



Office of the Chief Inspector

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

Name of designated centre:	Oldcourt
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	20 August 2019
Centre ID:	OSV-0002878
Fieldwork ID:	MON-0024089

About the designated centre

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

Oldcourt consists of two community houses within a two mile radius of each other. One of the houses is a detached bungalow in a housing estate near a large town in Co. Wicklow. The house is situated within walking distance of local shops, the community centre, library, chemist, doctors surgery and a church. It is surrounded by a garden at the front and back. The house has four single bedrooms, with a sitting room, kitchen, staff office, and bathrooms. The second house is a detached two story house located in a different housing estate. Again this house is in close proximity to many local amenities. It has a small open garden to the front with side access to a large walled garden to the back. The house has four bedrooms, sitting room, conservatory, staff office and bathrooms. The aim of Oldcourt is to provide a residential service for adults with varied levels of intellectual disabilities. It aims to provide quality person centred care, promote independence, community participation and improve the quality of lives of residents. Oldcourt provides residential care 24 hours a day, seven days a week. The staff complement includes a person in charge, a social care leader, social care workers and staff nurses. Staffing levels are based on the support needs of the residents at a particular time and can be adjusted accordingly.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

8

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
20 August 2019	09:00hrs to 18:30hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

On arrival to the first home in the designated centre, the inspector met briefly with all four residents. Three residents were waiting for the bus to take them to their day service. All three residents were sitting in the sitting room. The inspector introduced themselves to the residents. All three residents used non-verbal means to communicate. The staff member on duty was respectful and caring towards the residents as they helped the residents leave their home and transition to the bus service.

Later in the morning the fourth resident came out of their room. The inspector spent a brief period observing their morning routine. During this time the inspector observed the resident using sign language to communicate their needs. Staff responded to their needs accordingly. It was evident that the staff member was very familiar with the resident's method of communicating. The staff member also responded appropriately when the resident seemed anxious about a change in their routine, and was able to reassure the resident.

In the second home there were four residents. Due to the assessed needs of one resident, it was not possible for the inspector to be in the home at the same time as this resident. As a result of this, the inspector did not get the opportunity to meet with the residents in this home. Other means were utilised to elicit resident views which included reviewing relevant documentation and speaking with staff members who were very familiar with residents in this home.

Overall on the day of inspection, residents appeared relaxed and comfortable in their home. Positive interactions were observed between residents and staff on the day. In the afternoon the inspector had the opportunity to sit with two of the residents and two staff members and have tea with them. Staff were very knowledgeable about the residents' individual preferences and supported the residents to tell the inspector about things that were important in their life at the moment.

At one point in the morning, a resident that was anxious about a change in their routine, engaged in loud vocalisations while in their bedroom. This was managed appropriately by staff. However, this assessed need was impacting on other residents in the home. The layout and design of the premises was impacting on the providers ability to address this and other assessed needs of the residents. This is discussed in further detail throughout the report.

Capacity and capability

Overall the inspector was not assured that there were effective management systems in place to deliver a safe and effective service. Significant improvements were required across a number of regulations. Previous inspections had identified the substandard premises in one of the homes which impacted on the quality of life for residents. A restrictive condition had been placed on the registration of this designated centre to ensure that works to the premises were carried out in a timely manner. Due to a number of factors the provider had not completed the necessary renovation works to the premises. On the day of inspection the provider was unable to identify a time line to when this work may be completed. The impact of this for the residents is discussed throughout the report.

At the time of inspection, there was a clearly defined management structure in place in the designated centre. However, considering the cumulative non-compliances identified on inspection, the inspector was not assured that the governance and management systems in place ensured a safe and effective service. The management systems in place were not effective in addressing and at times recognising, some high risk issues. There were regular audit systems in place, with six monthly audits carried out by a member from the quality team. However these audits were not always driving improvements in the centre. The premises and the work required to bring this into compliance was highlighted as a barrier in addressing some issues identified on the service's quality improvement plan.

The inspector reviewed a sample of the planned and actual rosters and found that the number and skill mix of staff was appropriate to the number and assessed needs of residents. The staff recognised their role as advocates for the residents they were caring for, and spoke about some of the areas they were driving improvement with. Staffing was available to ensure the safety of residents, and continuity of staff was evidenced through the use of regular relief staff. Contingency plans were in place to ensure only familiar staff worked in one of the homes due to the assessed needs of one of the residents.

The inspector reviewed staff training records and found that staff had completed the necessary initial mandatory training such as safeguarding, behaviour support training with de-escalation techniques and the safe administration medication. However a number of staff had not completed refresher training in these areas. In some cases six months had elapsed since the staff member had been due to complete the refresher module. Also, the majority of staff were from a social care background had not received any formal training to support residents with a specific identified healthcare need.

There was a complaints process in place with a designated person nominated to deal with complaints. There was an open complaint in the designated centre which was made in relation to the non-compatibility of residents. Staff and management were aware of this complaint, however, the resident had not always been adequately informed or updated regarding the actions taken in relation to this complaint in line with the organisation's policy. The complaint had been initially opened in 2016, briefly closed and then reopened in early 2017. The resident was

not afforded with the opportunity of accessing advocacy services in relation to this complaint during this time.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. There was an actual and planned staff rota.

Judgment: Compliant

Regulation 16: Training and staff development

A training program was in place however not all staff had completed refresher training in some of the mandatory training. The majority of staff had not received training in a specific healthcare need.

Judgment: Not compliant

Regulation 23: Governance and management

Considering the cumulative non-compliances identified on inspection, the inspector was not assured that the governance and management systems in place ensured a safe and effective service. The provider was not always identifying areas of high risk.

Judgment: Not compliant

Regulation 34: Complaints procedure

While there were appropriate policies and procedures in place in relation to resolving complaints, these were not always adhered to in relation to reviewing the complaint and providing updates to the person who had made the complaint. The resident was not afforded the opportunity to access advocacy services for the purposes of making the complaint.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the quality and safety of the service received by residents was negatively impacted by the condition and layout of one of the premises which had an overarching impact in relation to a number of regulations including; individual assessment and personal plan; protection; and residents rights. Improvements were also required across risk management, positive behaviour support, fire safety and infection control.

The centre consisted of two houses in Co. Wicklow. At the previous inspection in 2017, it was identified that one house required significant improvements to ensure that it was maintained to an appropriate standard and had sufficient communal space to meet the needs of the residents living there. On arrival to the first premises, all the curtains were drawn in the home, pots with dead plants were on display outside the front door, and dirt and cobwebs had gathered in the front porch. The lack of maintenance was evident though out the property and also in the back garden. The inspector completed a walk-through of the centre and found that this house still required substantial work. The inspector observed areas of the house which were not maintained to an appropriate standard, with marking and chipping on paintwork, a broken blind, a broken bath, markings and chips on doors and skirting boards, and broken and marked radiator covers. Some areas of the home were unclean with dust and cobwebs accumulating. The back garden had rubbish in the grass area, drains were blocked with debris, there were piles of tree branches from gardening work completed, and dirty outside furniture. The cumulative effect of the lack of maintenance impacted on the homely feel of the premises.

The size and layout of the premises was also not suitable to meet the assessed needs of residents. The bathroom with access to shower was very small and not suitable to support residents that required full support with personal care needs. The kitchen although functional, was not an adequate size in terms of providing additional communal space for residents. The condition, layout and size of the premises had an overarching impact on residents assessed needs, protection, residents rights, infection control and fire safety which is discussed further in the report.

Although the second premises was in a better condition in relation to general decor and maintenance, some areas still required painting. A ceiling in a bathroom downstairs was badly marked from a leak that occurred some time ago. Some skirting boards were badly chipped and marked. An en suite bathroom required a deep clean. Although some residents bedrooms did require some painting work in both homes, overall they were individualised and decorated to residents' individual taste.

The inspector reviewed a sample of personal plans. There was an assessment completed for the residents that identified the individual health, personal and social care needs of the residents. For example, the resident and relevant staff member had completed an environmental assessment which was used to plan and achieve specific social and personal goals. This assessment was in an accessible format and the resident had signed a copy of this. Goals chosen from this assessment were broken into achievable steps the effectiveness of the goals were regularly monitored for their effectiveness. Skills teaching was also implemented as part of the goals when required. However, the assessed need of some of the residents was not been met. This was directly related to the size and layout of the premises. Some residents required quieter environments, and this was not available to them. There was an open complaint in relation to this. The size of the bathroom was also not conducive for staff to support residents that required full personal care.

Aforementioned, the impact of the size and layout in one of the premises was directly related to the assessed needs of some of the residents not being met in the designated centre. There also had been documented peer to peer incidents. This compatibility issue had been recognised by the provider and there was a plan in place to transition one resident from this designated centre to another centre.

In addition to the incompatibility between residents in the first home, there were also compatibility issue in the second house. In 2018 there had been a number of peer to peer incidents, which had been referred to the safeguarding team. Safeguarding plans had been put in place and supports around behaviour implemented. These measures had been effective in reducing the number of reported incidents in 2019. These measures remained in place. The inspector spoke with some staff around the safeguarding plan in place. They were very knowledgeable in relation to the plans and described the environmental accommodations in place in detail.

Some residents in this home has complex support requirements which were generally well managed however, consideration had not been given to the impact of behaviours on other residents. The service were striving to maintain and continue to develop each residents quality of life. While significant plans were put in place and reviewed by a behaviour support team on a regular basis, behavioural incidents continued to occur. These incidents were impacting on the other residents in the home due to the duration and intensity of the behaviour. Staff spoken with reported that during these incidents one resident would choose go to their room.

Staff were observed to engage in a dignified and respectful manner with residents. Residents' communication needs were respected and there were a variety of tools in place to assist staff in identifying the wishes of residents. In the kitchen area of one of the homes there was a large board with a pictorial representation of each residents' activities. This was also in some residents' bedrooms in line with their assessed needs. Each morning the residents choose their activities and placed them on the board. Residents were also supported to maintain their right to vote. Each resident had their own bedroom which enable personal activities to be undertaken in private. Staff were observed to knock on a residents door before entering. However, one of the premises did not meet the assessed needs and as a result the

dignity of residents was impinged upon. This remained an outstanding finding from the previous inspection in 2017.

Positive behaviour support had been provided when required. Allied health professionals were actively involved in supporting the residents. A collaborative approach had been used to develop the behaviour support plans with input from all relevant people and services. A sample of residents' positive behaviour support plans had been reviewed. Proactive and reactive strategies were described in detail. A function based approach was used to determine why certain behaviours were occurring, taking into account the necessary setting events that impacted the behaviour such as health needs. Staff were observed to use strategies described in the support plans on the day of inspection. Data analysis occurred on a frequent basis to monitor the effectiveness of the plan. Two restrictions that had been in place in the centre had recently been reviewed and removed. However the provider failed to recognise and notify one restriction that was in place for one of the residents. As this had not been recognised as a restriction it was not reviewed on a regular basis.

There were arrangements in place for the management of risk. However, this required improvement as not all risks were appropriately identified. There was an ongoing risk in one of the homes in relation to fire containment measures which will be discussed further in the report. On the day of inspection two high risks were identified by the inspector, this included a plug with loose wires exposed behind a resident's bed and a large inflatable pool in back garden filled with water. The provider had failed to recognise these potential risks and rectify them as appropriate. There was no risk assessment in place for the pool in the back garden. Immediate actions were issued on the day of inspection and assurances were provided that these risks had been eliminated or mitigated as appropriate. In addition to this the inspector was not assured that other potential risks had been identified, assessed and documented. Risk assessments had not been completed for other identified risks such as lone working.

Infection control was also impacted by the condition and size of the premises. Chipped paint was found throughout the home, seals were missing from a bath and mops were found to drying and stored on radiator covers.

There were systems in place for fire safety management, however the arrangements in place for the containment of fire was inadequate in both homes. Both homes in the centre had suitable fire equipment in place including a fire alarm, emergency lighting and fire extinguishers which were appropriately serviced. However, in one home there was no fire containment measures in place. This was identified at the previous inspection. On a walk through in the second home a fire door in a high risk area failed to close adequately. An immediate action had been given in relation to this fire door and assurance were provided that this door was in operation at the end of inspection.

Regulation 17: Premises

There was inadequate private and communal space in one of the homes. One of the homes did not meet the needs of all residents and the design and layout did not promote the residents safety, dignity, independence and wellbeing. Parts of the centre were unclean and not kept in a good state of repair internally and externally.

- A bathroom in one of the homes was inadequate in size
- The kitchen area although functional was small and lacked a suitable space to function effectively as a communal area.
- Both homes required paintwork throughout all areas (Walls, wardrobes, doors and skirting boards) as it was stained, marked or chipped.
- Repairs were required on radiator covers in one of the homes
- Garden areas were unkempt, garden furniture dirty, drains blocked by debris and rubbish in garden
- Windows in the home were unclean
- A bath was broken in one of the home
- A blind was torn in one of the resident's bedroom

Judgment: Not compliant

Regulation 26: Risk management procedures

A risk management policy was in place but some identified risks and hazard in the centre had not been recognised, managed or risk assessed appropriately.

Judgment: Not compliant

Regulation 27: Protection against infection

While it was evident that prevention and control practices and procedures were delivered to a good standard, the premises impacted on the effective management and storage of some equipment. Mops were drying on radiators.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was no fire containment measures in one of the homes. In the second home,

fire containment measures were inadequate as a fire door could not close effectively.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

One of the homes was not suitable for meeting the assessed needs of each resident.

Judgment: Not compliant

Regulation 7: Positive behavioural support

One restrictive practice had not been applied in line with the national policy on restraint and evidence based practice.

Judgment: Substantially compliant

Regulation 8: Protection

On going incompatibility issues between residents impacted the provider protecting residents from all forms of abuse. The layout and design of one of the premises was also a barrier in ensuring residents were kept safe.

Judgment: Not compliant

Regulation 9: Residents' rights

Staff members treated residents with dignity and respect. However, the one of the premises impacted on the residents' privacy and dignity due to the size and layout of the premises.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Oldcourt OSV-0002878

Inspection ID: MON-0024089

Date of inspection: 20/08/2019

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 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>All staff will be signed up to refresher training in all Mandatory areas...30/9/2019</p> <p>All staff will be signed up to complete dysphagia training...30/9/2019</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In line with the recent inspection and actions identified, the person in charge shall ensure all actions are identified and completed in the timeframes outlined....25/9/2019</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The person in charge will ensure that the complaints policy is followed and all individuals are updated on the progress of their complaint if it has not been solved. The current</p>	

open complaint is currently being acted upon and the resident will be informed of the actions and timelines. If the resident or her circle of support is not happy with the current plan an advocate will be sourced for her.

Going forward if complaints are not dealt with in a timely manner for any reason the individual will be updated in line with the policy and an advocate will be invited to engage on behalf of the resident.

21/8/2019

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider has met with the CEO of the HSE and there has been an agreement that the funds for the proposed plans from the inspection in 2017 will be made available. These plans have been designed to ensure that the layout and design of the premises meet the needs of the residents and provides adequate communal and private space. The building works have been out for tender and the tender has been awarded. The scheduled works will commence on the 1st of November 2019. The works will be completed by the 17th of April 2020.

The person in charge has linked with the maintenance department and has agreed a general maintenance and painting plan to ensure all areas of a good condition and all areas identified will be repaired...30/12/2019

An environmental audit will be completed by the Person in Charge and all actions will be identified and a timeline put in place to ensure the house is clean and kept in good condition..... 30/10/2019

The garden furniture have been cleaned and a schedule for cleaning this furniture has been put in place.....30/9/2019

The person in charge will link with the gardening service to ensure the garden is kept in good condition....30/12/2019

The maintenance department were contacted and the debris has been cleared from the drains and all rubbish has been removed from the garden...16/9/2019

A deep clean will be arranged for the en-suite in the required premises...10/10/2019

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The person in charge will carry out a complete review of the risk management policy and identify current risks within the DC. And ensure that a thorough risk assessment is completed....30/10/2019</p> <p>A lone working risk assessment has been completed...9/9/2019</p> <p>A protocol and risk assessment has been completed for the inflatable swimming pool in the back garden. A new pool was purchased with a cover. A protocol is in place to guide staff in relation to use of the swimming pool and infection control around this...9/9/2019</p> <p>The plug with loose wires has been covered by maintenance and cannot be seen or accessed. These were not live wires however the risk of same is acknowledged and the steps required to mitigate this risk have been taken...20/8/2019</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The person in charge has liaised with all staff and mops will no longer be dried on the radiators. Procedure for the management of mops has been written up...27/9/2019</p> <p>Storage will be reviewed to ensure that there is no risk of infection. 24/9/2019</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire door in the second home was fixed n the day of inspection - complete</p> <p>A fire report was completed for this house on 24/09/19 and all areas identified, including fire containment, will be completed as part of the schedule of works. The scheduled works will commence on the 1st of November 2019. The works will be completed by the</p>	

17th of April 2020.	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The registered provider has met with the CEO of the HSE and there has been an agreement that the funds for the proposed plans from the inspection in 2017 will be made available. These plans have been designed to ensure that the layout and design of the premises meet the needs of the residents and provides adequate communal and private space. The building works have been out for tender and the tender has been awarded. The scheduled works will commence on the 1st of November 2019. The works will be completed by the 17th of April 2020.</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>Restrictive practice – the best vest used by one lady when travelling in the car/bus has been referred back to the Mechanical Restraints Committee....24/9/2019</p> <p>All restrictions will be entered on the Quarterly HIQA reports....20/8/2019</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>A review of the compatibility of the residents in this house will be conducted. This will include an in-depth analysis to identify patterns and trends in relation to the resident's interactions. The person in charge will complete a compatibility profile for all residents to ascertain if they are happy living in the house together or if another environment would be more suitable. This will include input from multidisciplinary team members....30/12/2019</p>	

Person directed plans will be reviewed with residents to ensure their wishes in relation to their living circumstances are documented and actions will be identified following this....30/12/2019.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The size and layout of the premises are impacting on the residents rights. The registered provider has met with the CEO of the HSE and there has been an agreement that the funds for the proposed plans from the inspection in 2017 will be made available. These plans have been designed to ensure that the layout and design of the premises meet the needs of the residents and provides adequate communal and private space. The building works have been out for tender and the tender has been awarded. The scheduled works will commence on the 1st of November 2019. The works will be completed by the 17th of April 2020.

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 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	Orange	30/09/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	17/04/2020
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	17/04/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Not Compliant	Orange	30/12/2019

	designated centre are clean and suitably decorated.			
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	25/09/2019
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	Orange	30/10/2019
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.	Substantially Compliant	Yellow	27/09/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	17/04/2020
Regulation 34(1)(c)	The registered provider shall provide an effective complaints procedure for residents	Not Compliant	Orange	21/08/2019

	which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure the resident has access to advocacy services for the purposes of making a complaint.			
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	21/08/2019
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).	Not Compliant	Orange	17/04/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	24/09/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/12/2019
Regulation	The registered	Not Compliant	Orange	17/04/2020

09(3)	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.			
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