



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

Name of designated centre:	Comeragh Residential Services Kilmeaden
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	17 and 18 July 2018
Centre ID:	OSV-0005094
Fieldwork ID:	MON-0021954

About the designated centre

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

Comeragh Residential Services Kilmeaden is a two storey house located near a village. The centre provides residential supports for up to seven residents, both male and female ranging in age from 49 to 70, with moderate to profound intellectual disabilities and multiple complex needs. The centre is open 365 days a year and has 24 hour nursing support. Additional staff support is provided by care assistants. Residents living in the centre are expected to attend day services elsewhere unless residents are unwell or there is an agreed recommendation for a reduced level of day service.

The following information outlines some additional data on this centre.

Current registration end date:	15/12/2018
Number of residents on the date of inspection:	7

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
17 July 2018	10:30hrs to 18:45hrs	Conor Dennehy	Lead
18 July 2018	08:00hrs to 16:00hrs	Conor Dennehy	Lead

Views of people who use the service

The inspector met all seven residents who lived in the centre at the time of this inspection. These residents used a mixture of verbal and non-verbal communication. As a result the inspector engaged with residents in a number of ways. For example, two residents spoke to the inspector while other residents were observed in their environments and in their interactions with staff.

Residents spoken with indicated that they liked living in the centre although one resident told the inspector that there was not enough staff present in the centre. All residents appeared comfortable with staff members present who were observed engaging with residents in a positive, respectful manner throughout the inspection.

All residents also completed questionnaires, with the assistance of staff members, describing their views of the centre they lived in. All questionnaires contained positive views regarding the centre which indicated a high level of satisfaction with aspects of life in the centre such as activities, bedrooms, visitors, and meals provided.

Capacity and capability

The provider was making efforts to ensure that the needs of residents were met and that they were provided with a good quality of life. However, the provider's capacity support a good quality service was not demonstrated in some important areas. The compliance levels found during this inspection indicated that improvement was required in relation to the governance systems in place to ensure that a safe and quality service was consistently provided. The remit of the person in charge and staffing arrangements were also found to be areas for improvement.

The provider had ensured that a clear structure had been put in place to oversee the day to day running of the centre and staff present in the centre were aware of this. It was noted though that the person in charge was responsible for a total of six designated centres as well as a day service. In light of the compliance levels found during this inspection, this arrangement was not suitable to ensure the effective governance, operational management and administration of this designated centre. The remit of the person in charge had remained unchanged, despite this being the third HIQA inspection, since November 2017, where this had been identified as an area of non compliance.

To support the person in charge, the provider had systems in place to monitor the quality and safety of the service provided to residents including audits and

supervision where staff members were facilitated to raise any concerns they had. The provider was also carrying out annual reviews and unannounced visits to review the service provided. Evidence was seen that some of the issues highlighted by such systems were responded to and addressed.

However, some aspects of the service provided, which impacted directly on residents' quality of life and safety had not been addressed. For example, fire doors, which help to contain the spread of fire and smoke and ensure a safe evacuation route in the event that a fire takes place, were not present in the centre. In addition, the previous HIOA inspection, in September 2015, had highlighted concerns around the staffing arrangements in place to meet the needs of residents. Since that time, evidence was seen that the needs of residents had increased but staffing arrangements had remained the same.

While staff present during this inspection demonstrated a strong commitment to their roles, having reviewed information relating to residents in the centre, talked to staff members and residents, and observed practice, the inspector was not satisfied that there were appropriate staffing arrangements to support all residents. For example, given the specific needs of some residents, the current staffing arrangements did not provide assurance that care or appropriate supervision could be consistently provided to all residents.

In addition, while attempts were made in the centre to ensure a consistency of staff, a review of staff rosters indicated that a high number of individuals had worked in the centre since the beginning of 2018. It had been highlighted to the inspector that some residents did not like change and a consistency of staff is important to ensure that relationships are not disrupted and a continuity of care is promoted.

It was apparent that the provider had made efforts, within the existing staff resources available, to ensure that residents were appropriately supported by the staff team that was in place. Staff members spoken to during the inspection were able to accurately describe the specific needs of the residents and the supports required to provide for these. Inspectors also observed staff members engaging with residents in a positive, respectful and warm manner while providing appropriate support if required.

It was seen that the provider was open to receiving complaints from resident and information on the complaints procedure was available in the centre and was explained to residents in an accessible and appropriate format. Residents were encouraged and supported to raise any concerns that they had and the provider had clear processes in place for this. However, the inspector was informed of complaints that had been made by two residents and no record of any such complaints was seen by the inspector. For these complaints it was not demonstrated that the complaints processes in place had been followed or that the complaints were dealt with in a prompt manner. Information was subsequently received by the inspector, outlining the steps that had been taken by the provider in response to these complaints.

Regulation 14: Persons in charge

The inspector was informed that steps were being taken to reduce the responsibilities of the person in charge but at the time of this inspection they remained responsible for a total of six designated centres as well as a day service. This arrangement was not sustainable as it did not allow the person in charge the time or resources to oversee and manage this centre. This was the third HIQA inspection, since November 2017, where the remit of the person in charge had been identified as an area of non compliance.

Judgment: Not compliant

Regulation 15: Staffing

Nursing support was available in the centre and staff were well informed about residents' needs. However, staffing arrangements were not always adequate to ensure the needs of residents were met and these arrangements required review. Planned and actual rosters were maintained in the centre. Rosters reviewed indicated that a continuity of staff was not consistently provided.

A sample of staff files were reviewed which contained the majority of the required information such as evidence of Garda Vetting and two written references. It was noted, however, that two files did not contain evidence of staff member's identity that included a recent photograph. This indicated that the provider's systems for maintaining information on staff files required further review.

Judgment: Not compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision. These included formal supervision and regular staff team meetings.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents reviewed on inspection did not include the name and address of any authority, organisation or other body which arranged residents'

admission to the designated centre.
Judgment: Substantially compliant
Regulation 23: Governance and management
Unannounced provider reports and annual reviews were being carried out however an annual review for 2015 was not available for the inspector to review on the days of inspection. Management systems were in place to review the quality and safety of care provided but these required review in light of the compliance levels found during this inspection. In addition, some aspects of the service which impacted directly on residents' quality of life and safety had not been addressed at the time of this inspection.
Judgment: Not compliant
Regulation 24: Admissions and contract for the provision of services
There had been no admissions to the centre since the previous inspection. Contracts for the provision of services had been reviewed during the previous HIQA inspection and are an important document is setting out the services to be provided to residents. It was noted that, in a sample of contracts seen, these had not been updated to reflect changes in the fees to be charged.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
A statement of purpose was in place which described the model of care and support provided. The statement of purpose was noted to contain all of the information required by the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents of a safeguarding nature had not been notified to HIQA within the required timeframe. Some unplanned evacuations had not been notified to HIQA via

three day notifications as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

A clear process was in place for residents to make complaints and this on display in an appropriate format in the centre. Residents were made aware of the complaints procedure in place in the centre via frequent resident meetings. A process was in place for a complaints log to be maintained. However, during the course of the inspection the inspector became aware of complaints that had been made by two residents. There was no record of such complaints in the complaints records reviewed and it was not demonstrated that these complaints had reviewed in a prompt in line with the provider's procedures in this area.

Judgment: Not compliant

Quality and safety

Efforts were being made to provide residents with a good quality of life and residents were seen to be treated in appropriate manner during both days of the inspection. Improvement was required in relation to specific aspects of the service provided which impacted on residents' quality and life and safety. For example, fire doors were not present throughout the centre while residents' use of the centre's garden was not adequately facilitated.

Residents were seen to be treated in a respectful manner throughout the inspection while they were also consulted in relation to the running of the centre through regular resident meetings. Some improvement was noted to be required to ensure that residents' privacy was fully respected. For example, it was observed though that some information relating to residents was stored in a manner that did not ensure their privacy while the centre did not have a suitable area where residents could receive visitors in private.

Arrangements were in place for residents to engage in activities in the centre and the centre also had access to a vehicle for external activities. It was noted though that, because of environmental issues, residents were not facilitated to avail of the centre's rear garden area. This was described as being a long standing issue but had not been addressed at the time of this inspection. As a result opportunities for recreation were reduced for residents living in the centre.

Each resident had an individual personal plan in place which outlined the needs of residents and the supports to be provided to them to meet these needs. Such plans

are important to provide guidance to staff when providing care for residents. While reviewing a sample of these plans it was observed that some improvement was required in relation to the documentation of these plans. However, staff members present during this inspection demonstrated a good understanding of residents' needs and the supports to be provided to meet such needs. Staff members were observed by the inspector to provide appropriate support to residents when required.

Evidence was seen that residents were supported to enjoy the best possible health. Residents had annual assessments carried out and where necessary health care plans were put in place outlining the supports needed for residents. Staff spoken to were aware of the health care needs of residents and how best to support them with these. Residents had access to allied health care professionals and appointments with such professionals were facilitated.

The inspector found that efforts were being made in the designated to promote the health and safety of residents within the designated centre. An up-to-date risk register was in place and each resident, where required, had individual risk management plans in place. Staff members spoken to were aware of the risks related to residents and were observed to follow the steps outlined in residents' risk management plans to take to reduce these risks, thereby promoting the safety of residents.

Fire safety systems were in place in the designated centre including a fire alarm system, emergency lighting and fire extinguishers with such equipment being serviced at the required intervals to ensure that they were in working order. Residents had personal evacuation plans (PEPs) in place which outlined the supports to be provided to residents to assist them in evacuating the centre while fire drills were being carried out regularly at varying times of the day. Fire exits were observed to be unobstructed on the day of inspection.

While there was some good fire safety practices in operation in the centre, fire doors were not in place throughout the designated centre. These are important in containing the spread of fire and smoke and ensuring a safe evacuation route in the event that a fire takes place. In addition, training records reviewed indicated that not all staff had received training in the area of fire safety. Such training is required to ensure that staff are provided the knowledge in all aspects of fire safety such as emergency procedures and the use of fire fighting equipment.

Where required residents had positive behaviour support plans in place which had been informed by assessments by a suitably qualified professional. Inspectors reviewed a sample of these plans and found them to provide guidance to staff on promoting positive behaviour. The supports that were outlined in the support plans were known to staff members spoken to, who were able to outline the steps that they would take to promote positive behaviour among residents. This provided assurance that there was a positive approach to the management of behaviour that was tailored to meet the needs of residents living in the centre.

Some restrictive practices were in use in the designated centre and the vast majority

of these were appropriately assessed, monitored and reviewed in line with best practice and national policy. It was noted though that some possible restrictive practices in use had not been assessed, approved or appropriately reviewed by the provider's own Human Rights Committee in line with their own policies in this area at the time of this inspection.

Procedures were in place to ensure that each resident living in the centre was protected from various forms of abuse. Residents were seen to be comfortable in the presence of staff members who demonstrated a good knowledge of any safeguarding plans in place and how incidents of a safeguarding nature would be responded to. Records also indicated that all staff had been provided with safeguarding training.

While the inspector did not observe any evidence that residents' finances were being mishandled, the processes in place to assist residents with their finances required review to ensure that it was adequately robust to protect residents from any possible financial abuse. For example, the majority of transactions were only signed for by one member of staff while the inspector was informed that the total balance maintained in some residents' current accounts were in excess of the maximum amount permitted by the provider's own policies. This was an area which required review by the provider.

Regulation 11: Visits

Residents were facilitated to receive visitors but there was not always a private area available, other than residents' bedrooms, for residents to meet their visitors.

Judgment: Substantially compliant

Regulation 12: Personal possessions

While reviewing residents' personal plans it was noted that up to date records were not being maintained of their personal possessions. For example, recent purchases of personal items by one resident were not listed in their personal possessions.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to engage in activities both inside and outside of the centre. However, due to environmental reasons, residents were not facilitated to

avail of the centre's rear garden area. As a result opportunities for recreation were reduced for residents living in the centre.

Judgment: Not compliant

Regulation 17: Premises

While the designated centre was generally presented in a clean and homely manner on the day of inspection, some areas were observed where maintenance was required. For example, some paintwork was seen to be peeling in one residents' bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

It was observed that adequate amounts of food and drink were provided to ensure that choice was available to residents in the meals they had. Appropriate storage facilities were also available to store food hygienically. Where residents required assistance with their eating and drinking, appropriate support was seen to be provided by staff members present.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was in place which included all of the required information such as arrangements for resident involvement in the running of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Updated risk management plans were in place for residents where required. Staff members present during inspection demonstrated a good understanding of risks present in the centre and were seen to follow risk management plans. Systems were in place in the centre for the recording and review of any adverse incidents.

Judgment: Compliant

Regulation 27: Protection against infection

While a sluice facility had been removed since the previous inspections, the storage of some items required improvement to ensure protection against infection. Hand gels and personal protective equipment were available in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

A fire alarm, fire extinguishers and emergency lighting were present in the centre which were being serviced at the required intervals by external contractors. Fire drills were being carried out at regular intervals and residents had PEPs in place. The fire evacuation procedures were on display in the centre. Fire doors were not present throughout the centre and training records reviewed indicated that not all staff had undergone relevant training.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Secure storage for medicine was available in the centre including facilities for storing medicines which required refrigeration. Staff were provided with relevant training and medicines practices were subject to regular review. A sample of medicines records were reviewed which contained key information relating to medicine administration such as the route and time of administration. It was noted though, that some of the documentation relating to medicines required review to ensure that it clearly set out the maximum dosage of PRN (as required) medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had personal plans in place. Such plans had been informed by relevant assessments, were subject to multidisciplinary review and set out the needs of

residents and how to meet these. Staff present in the centre demonstrated a good understanding of residents' needs and were seen to provide support in line with the information contained in residents' personal plans. Some improvement was required in relation to the maintenance of such personal plans. For example, in a sample of personal plans reviewed, it was noted that some parts of the plans had not been reviewed in over 12 months, had not been updated to reflect reviews carried out or contained duplicate information.

Judgment: Substantially compliant

Regulation 6: Health care

The health care of residents was being supported in the designated centre. Health care plans were in place where required and support was given to residents to attend medical appointments when necessary.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had behaviour support plans in place and staff present on inspection demonstrated a good understanding of these. Training records reviewed indicated that not all staff working in the centre had received appropriate training in de-escalation and intervention. While the majority of restrictive practices in use in the centre were appropriately assessed, monitored and reviewed in line with best practice and national policy, it was noted though that some possible restrictive practices in use had not been reviewed by the provider's Human Right Committee in line with their own policies.

Judgment: Not compliant

Regulation 8: Protection

All staff were provided with safeguarding training and demonstrated a good understanding of how to respond to any safeguarding concern. While arrangements were in place to safeguard residents from various forms of abuse, the processes around residents' finances were not sufficiently robust to protect against the possibility of financial abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were seen to be treated in respectful manner through the inspection. It was noted though that information relating to residents were not stored in a location that ensured their privacy. Regular residents meetings were taking place where residents could express their views regarding the running of the centres and where information was given to residents in areas such as complaints.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Comeragh Residential Services Kilmeaden OSV-0005094

Inspection ID: MON-0021954

Date of inspection: 17/07/2018 and 18/07/2018

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Plans are actively in process to appoint persons in charge to two designated centers. The first will be appointed by 21.09.2018. The second will be appointed by 17.10.2018.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A review of the support needs of residents at night time will be conducted in conjunction with the service provider to ensure staffing supports provided adequately meet residents needs</p> <p>A permanent locum relief staff member will be linked to this designated centre ensuring greater consistency of support within the residential staff team</p> <p>Staff files will be updated where required to include recent photographs</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p>	

The directory of residents will be amended to comply with regulations and standards 2013	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Annual reviews will be completed by the person in charge (PIC) in line with regulations and all matters arising that impact on the safe delivery of service will be addressed in conjunction with the service provider.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Contracts of service provision will be updated to reflect recent changes in the fees to be charged.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: THE PIC will ensure that all notifiable incidents are notified to HIQA within the appropriate timeframe in line with regulations.	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: An information training session will be provided for the staff team on the complaints policy and procedure. All documentation relevant to making a complaint will be available in the designated	

center	
All complaints will be logged in the complaints log and addressed in a timely manner 	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Visitors are currently welcome to use of the sitting room. Alterations will be made by installing a folding door to the dining room to create an additional private space for residents when receiving visitors. 	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Staff in the designated center will update all residents assets register to reflect individuals recent purchases of personal possessions 	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Work will continue with the back garden in trying to address the water draining off the hill behind the house The lawn will be reseeded and landscaped in an attempt to make the back garden more accessible for residents. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Arrangements will be made to address the décor in the resident's bedroom and wider house. 	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A new area for the laundry will be provided with adequate storage for laundry and associated products.</p> <p> </p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>13 fire doors will be fitted to the designated center in order to comply with fire regulations</p> <p> </p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Residents prescriptions for PRN medications will be updated to reflect the maximum dose permitted in 24 hours</p> <p> </p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Residents individual personal plans will be reviewed and updated as required on an annual basis or as required to reflect their changing needs</p> <p> </p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioral support:</p>	

All staff requiring refresher training on de-escalation techniques will be scheduled for this training in conjunction with the training department

A referral has been submitted to the Human Rights Committee on behalf of one resident

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Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

A review of financial management will occur with the staff team ensuring all financial transactions are signed by two staff on duty.

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Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

An office space will be created by relocation of laundry facilities ensuring that the residents' right to privacy will be upheld.

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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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	30/09/2018
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/10/2018
Regulation	The registered	Not Compliant	Orange	30/11/2018

13(2)(a)	provider shall provide the following for residents; access to facilities for occupation and recreation.			
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	31/10/2018
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	31/12/2018
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time	Substantially Compliant	Yellow	30/11/2018

	basis.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/10/2018
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.	Substantially Compliant	Yellow	30/10/2018
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/10/2018
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	Orange	30/09/2018
Regulation 23(1)(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available	Substantially Compliant	Yellow	31/12/2018

	to residents and, if requested, to the chief inspector.			
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	30/09/2018
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.	Substantially Compliant	Yellow	30/12/2018
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for	Not Compliant	Orange	31/10/2018

	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.			
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.	Substantially Compliant	Yellow	30/09/2018
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire, any loss of power,	Not Compliant	Orange	30/09/2018

	heating or water, and any incident where an unplanned evacuation of the centre took place.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	30/09/2018
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	30/09/2018
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/09/2018
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Substantially Compliant	Yellow	30/09/2018

	prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/10/2018
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	31/10/2018
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	31/12/2018
Regulation 07(4)	The registered provider shall ensure that, where	Substantially Compliant	Yellow	30/09/2018

	restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/10/2018
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.	Substantially Compliant	Yellow	31/10/2018