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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Duffcarrig
Name of provider:	Camphill Communities of Ireland
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	08 July 2020
Centre ID:	OSV-0003610
Fieldwork ID:	MON-0029611

About the designated centre

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

Camphill Community Duffcarrig consists of seven residential units located in a rural community setting, that can offer a home for a maximum of 25 residents. The centre provides for residents of both genders over the age of 18 with intellectual disabilities, Autism and those with physical and sensory disabilities including epilepsy. Each resident has their own bedroom and other facilities throughout the seven units that make up this designated centre include kitchen/dining areas, living rooms, cloak rooms, utility rooms and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff members and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23

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
Wednesday 8 July 2020	09:00hrs to 17:00hrs	Tanya Brady	Lead
Wednesday 8 July 2020	09:00hrs to 17:00hrs	Conor Brady	Support
Wednesday 8 July 2020	09:00hrs to 17:00hrs	Sinead Whitely	Support

What residents told us and what inspectors observed

The inspectors had the opportunity to meet with and observe 11 residents on the day of inspection. This centre is situated on a large rural site which encompasses a working farm. Residents were seen to move around the site either on walks or in one case going for a bicycle ride supported by a staff member. One resident was going to visit friends in another house for a cup of tea and greeted the inspectors as they arrived in the morning and stated they would be welcome to visit their home during the day.

In one of the houses visited, residents were seen to gather together for their meal and were joined by staff around the table. One resident showed the inspector their bedroom and used a manual signing system to communicate, which staff used fluently with them. They had a love of nature and of snakes in particular and were keen to know if the inspector shared this love of reptiles. Another resident wanted to ensure a staff member finished their lunch and carried their plate to the office for them to eat while talking to the inspector. The staff team were seen to engage with the residents with respect and demonstrated an ability to use a variety of communication styles according to the needs of the resident.

A resident who was sitting at the table did not wish to engage with the inspector and this was respected, however they were seen to be supported to move towards the sofa to relax after their meal with a peer.

One resident spoken with one to one with an inspector expressed that they liked living in Camphill and like the staff that worked with them. The resident also communicated they didn't get on with a peer they previously lived with.

Inspectors observed in another house a list of house rules that had been written and put up by residents recently due to unhappiness with certain behaviours in the house which outlined 'no hitting, no spitting, no kicking'. The inspector spoke with the residents about this and they highlighted that they were not happy with these things happening in their home. This matter was further reviewed with staff and management (in terms of resident compatibility) and the inspector assured the residents they would follow up the matters they had brought up.

Capacity and capability

Prior to this inspection, Camphill Communities of Ireland have been required to submit a number of formal assurances to the Chief Inspector of Services regarding the safeguarding arrangements for residents, their finances and the safety and quality of care being delivered across a number of their designated

centres.

This was a risk based inspection, reviewing the governance and management of this centre, to ensure good quality care and support was provided to residents. In addition, to reviewing the structures and levels of accountability present to actively promote residents' well-being and independence. Overall findings from this inspection showed that while some residents indicated that they enjoyed their lives in this centre a number of substantive improvements were required. Concerns in relation to resident safeguarding and safety, staffing, the management of residents' finances, infection control and the overall governance and management of the designated centre were raised as serious concerns on the day of inspection, as detailed in other sections of the report.

The management team, person in charge and staff team were welcoming and helpful to inspectors over the course of the day. Documentation for review had been requested in advance of the inspection and for the most part, this was present. It was apparent from reviewing this that the person in charge had made some improvements in record keeping since they had started in their role. The person in charge had recently taken responsibility of another of the provider's centres and they therefore were found to have an extremely large remit which inspectors raised as an area of serious concern on the day of inspection.

While they were reportedly supported in their role by a team of four house co-ordinators the centre comprised of more than four houses and there were also current vacancies in this regard. The person in charge was also responsible for the management of the farm and day services. In total the person in charge had reported oversight and accountability of over 58 staff members across six residential locations in addition to other service areas under their managerial remit. While inspectors noted the person in charge was working long hours and attempting to do their best, at provider level these arrangements were not ensuring the effective governance, operational management and administration of the centre. Furthermore, HIQA had previously cited concerns to the provider regarding management of the size of this designated centre on appointment of the person in charge. Following this, the registered provider notified HIQA that they were adding to the responsibilities of the person in charge by allocating another designated centre to their remit. This did not demonstrate good provider level governance and management.

The six monthly unannounced visits undertaken on behalf of the provider as required by regulation had not been completed, with the last report dated eight months earlier. While actions had been identified in this report only one had identified a time frame for completion. The completion of these reports had been highlighted on previous inspections as required. The annual review of the quality and safety of care and support had last been completed for 2018.

A core group of consistent staff was employed, however the numbers of staff providing support to residents required review to ensure residents safety and that their assessed needs were met. The support of residents at night was of significant concern. The inspectors noted that the short term co workers who are volunteers

were the only cover at night in one house visited and were not listed on the staff rota for that house (despite being the identified persons responsible for the care and support of the residents). These volunteer co workers were found to be working hours over and above the employed staff in the centre in order to ensure there was support for residents.

From a review of a sample of personnel files the inspectors found that the required Schedule 2 documents were not in place for all staff. Four staff members were identified as having no references on file. Seven staff members were due renewal of Garda vetting. The person in charge confirmed on the day of inspection that all of these staff members had received initial Garda vetting and the application to renew vetting was in process. This had been reportedly initiated in the days prior to this announced inspection.

Managerial oversight of support and care was implemented on a day to day basis by the house coordinators however as previously stated not all houses had coordinators and maintaining oversight of staff practice was an area of concern identified in discussion with the provider and person in charge during inspection preliminary feedback. Service policy outlined that supervision of staff was to be completed every six to eight weeks. Following a review of staff records and conversations with the person in charge, it was observed that this was not happening for all staff members.

Staff training was provided in areas including safeguarding, manual handling, first aid, medication management, epilepsy management, manual handling, fire safety. From a review of the staff records a number of staff required training, the inspectors observed that six staff members were due refresher training in manual handling, nine staff were due refresher training in medication management and six staff were due refresher training in fire safety. Some staff were also due refresher training in safeguarding. Provision of this training had been delayed due to COVID-19 and staff had completed an online safeguarding course while awaiting a new training date.

The inspectors reviewed the contracts of care for residents and noted that they did not contain all of the information required by the regulations including charges and additional charges which residents were responsible for. Inspectors found ongoing ambiguity regarding the inconsistent practices with policy and practices. For example, unsigned contracts and resident charges recorded which had not been reviewed since 2017. Inspectors noted that some residents had paid up to 400 euros for items such as a new bed and new head boards for their beds, when these items are outlined as included (in charges/fees already paid by residents) in the provider's policies and contracts.

The registered provider is required to have specific written policies in place and these are to be reviewed at intervals no longer than three years. Policies reviewed by the inspectors on the day had not been reviewed as required by the registered provider within the required time frame. This was particularly relevant as the provider had set time lines for the review and amendment of key policies and procedures and notified the Chief Inspector of same. These had not been met and staff were therefore operating in the absence of provider led and approved polices.

For example, the provider's safeguarding policy was last reviewed in 2016.

Regulation 14: Persons in charge

The provider had appointed a person in charge who had demonstrated improvement since taking up their role. However the remit of the person in charge was not ensuring the effective oversight and governance of the centre.

Judgment: Not compliant

Regulation 15: Staffing

The registered provider had endeavoured to ensure continuity of care and support to residents however inspectors were concerned that the number of staff was not always appropriate to meet residents' assessed needs. The volunteer co-workers were working hours significantly greater than other staff members and were independently covering shifts such as sleepover care at night but this was not reflected on the rota.

Judgment: Not compliant

Regulation 16: Training and staff development

From a review of the staff records, the inspectors observed that six staff members were due refresher training in manual handling, nine staff were due refresher training in medication management and six staff were due refresher training in fire safety.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not undertaken an annual review of the quality and safety of care and support nor six monthly unannounced visits to the centre to review the service as required by the regulations. This was an area that had been highlighted as required on previous inspections.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Residents' contracts were reviewed. These are important documents setting out the service to be provided to residents in addition to fees that may be charged. These were found to be inconsistently completed and did not contain all information as required by regulations. The absence of clear and coherent guidance and practice of this raised further concerns regarding the safeguarding and protection of residents' finances.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider did not review policies and procedures in a timely manner and update them in accordance with best practice.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that the staff team were endeavouring to provide person centred support to residents. However inspectors found that significant improvements were required by the provider in areas such as safeguarding residents, supporting residents with the management of their finances and personal possessions. In addition to other areas reviewed, this inspection reviewed the infection control measures in place, in light of the COVID-19 pandemic, and found that some improvement was required in this area.

This centre presented as multiple houses situated over a large site. Each house visited by inspectors presented as a clean, warm and homely environment. One of the houses visited was having old carpet replaced in the hallway and a hard floor surface was being laid to ensure it could be cleaned more thoroughly. Each resident had single bedrooms which were decorated in line with their personal interests and tastes and there was evidence that residents where possible were supported to maintain their own personal space. Residents were seen to gather in the kitchen-dining areas as well as to come together in the sitting rooms of their homes.

Residents were observed to have some good choice and control in their daily lives

and were seen to be consulted by the staff team on everyday decisions around food and activity preferences. Staff had worked diligently to ensure that residents could continue some of their daily activities during the COVID-19 lockdown period.

The area of financial safeguarding and overall safeguarding and protection were reviewed in detail on this inspection.

A safeguarding report compiled by the provider dated 6 July 2020 indicated there were 24 reported safeguarding incidents in 2020 and 11 of these were open cases on the day of inspection. These ranged from cases of physical, psychological, sexual, financial abuse and neglect that were being managed by the provider at the time of this inspection. The primary safeguarding issue according to the providers safeguarding report was physical abuse and peer to peer reported incidents. The provider noted that having had 51 safeguarding cases in 2019 they felt progress was being made in the area of resident safeguarding. While inspectors recognised the changes made and increased emphasis on safeguarding the centre was clearly still at the initial stages of embedding a safeguarding culture. For example, a new centre catchphrase had been developed 'make it known pick up the phone' to encourage staff to report abuse following management concern that a lot of matters were not being reported or not reported in a timely manner. This was highlighted as concerning given the already high levels of safeguarding cases in this centre.

A number of residents in this centre had limited access to their finances. An ongoing issue regarding residents' finances with their bank had not yet been resolved by the provider despite being ongoing since 2015. This meant that if residents wished to spend their money they had to provide an invoice or a bill and they had no access to their own monies, cheques or bank cards. While some actions had been identified to support residents in resolving this, they had not yet been initiated by the provider.

For some residents whereby family members supported the management of their finances, residents were seen to receive money which in some instances was deposited into a provider bank account which was not in line with provider policy or the regulations. In a number of these cases, the provider did not have sight of residents' bank statements and could not therefore reconcile spending as per their own policy.

Inspectors checked a number of residents' wallets on the day of inspection and found that amounts did not always consistently tally with the records kept. In addition to these variances there was also inconsistency found in the oversight and sign off of completed checks on residents' finances. Furthermore, envelopes of residents' monies (sums in euros and sterling) were found by inspectors that were not accounted for and in some cases staff were not aware who owned these monies or where they came from. Residents' monies were not found to always be kept in a safe and locked location.

Resident compatibility was an issue brought to the attention of inspectors by the residents themselves. While it was noted a recent transition of one resident had improved the quality of life of a number of residents and decreased the number of peer incidents following a thorough safeguarding review. This was clearly still a

concern for the residents subject to the 14 peer incidents recorded in 2020 as outlined earlier in the 'what the residents told inspectors' component of this report.

Risk management procedures required improvement to ensure that all risks were identified and more importantly a clear control measure was implemented to manage each risk. For example, COVID-19 related risks, residents with behaviours of concern, compatibility of residents, fire/evacuation, food safety all required further review. Some of these areas had not been assessed as risks and others were found to have absent or inadequate assessments and/or control measures.

The registered provider had not ensured that procedures and practices were in place that were consistent with national guidance for the prevention and control of infection during a public health emergency. Residents and staff were seen sitting very closely together sharing a meal where it was not possible for staff to either maintain the recommended distance nor were they wearing a face mask. Local centre protocols for the use of face masks was not in line with the most current national guidance and staff were observed not wearing face-masks within residents 2 metre parameters when providing individual supports. This was observed on number of occasions over the course of this inspection and staff spoken with had differing interpretations as to when and how to don and doff PPE and wear masks when supporting residents.

Cleaning schedules in place for residents using aerosol generating procedures were not appropriately implemented and inspectors observed masks and machines used for these procedures were visibly unclean.

This centre was located on a farm and inspectors were informed that staff and residents had access to fresh produce from the farm. However, facilities on site for the storage of fresh produce like meats, eggs and milk from the farm were visibly unclean on the day of inspection. There was no cleaning schedule in place for these storage facilities or appropriate checking mechanisms regarding the safety of this produce. The refrigerator and freezer storing the fresh milk and frozen meat did not have regular temperature checks to ensure the food was being appropriately stored in hygienic conditions. The person in charge acknowledged that this was a recognised area in need of improvement.

Regulation 12: Personal possessions

Residents' finances and possessions were not being managed in line with the requirements of the regulations or the providers own policies and procedures.

Judgment: Not compliant

Regulation 13: General welfare and development

Residents were observed to be engaged in social activities throughout the day of inspection. Inspectors were satisfied that residents were supported to achieve a good quality of life.

Judgment: Compliant

Regulation 17: Premises

The parts of the centre inspected presented as a clean, warm and homely environment and this was evident in the three houses the inspectors visited. Each resident had single bedrooms which were decorated in line with their personal interests and tastes.

Judgment: Compliant

Regulation 18: Food and nutrition

Systems were not in place to ensure that all food items were stored in hygienic conditions, particularly shared refrigerated and frozen food items.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management procedures required improvement to ensure that all risks were identified and more importantly a clear control measure was implemented to manage each risk. For example, COVID-19 related risks, residents with behaviours of concern, compatibility of residents and fire/evacuation, food safety all required further review.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had not ensured that procedures and practices were in place that were consistent with national guidance for the prevention and control of

infection during a public health emergency.

Judgment: Not compliant

Regulation 8: Protection

Inspectors found that residents were not fully protected from all forms of abuse by the policies, procedures or practices found on this inspection. The areas of resident compatibility and resident finances were of particular concern.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Camphill Community Duffcarrig OSV-0003610

Inspection ID: MON-0029611

Date of inspection: 08/07/2020

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and 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
Outline how you are going to come into compliance with Regulation 14: Persons in charge: 1. CCol have acknowledged the large remit of the current PIC, CCoI have recently advertised for a PIC specifically for Ballymoney Community, ensuring oversight and systems implementation, interviews are scheduled for 13/8/20 and it is anticipated that the new PIC will be in position by 30/09/2020. This will allow for the PIC to have sole remit for one centre OSV 000-3610. 2. CCoI has advertised for the position of Day Service Co-Ordinator to manage day services across Ballymoney and Duffcarrig, this will promote greater governance and management and increase the capacity of the PIC's to concentrate on the residential services of Duffcarrig Community.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1.The PIC has introduced a new rostering template, this template highlights staff assigned per shift, grade, and contracted hours. This template and system is now operational within Duffcarrig Community. 2.The PIC will seek additional resources to meet the needs of residents who are currently being supported by volunteers at night. Completed by 30/08/2020.	

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
1. Fire training records have been reviewed and a number of staff have received fire training on the 06/08/2020 from Antifire Services. A further training date has been arranged for the 10/09/2020 to ensure all staff members have received up to date fire training. All staff will have received fire training within the Centre by the 10/9/2020.

2. PIC has reviewed all other training and scheduled further training dates to ensure staff are provided with the required knowledge and skills, medication management, manual handling and occupational first aid have all been booked and staff members assigned.

3. Schedule of Supervision for frontline staff in place and operational from 11/08/2020. PIC will oversee this monthly with the House Co-Ordinator. CCoI rolling out new standard support and supervision system, using national templates incorporating governance and management. Schedule for PIC support and supervision for House Co-Ordinator in place to end of year. Completed 14/08/2020.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. New CCoI operations management and governance structure is being rolled out at Duffcarrig commencing on 23/7/20 and an implementation plan is been developed for Duffcarrig. This involves a systematic approach to operating and managing services, across the CCoI communities which commenced with 3 communities including Duffcarrig. Standard documentation have been put in place for daily reporting, house, and community level management together with a standard PIC/Q&S Officer audit, which involves documented checking of all documentation regarding schedule 2 (staffing), training, risk management, residents finances, residents files, clinical support and records. The process for 6 monthly Reg 23 inspection systems has been strengthened and systems developed for internal auditing which have been applied in the community
2. The PIC and Q&S lead have access to electronic tracking data on risk – specifically for Safeguarding, Behaviors of Concern, Accidents and Incidents and Medication errors ensuring that areas can be raised quickly,
3. A community SharePoint site is in the process of development for Ballymoney creating the infrastructure for increased oversight. where all records are stored, increasing the level of oversight for the PIC at house level, and above.
4. There will be a national schedule to ensure that Reg 23 Unannounced Inspections are

be completed 6 monthly in all Communities. An annual review will be completed by end of September.

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
1. CCoI will be implementing new contracts of care, a process of discussion and engagement is taking place with Residents. Families of residents and any responsible signatories will be contacted during this process. New contracts of care will be in place in September 2020.

2. The PIC has conducted a review ensuring during the interim period that all contracts of care are recorded and stored in the appropriate place.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
1) The CCoI Leadership Team commenced a process of updating overdue policies A part Time policy developer has been employed at national level.
2) The revised contract of care will be in place by September 2020
3) Revised residents finance policy is complete, the associated SOP is being finalized and will provide a more robust money management assessment, daily and monthly reconciliation and sign off by PIC, with the records being maintained on an electronic system stored on SharePoint. Duffcarrig will pilot this new SOP from September 2020.
4) Review of money management assessments by PIC, ensuring that supports provided to residents are in line with their assessed needs and consent for support is documented.
5) PIC/Quality and Safety Officer walkarounds and auditing systems being implemented
6) CCoI have recently appointed persons into key national positions, HR, Finance, Regional Operational Management, Regional Safeguarding Lead, Clinical Lead.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
1) Revised residents finance policy is complete, the associated SOP is being finalized and will provide a more robust money management assessment, daily and monthly reconciliation and sign off by PIC, with the records being maintained on an electronic system stored on SharePoint. Duffcarrig will pilot this new SOP from September 2020.
2) The PIC has instructed and spot checked that all residents receive a money management assessment, a completed inventory list of possessions supported by an informed risk analysis any ambiguities or high risk assessment will be reported accordingly, these measure will be in place by the 14/08/2020.
3) The PIC is currently rolling out new Organizational systems and processes of recording residents' financial transactions and matters providing daily, weekly monthly, oversight full implementation is expected to be reached by 30/09/2020.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
1. The PIC has instructed that all stored food items that are refrigerated have corresponding recorded twice daily refrigeration temperature checks.
2. All food stocks in use and accessed by all the centre staff and residents are stock rotated and located in a secure storeroom with controlled access.
3. The PIC has instructed that access to the centre milk supplies are done so in a controlled environment, a secure room, signing in and out, washing hands before filling milk urns and storeroom to be locked when not in use.
4. The PIC has spot checked the above measures and note there implementation as of the 14/08/2020

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
1) CCoI National Clinical Lead had developed SOP's in relation to mask wearing in the centre, all staff members had received training prior to inspection. The PIC will schedule refresher training in the wearing of masks within the centre, this training will be completed by the 31/08/2020.

2) The PIC has instructed that the recent Health and Safety Audit conducted by the National Health and Safety Coordinator in April be reviewed and ensure all actions are completed and closed off by the 30/9/2020 3) All staff will have received fire training by the 10/09/2020. 4) A risk analysis and extra resources will be sought by the PIC to support residents at night with fire evacuation. 5) The PIC is actively pursuing other measure to ensure compatibility of residents. An independent needs assessment to independent living will be conducted by 10/09/2020. A number of residents have begun transitions plan to move to more appropriate environments.	
Regulation 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: 1) CCoI National Clinical Lead had developed SOP's in relation to mask wearing in the centre, all staff members had received training prior to inspection. The PIC will schedule refresher training in the wearing of masks within the centre, this training will be completed by the 31/08/2020. 2) All SOP's will be discussed on a regular basis to ensure all staff /volunteers are familiar and understand the importance of following the SOP. 3) PIC/Quality and Safety Officer walkarounds and auditing systems will include inspection on infection control	
Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: 1) For residents with no next of kin advocacy referrals will be made by the PIC and circles of support created to ensure the transparency of decision-making line with the will and preferences of person e.g. finances, end of life decisions, wills etc. will be incorporated into plan supporting residents wishes, choices and opportunities, this will be completed by 15/10/2020 and recorded in their personal plans 2) Other actions undertaken to address identified gaps in finances have been identified above	

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 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.	Not Compliant	Orange	14/08/2020
Regulation 12(4)(c)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is not used by the registered provider in connection with the carrying on or management of the designated	Not Compliant	Orange	30/10/2020

	centre.			
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	30/09/2020
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	30/09/2020
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	14/08/2020
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and	Not Compliant	Orange	30/09/2020

	documents specified in Schedule 2.			
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	10/09/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	14/08/2020
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Not Compliant	Orange	15/08/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/09/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Not Compliant	Orange	30/11/2020

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	30/09/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	30/08/2020
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their	Not Compliant	Orange	30/09/2020

	representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
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.	Not Compliant	Orange	30/09/2020
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	30/09/2020
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	Not Compliant	Orange	30/08/2020

	standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	31/12/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	28/02/2021