



Office of the Chief Inspector

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

Name of designated centre:	Mountain View Residential & Respite Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	03 January 2019
Centre ID:	OSV-0003702
Fieldwork ID:	MON-0025486

About the designated centre

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

Mountain View Respite and Residential Services comprises of two houses in two neighbouring housing developments in Co Mayo. One house is a four bedroom bungalow and the second house is a two-storey, seven bedroom house. The centre is registered to provide residential and respite services for up to eight people. The centre provides services for male and female residents with an age range of 25–67 years. People require varying levels of support ranging from high support to those who have low support needs. One house provides a residential service for one full-time resident and two respite users and the second house provides respite service for up to 21 residents on a rotational basis, based on their assessed needs.

The following information outlines some additional data on this centre.

Current registration end date:	18/06/2020
Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
03 January 2019	09:30hrs to 19:30hrs	Thelma O'Neill	Lead

Views of people who use the service

The inspector met with three of the residents who use this respite service, they greeted the inspector but, they did not express any opinions as to their views of the service provided in the centre. The inspector had conversations with the staff and the management team regarding their knowledge of the residents and their families views about the service. Staff members also spoke with the inspector about the service in general and about the residents who use this service and their care and support needs.

Capacity and capability

The capacity and capability of the provider to deliver a safe quality service was impacted by the poor operational governance and management arrangements in this centre. The inspector found significant improvements were required to effectively improve the service delivery, as the inspector inspected 14 regulations and found 11 regulations were non-compliant.

The provider had a clear organisational structure in place, which identified the roles and responsibilities of the management team. The inspector was told that there had been three changes in the person in charge of this centre over the past two years and a new person in charge had recently been appointed to manage the centre. The person in charge told the inspector that they were responsible for the day to day management of the service and they were supported by a regional manager who had overall responsibility for the governance and management of this centre and who reported issues of concern to the provider. The area manager was also responsible for seven other designated centres and was person in charge for another designated centre. However, the inspector found there was a lack of operational oversight by the provider and their management team with regard to the standard of service provision being offered to the residents.

There was a dedicated staff team working in this centre; however, there were several areas of service delivery that were not meeting the needs of the residents and serious risks that were not being effectively managed; for example, a fire exit was blocked in the centre and residents' healthcare needs were not being met. These issues had been reported to the provider, but had not been addressed. Furthermore, the provider failed to ensure that all residents privacy and dignity was maintained in the centre.

The inspector found there was absence of up-to-date, comprehensive assessments of the residents' health and social care needs and the medication management

practices. In addition, staffing needs assessments and individual risk assessments were not being updated following incidents of concern occurring in the centre and the residents' care notes did not have a clear support plan in place.

The provider had policies and procedures in place to ensure residents needs were being met. For example, risk management and emergency planning , protection, the provision for behaviour support and privacy and dignity. However, the inspector found there was a failure to implement several of these polices and procedures effectively within the centre.

The provider had completed quality assurance reports and audits throughout the year, but failed to identify many of the ongoing risks. Where actions were identified as required, they were not completed within the agreed time lines. For example; safeguarding issues, assessment of residents health and social care needs, transport, fire risks, premise issues and staff resources.

Regulation 14: Persons in charge

The person in charge was appointed to the centre in September 2018 and had the required qualifications, skills and experience to manage this centre. She demonstrated her knowledge of the regulations and her the responsibilities and as person in charge of this centre.

Judgment: Compliant

Regulation 15: Staffing

The current staff supports provided to residents were not based on an up-to-date staffing needs assessment. There were insufficient staff available to meet the needs of residents at all times based on their current health and social care needs, or the risks to residents sharing respite breaks with others.

Judgment: Not compliant

Regulation 16: Training and staff development

Most staff had received the required mandatory training, however, some staff were out of date in epilepsy training and training for the management of specific medical conditions. The inspector also found one staff member, did not have fire safety training, and another staff did not have safe moving and handling training.

Judgment: Not compliant

Regulation 3: Statement of purpose

A revised statement of purpose had been completed to reflect the new management in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider failed to ensure that the governance and management arrangements in place were appropriate and that there was effective oversight and monitoring of the quality and safety of care in the centre. For example, improvements were required in the oversight of health and safety and risk management, safeguarding, fire safety, premises issues, access to allied health professionals, privacy and dignity issues, staffing and staff training and development.

Judgment: Not compliant

Quality and safety

The inspector reviewed the quality and safety of the service provided to the residents and found significant failings in all of the nine regulations inspected. These included, individual assessments and personal plans, healthcare needs, protection, risk management, positive behaviours support, fire safety, premises, medication management and residents rights.

There was evidence that residents were supported to participate in a variety of local community activities; however, residents' social goals were not clearly identified or updated in their person-centred plans and there was no action plan in place to monitor their achievements. While the residents were active in respite, it was not clear if the activities pursued were the residents individual wishes.

Residents' healthcare assessments and personal plans were not up-to-date, and reflective of their current healthcare needs. The inspector saw evidence that some residents were not receiving the care and support required to meet their individual needs. For example, residents' were waiting up to two years for an allied health care assessment. The delay in this assessment was impacting on resident's quality of life and there was no management plan in place to manage

this issue.

There was a risk management policy in place to address the risks presented to residents, visitors and staff. However, the inspector found individual and corporate risks were not effectively managed in the centre. While the provider had an operational risks register in place to identify the current risks, there were several serious risks that were not escalated onto the risk register and these risks had been known for over a year. These included, access to allied health professionals, fire exit access, privacy and dignity issues, medication management, transport issues, falls management and safeguarding concerns.

The inspector found some residents' had a history of falling, but they did not have a up-to-date falls risks assessment completed and a falls management plan in place. Other residents with behaviours of concern did not have up-to-date behaviour support plans in place that identified all of the current risks and the support required to manage these risks. This was an action from the last inspection that had not been addressed.

There were policies and procedures in place for the management of medication in this centre. Staff had training in medication management. However, the management of medication was not robust, as there were frequent reported medication errors, that did not have a management plan in place to address same, and improvements were required in the transport, and storage of medication.

The inspector found there was no up-to-date assessment completed of the suitability of the premises to meet individuals' needs, particularly the upstairs of the premises. Furthermore, the inspector found that the compatibility of residents using respite at the same time had not been reviewed following a number of occasions where peer to peer incidents had occurred. In addition, the inspector found that there had been no safeguarding assessments or safeguarding plans put in place to ensure that residents admitted on respite together were safe.

General maintenance in the centre was poor. The inspector found several maintenance issues that required urgent attention, but there was no effective operational system in place in the centre to monitor when maintenance requests had been made and when they were addressed. In addition, the inspector observed one of the headlights on the vehicle used to transport residents was not working, and brought this to the attention of the driver.

Most staff had received the required mandatory training; however, some staff were out of date in some of the specific healthcare training required to manage residents' medical conditions. The inspector found one staff member, did not have fire safety training, and another staff did not have safe moving and handling training, and two staff members did not have up to date training in epilepsy management.

Fire safety measures were not appropriately monitored as escape routes were found to be blocked by furniture on the day of inspection, fire evacuation plans did not accurately identify all of the fire escape routes in the centre.

Regulation 17: Premises

The layout and design of the two storey respite house was not suitable to meet the needs of some of the residents availing of services, who had visual impairments, mobility issues, behaviours of concern and health conditions. Several residents were sleeping upstairs and were deemed at risk to be accessing the upstairs. However, the suitability of the premises to meet some residents needs had not been identified as a specific risk and had not been escalated onto the risk register.

Maintenance issues were not addressed in a timely manner and there was no effective system in place to manage maintenance issues in the centre.

1. A wardrobe door was missing in a resident's bedroom.
2. One bathroom toilet seat was broken and a second toilet seat was missing.
3. Handrails in two bathrooms were missing, which were required to support the residents attend to their personal care needs.
4. The door to an en-suite was removed, which created privacy and dignity issues.
5. There was reports of irregular temperature control in the second respite house.
6. There was no arrangements to maintain the exterior of the premise, and there were an excess amount of leaves on the ground which was part of the evacuation route from the rear of the respite house.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector found that this centre did not have a effective risks management system in operation in this centre. The inspector found inadequate oversight arrangements were in place to investigate and manage risks and patters of concern and learn from these risks.

The inspector also found that while general risks were reported and recorded by staff in the residents notes, accidents and incident reports or at staff meetings, the response was inadequate. The identified risks continued to negatively impact on the residents during their respite admissions. For example, blocked fire exits, poor falls management, transport issues, privacy and dignity issues and medication management issues,

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider did not ensure that effective fire safety management systems are in place.

- An escape route was blocked by furniture.
- An fire evacuation plan did not identify the emergency exit in one house.
- All staff did not have fire safety training.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were a number of medication management practices occurring in the centre which did not adhere to the organisations medication management practices. Some of these issues were actioned on the last inspection, but had not been addressed. On this inspection:

- There were 25 reported medication errors recorded over a five month period in 2018. Most of these issues related to medications being received from home for respite users. There was no audits completed that identified the risks, and there was no documented management plan in place in response to the ongoing medication errors.
- Medication transported between home, day services, and respite services was not transported in a secure manner.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The residents had individual personal plans in place, however, they were not up to date. A comprehensive assessment of the residents health and social care needs was not completed on at least an annual basis, in some cases these had not been updated for two years.

The provider failed to complete an assessment of the suitability of the service to meet the resident's assessed needs and had not ensured they had assessed the compatibility of the residents using this service.

Judgment: Not compliant

Regulation 6: Health care

Residents' healthcare needs were generally managed by their families at home, however, some residents had cardiac and neurological conditions that required frequent monitoring of their medical conditions. However, in some files viewed, there was no documentary evidence of the residents attendance at healthcare appointments.

In other files viewed, residents had been on waiting lists for a health assessments for a long time. For example, one resident was on a waiting list for a mobility equipment assessment since 25/10/2016 and this remained outstanding.

Judgment: Not compliant

Regulation 7: Positive behavioural support

A number of residents admitted for respite frequently displayed behaviours of concern, additional supports had been put in place; however, some residents support plans did not identify all of the behaviour of concern and provide effective guidance on the management of risks.

Judgment: Substantially compliant

Regulation 8: Protection

Since the last inspection, the provider had increased staff support for some residents in the centre to manage safeguarding concerns and behaviours of concern. On review, the inspector found safeguarding risks were continuing to occur in the centre when some residents were admitted for respite care. Some residents had engaged in behaviours of concern such as; property destruction and aggressive behaviour, which resulted in incidents of peer to peer abuse and intimidation occurring during some of the admissions. The inspector was told some residents would be fearful when these incidents occur; however, no safeguarding assessments had been completed and there were no safeguarding plans in place in the centre for these residents.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider failed to ensure that all residents privacy and dignity was maintained in the centre.

The inspector found two practices that required review. Firstly, the bathroom door to a resident's en-suite was removed due to environmental issues, but the absence of the bathroom door impacted on the resident's privacy and dignity. In addition, a decision that staff were required to sit and observe a resident sleeping all night (due to a medical condition) had not been appropriately reviewed in light of staffs' concerns that this was impacting on the residents privacy and dignity.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Mountain View Residential & Respite Services OSV-0003702

Inspection ID: MON-0025486

Date of inspection: 03/01/2019

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Individual Needs Assessments, which dictate staffing requirements for each person were reviewed and updated by 31.01.19. A review of all individual personal risk plans informed this review. This review did not indicate the need to make any changes to the required allocation</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The staff member who required fire training attended training on 28.01.19 The staff member who required Minimal Handling Training attended training on 29.01.19.</p> <p>As a follow up to concerns raised in the report, three additional bespoke events were arranged for the staff team.</p> <p>An event to review the reporting systems for safeguarding concerns led by the designated person took place on 12.02.19 An onsite demonstration of mattress evacuation led by the fire trainer took place on 12.02.19</p> <p>A bespoke epilepsy training event has been arranged to review the supports in place for the individual with complex epilepsy. This team level event will provide refresher training for all team members. This event is scheduled for 13.03.19</p> <p>The Training Needs Analysis for the service was reviewed to focus on the issue of training in specific medical conditions. This analysis was reviewed by the Best Possible Health lead to support the line management in determining the staff training needs of the service in this area. This review was completed by 15.02.19</p>	
Regulation 23: Governance and	Not Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Increased operational oversight for the service has been agreed through monthly reviews between the PIC and PPIMs of progress on actions set out in this action plan. In order to increase service responsiveness to staff concerns a new daily log has been introduced. This will be summarized monthly and used to inform discussion about individuals at staff meetings. Risk concerns about individuals will also be reviewed with staff at monthly team meetings.</p> <p>An additional provider unannounced visit will be scheduled to monitor progress on the actions agreed.</p> <p>The Risk Register for the service will be reviewed monthly by the PIC and PPIM together to track progress and take corrective action where necessary.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The items listed in the report as requiring replacement or repair in the house have been addressed. The external space has been cleaned and cleared of leaves. This was completed by 31.01.19. A heating engineer assessed the efficiency of the heating system in the designated centre on 13.02.2019</p> <p>Following the inspection, the February respite service for one individual was suspended pending a full review of the suitability of the environment for his needs and in order to ensure all the required equipment was in place for his attendance in respite. It is planned that this review will be completed and all necessary actions taken in order to restart his respite in March. As part of this review, a meeting was held on site attended by the Health/Safety Officer, OT, Physiotherapist, Maintenance Supervisor and staff members in respite. It was decided to install a sliding door in the en-suite bathroom which was completed by 05.02.19.</p> <p>A new organisational system for the management of maintenance work is being introduced with the manager receiving this training on 31.01.19, which will lead to more efficiency in reporting, monitoring and response times.</p> <p>In the review of all personal risk management plans, it was confirmed that the four individuals are not currently accessing upstairs bedroom due to mobility or health issues. These individuals are suitably accommodated in the downstairs bedroom. No individual with mobility or health issues is using an upstairs bedroom. The organisation is seeking funding to enable it to relocate its respite provision for these individuals to a more accessible building. In the meantime, any changes to individual's needs will be closely monitored and addressed as required.</p>	
Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 An area team briefing was held for all PICs in this area of service provision to review the risk system currently in use in the organization to ensure that all staff are clear on how to raise areas of concern using this system 31.01.2019.

The service provider is currently reviewing this system and will introduce a more streamlined system to capture both addressed and open risks at centre level.

Within this service, all risks were reviewed. The falls risks plan identified in the report was checked and it was clarified that this person is now longer a falls risk. A number of open risks do remain and these were updated on the risk register. Progress on actions set out on this register will be closely monitored by the PIC and PPIM on a monthly basis.

As noted above, respite service for one individual was cancelled for February pending a review of the suitability of the environment for his needs and the equipment in place to support him. Changes have been also been made to the service provision for another individual who will no longer attend respite with others due to concerns about negative peer to peer interactions.

Additional oversight will be put in place on the system to respond to multidisciplinary reviews of equipment needs. Where delays are reported in securing input, the PIC and PPIM will use the risk system to decide whether to suspend respite if there are safety concerns or to seek access to private provision.

While the vehicle referenced in the report was checked by a mechanic and deemed road worthy on 04.01.19; a new vehicle is in use in the service. This had been ordered in November 2018. Weekly checks are carried out to ensure all necessary repairs are addressed as required.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 Fire evacuation plans have been checked to ensure all routes are marked as required. A review of the environment has taken place which addressed access to escape routes within the centre. An alternative folding table was secured and in place by 14.02.19. This new table does not cause an obstruction.

The PIC will ensure that all future fire drills will include the time the drill took place

Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The recurring issue with medication transfer between home and the service via a day centre was being managed by respite staff reviewing the medication on receipt and

following up immediately on any errors and recording same on incident reports. On foot of the inspection a review was initiated with the day service team to strengthen this process and write it up formally between the two services. Families will receive a formal communication re-stating the requirement and setting out the consequences if medication is not received as required. In addition, for three individuals, a supply of medication for respite has been sourced due to particular issues with medication transit in these situations.

The organization's medication trainer reviewed the processes and agreements in place to quality assure these safeguards on 06.02.19.

All follow up actions on this issue will be in place by 28.02.19.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

All Individual Plans for those in residential services were reviewed and up dated by 31.01.2019.

A new process is being introduced to facilitate the relevant staff members from day and respite service to meet to review the documentation on file for each person in respite. This process will ensure all folders are up to date, key documentation is in place and agreed progress updates are completed as required. This work will be completed by 28.02.2019

As noted above, two specific alterations have been made to respite provision. Respite service for one individual was cancelled for February pending a review of the suitability of the environment for his needs and the equipment in place to support him. Changes have been also been made to the service provision for another individual who will no longer attend respite with others due to concerns about negative peer to peer interactions.

In future, all personal risk management plans will be used to monitor for changes in needs that raise issues of the suitability of the service. The active review of the risk register by the PIC and PPIM on a monthly basis will ensure the required actions are taken as a result.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
The outstanding equipment required for the resident concerned was in place by 04.01.19 as it had been approved and was awaiting collection at the time of the inspection.

Although not available to the inspector on the day of inspection, the documented evidence of medical checks was recorded, and had travelled with the residents to their day Centre.

<p>As noted above, the February respite service for one individual was suspended pending a full review of the suitability of the environment for his needs and in order to ensure all the required equipment was in place for his attendance in respite. It is planned that this review will be completed and all necessary actions taken in order to restart his respite in March.</p> <p>A review of all personal risk management plans has been carried out to ensure all equipment needs have been fully identified and the necessary referrals made. Additional oversight will be put in place on the system to respond to multidisciplinary reviews of these equipment needs. Where delays are reported in securing input, the PIC and PPIM will use the risk system to decide whether to suspend respite if there are safety concerns or to seek access to private provision.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>A review of the behaviour support plans referred to in the report has taken place and has been updated to include all behaviours of concern and provides effective guidance on the management of risk associated with behaviour.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The designated person reviewed all reported peer to peer incidents across both the residential and respite services on 28.01.19. As a further support, an event to review the reporting systems for safeguarding concerns led by the designated person took place with the staff team on 12.02.19</p> <p>Changes have been also been made to the service provision for another individual who will no longer attend respite with others due to concerns about negative peer to peer interactions. In future, all personal risk management plans will be used to monitor for changes in needs that raise issues of the suitability of the service. The active review of the risk register by the PIC and PPIM on a monthly basis will ensure the required actions is taken as a result.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>As noted above under premises, the issue with the bathroom door referred to in the report has been addressed with the installation of a sliding door.</p> <p>The individual with night duty staff has complex epilepsy and specific instructions from</p>	

his neurologist in relation to his observation requirements. However as part of the bespoke epilepsy training event, all safeguards within the service including the night time observations will be reviewed. The team will specifically explore whether technological solutions may offer the same level of security. This training will take place on 13.03.2019

Once reviewed and agreed, the rights checklist system will be used to ensure that all restrictions in place are at a minimum and are reviewed regularly in consultation with the person's medical personnel.

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, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/01/2019
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.	Not Compliant	Yellow	13/03/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the	Not Compliant	Yellow	05/02/2019

	designated centre are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	13/02/2019
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.	Not Compliant	Red	30/01/2019
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are	Not Compliant	Orange	15/02/2019

	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.			
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Not Compliant	Yellow	31/01/2019
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the	Substantially Compliant	Yellow	31/01/2019

	resident's quality of life have been considered.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Red	30/01/2019
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.	Not Compliant	Orange	04/01/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Red	30/01/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	31/01/2019

	necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Red	30/01/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Yellow	28/02/2019
Regulation	The person in	Not Compliant	Orange	28/02/2019

05(1)(b)	charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Not Compliant	Orange	28/02/2019
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Not Compliant	Orange	28/02/2019
Regulation 07(3)	The registered provider shall ensure that where required,	Substantially Compliant	Yellow	31/01/2019

	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.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	12/02/2019
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	13/03/2019