The inspector found that the design and layout of the premises did not always ensure that all residents could enjoy living in an accessible, safe, comfortable and homely environment. For the most part, the centre was comfortable and residents' bedrooms were homely and included family photographs, music collections and memorabilia that was important to them. However, all houses within the designated centre required many improvements relating to decorative and structural repairs.

Procedures were in place for the prevention and control of infection. These procedures were ensured by cleaning checks in order to maximise the safety and quality of care delivered to each resident. However, the inspector found that a

number of improvements were required in the centre to fully ensure the prevention and control of infection.

There were good systems in place for the prevention and detection of fire. The audit and inspection requirements set out in the safety statement included monthly and weekly checks ensuring precautions implemented reflected current best practice. The inspector found that all staff had received suitable training in fire prevention and emergency procedures and arrangements were in place for ensuring residents were aware of the procedure to follow.

Each of the resident's medication was administered and monitored according to best practice as individually and clinically indicated to increase the quality of each person's life. Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve resident's health and well-being. Medication was reviewed at regular specified intervals as documented in resident's personal plans. The inspector found that the pharmacist in place was acceptable to the residents. The inspector found that where errors had occurred, there was appropriate follow up and reflection and learning outcomes discussed in an open and transparent manner with the staff team.

Regulation 17: Premises

Overall, the designated centre was not in good decorative or structural repair. The provider had been made aware of many of these required repairs and after the first day of inspection an updated list was forwarded to the centre's maintenance department.

The following areas require improvements;

Upstairs shower rooms in five of the houses were found to be inappropriate in design and size to ensure the privacy, comfort and dignity of the residents.

Paintwork was required through-out the majority of rooms in all houses;

The top of a toilet was sealed off with masking tape;

A shower tray needed replacing;

Sealant around two of the showers needed replacing;

There was ripped curtains in one resident's bedroom;

There was peeling duct tape on several steps of the stairs where lino needed replacing;

An old armchair and disused washing machine required removal from the back

garden;

Flooring in sitting room under television needed replacing;

Cupboard doors in one of the kitchens were chipped and broken and needed replacing;

A large hinge on the back door in the dining room was broken;

An area of flooring outside an upstairs bedroom was covered over in masking tape where the lino required replacing;

Judgment: Not compliant

Regulation 20: Information for residents

The registered provider had ensured that the resident's guide contained quality information, which was accurate, complete, legible, relevant, reliable, timely and valid. The information was also in a format that was accessible to residents and easy to understand.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents had up to date and signed contracts of care in place however, the contracts did not include fees that were paid for services provided.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspector found that the cleaning process could not ensure complete disinfection and decontamination due to chipped paint on walls in the bedrooms, bathrooms, shower rooms, hallways and kitchens in each of the houses. There was limescale found in two downstairs bathrooms sink plugholes, there was mould on the walls and floor in the laundry room in one of the houses, there was tiles missing at the base of two toilets in two different houses and build in dirt was accumulating around said areas. There was no toilet seat covers on three of the toilets in one house. One downstairs toilet had no working hand-washing facilities however, by end of the inspection the situation had been rectified and hand washing facilities

<p>were working.</p>
<p>Judgment: Not compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>There were systems in place for the prevention and detection of fire. Audits ensured precautions implemented reflected current best practice. All fire fighting equipment was serviced appropriately.</p>
<p>Judgment: Compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>Safe medical management practices were in place and were appropriately reviewed.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes. However, the inspector found that where appropriate, residents were not provided with an accessible format of their personal plans.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 6: Health care</p>
<p>The health and development of each resident was promoted and supported in a variety of ways. Residents had up-to-date healthcare plans which demonstrated appropriate access to a GP of their choice and allied health professionals when required.</p>
<p>Judgment: Compliant</p>

Regulation 7: Positive behavioural support

Staff had up-to-date skills to enable them appropriately respond to behaviours that challenge.

The inspector found that in relation to consent, there was a gap in the documentation however, care was delivered to high standard and did not result in a medium to high risk to residents.

Judgment: Substantially compliant

Regulation 8: Protection

Staff who spoke with the inspector understood their role in adult protection and were knowledgeable of the appropriate procedures that needed to be put into practice when necessary. Safeguarding plans were in place for some residents and were reviewed and updated appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that the registered provider did not ensure each resident's privacy and dignity was respected at all times in relation to their living and personal space as well as their intimate and personal care. This was due to the small and inappropriately sized shower rooms in five of the houses.

Furthermore, the registered provider did not ensure each resident's privacy and dignity was respected at all times in relation to residents personal information. This was due to residents' personal documentation being stored in unlocked communal living areas in each of the houses.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Substantially compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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	Not compliant

Compliance Plan for Aisling House OSV-0002600

Inspection ID: MON-0025581

Date of inspection: 08 and 09/01/2019

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A new full time person in charge is now available and is preparing the paperwork for submission to hiqa. It is expected that will be submitted to Hiqa before the 8/3/19 and In place by 29/3/19.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Letters to staff gone out outlining their individual training requirements and highlighting (red, yellow, green) the status of their needs for 2019. Training plan is provided for three months at a time to enable staff to make arrangements to attend. All staff that need to attend training will be written to, met with and spoken to regarding their responsibility to have their training in date.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Performance Feedback Policy will be completed and available to all staff by 30/4/19. Training of staff will commence 1/5/19 and performance feedback to individual staff members will commence 1/7/19.</p> <p>Supervision training for staff in place for April 2019 which will facilitate more staff to avail of Supervision. This will continue to be rolled out in 2019 with all nurses in receipt of Supervision by 27/12/19.</p>	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Revised Contract of Care to incorporate the financial contribution to be made by resident has been completed and forwarded to the Registered Provider for approval and signing.</p> <p>Following this the revised Contract of Care for 2019 will be made available for residents or their family member to sign. This will be completed by 29/3/19.</p> <p>A copy of their individual Financial Assessment shall be made available to residents and their family member by 31/5/19.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been amended and circulated to reflect the current Person in Charge provision.</p> <p>This will be further amended and circulated when the full time Person in Charge has been approved by Hiqa and takes up the position. This should be in place by 29/3/19</p>	
Regulation 32: Notification of periods when the person in charge is absent	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent: When the registered provider becomes aware that the person in charge is going to be absent from the designated center for a continuous period of 28 days or more, notice will be given to the Inspector in writing no later than one month before the absence is to commence if known. This notice will inform the chief inspector of the expected length of absence, the expected date of departure and return and the procedures and arrangements in place to replace the PIC for the period of their absence.</p> <p>The current Pic is available for 7/10 days per fortnight and continues to be replaced by the CNM 2 in her absence.</p> <p>The person identified who will be responsible for the designated center on a full time basis is currently completing the necessary paperwork for submission to Hiqa. This will include the date of appointment, his name, contact details and qualifications to take on the role. It is expected that will be submitted to Hiqa before the 8/3/19 and in place by 29/3/19.</p>	

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent: The Registered Provider has given notice in writing to the chief inspector of the procedure and arrangement in place for the management of the designated Centre during the absence of one of the part time person in charge and the action in place to appoint a full time person in charge. The application will provide the name, contact details and qualifications of the person who will take over as full time person in charge.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Tenders have been sent out for the bathroom/shower room and kitchens in Aisling House Newtown Grove Maynooth and are to be returned by the 12/2/19. Minor Capitol monies/once off financial outlay will be requested through the Registered Provider. It is hope that the works for both can take place in individual houses on a one by one basis so that residents accommodation needs can be facilitated within the designated center while works are being completed. This will take approximately 4 months to complete with a start date of 31/7/19 and completion date by 29/11/19.</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: When a resident is being admitted to or discharged from the Southside Intellectual Disability Services, it shall be done in a planned and a safe manner. A transition plan will be designed specifically for the individual and drawn up in collaboration with the resident, their family, keyworkers and important others. This will ensure a positive experience for the resident and their family. Information on services and supports available shall be made available in a timely manner. Where appropriate life skills training shall be provided to support their move to a new home. This information is reflected in the Statement of Purpose.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The registered provider has taken measures to ensure the prevention and control of infection by addressing the area that require replacement, repair and improvement. Tenders have gone out for replacement and refurbishment of bathroom/shower facilities and replacement of kitchens and flooring in areas of the houses that require it.</p>	

<p>Maintenance has commenced the repair, replacement and upgrading of paintwork, toilet seats, cistern cover, curtains in one bedroom, replacement and removal of old furniture and equipment.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The person in charge has commenced a review of residents person centred support plans to ensure a more accessible format that provides better visual information for each resident which will be made available for them with a copy available to them in their bedroom.</p> <p>All restrictive practice impact on individual residents the rationale for the practice shall be regularly risk assessed and regularly reviewed, audited and discussed with multi disciplinary team members and staff to ensure they are used for the minimum period of time and reduced where ever possible.</p>	
<p>Regulation 7: Positive behavioural support</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Where therapeutic interventions such as the provision of prn psychotropic medication is in place residents or where they are not able to give consent their family member/ representative shall sign consent for that intervention. This shall be regularly reviewed with the individual and relevant members of the multidisciplinary team and updated in line with the medication policy guidelines on prn.</p>	
<p>Regulation 9: Residents' rights</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Secure cupboards with locks have been provided for the safe storage of resident's information in each house.</p> <p>The registered provider had requested maintenance to put out to tender the conversion remodeling and refit of the current bathroom/shower areas to better meet the needs and promote the rights of residents by ensuring better space for looking after their intimate care needs.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Substantially Compliant	Yellow	29/03/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	27/12/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	29/11/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	29/11/2019
Regulation	The registered provider shall	Substantially	Yellow	01/07/2019

23(3)(a)	ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Compliant		
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	28/02/2019
Regulation 25(4)(a)	The person in charge shall ensure that the discharge of a resident from the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/01/2019
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		29/11/2019
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	31/01/2019
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	30/01/2019
Regulation 32(2)(a)	Except in the case of an emergency, the notice referred to in paragraph (1) shall be	Substantially Compliant	Yellow	30/01/2019

	given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the chief inspector and the notice shall specify the length or expected length of the absence.			
Regulation 32(2)(b)	Except in the case of an emergency, the notice referred to in paragraph (1) shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the chief inspector and the notice shall specify the expected dates of departure and return.	Substantially Compliant	Yellow	30/01/2019
Regulation 33(1)	Where the registered provider gives notice of the absence of the person in charge from the designated centre under Regulation 32, he or she shall give notice in writing to the chief inspector of the procedures and arrangements that will be in place for the management of the designated centre during the said absence.	Not Compliant	Yellow	30/01/2019
Regulation 33(2)(a)	The notice referred to in paragraph (1) shall specify the arrangements which have been or were made for the running of the designated centre during the absence of the person in charge.	Not Compliant	Yellow	30/01/2019
Regulation 33(2)(b)	The notice referred to in paragraph (1) shall specify the arrangements that have been, are proposed to be, made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.	Not Compliant	Yellow	30/01/2019
Regulation	The notice referred to in	Not	Yellow	30/01/2019

33(2)(c)	paragraph (1) shall specify the name, contact details and qualifications of the person who was or will be responsible for the designated centre during the absence.	Compliant		
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	29/03/2019
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 her representative.	Not Compliant	Yellow	30/04/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Yellow	30/01/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	29/11/2019