



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Camphill Community Grangemockler
Name of provider:	Camphill Communities of Ireland
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	27 and 28 November 2019
Centre ID:	OSV-0003622
Fieldwork ID:	MON-0023366

## About the designated centre

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

Camphill Community Grangemockler consists of five large separate houses all within short walking distance to each other. These houses are located in a rural area on the site of a farm and are in close proximity to a small village and some towns. Each resident had their own bedroom and facilities within the centre include sitting rooms, kitchens, dining rooms, utility rooms and staff offices. The centre provides a residential service for up to twenty-one adults, male and female, with intellectual disabilities, Autism and those with physical and sensory disabilities. In line with the provider's the model of care, residents are supported by a workforce consisting of paid staff and volunteers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	17
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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
27 November 2019	10:15hrs to 18:45hrs	Conor Dennehy	Lead
28 November 2019	08:00hrs to 17:15hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The inspector met 15 of the 18 residents who normally resided in the designated centre over the course of this two day inspection. One of the 18 residents was away from the centre throughout the inspection as they were staying with relatives at the time. The inspector did not have an opportunity to speak meaningfully with all residents but he was able to observe the 15 residents met in their homes and in their interactions with staff and volunteers.

During the first day of inspection one resident spoken with indicated that they liked living in the centre and felt safe. The resident also talked about going to a nearby town by themselves for a day out on the second day of inspection. It was seen that the resident undertook this trip. Another resident spoken with also indicated that liked living in the centre and showed the inspector a lawnmower which they used. The resident appeared very proud of this lawnmower.

On the second day of inspection a further three residents were spoken with while they showed the inspector their bedrooms. The first indicated that they liked living in the centre and thought that it was cosy. They also said that they liked baking and felt safe living in the centre. The second resident provided similar positive views of life in the designated centre and spoke about a recent birthday party they had along with three foreign holidays which they had planned for the following year. The residents spoke briefly to the inspector and also indicated that they liked living in the centre.

Staff members and volunteers were seen to interact with residents in a pleasant and warm manner throughout both days of inspection. For example, residents, staff and volunteers were seen to enjoy meals together while residents were seen to be supported to engage in recreational activities such as bead/necklace making, walks and quizzes. On the second day of this inspection a Thanksgiving celebration was held which was attended ay residents, family members, volunteers, staff and the designated centre's management.

Given that this was an announced inspection, HIQA issued the provider with questionnaires for residents to complete prior to inspection. These questionnaires sought to obtain residents' views on the service they received while living in this designated centre. Eleven residents, some with the assistance of staff members, completed questionnaires. The inspector reviewed these and noted that they contained positive views regarding all aspects queried such as residents' bedrooms, activities, mealtimes, rights, visitors, complaints and staff support.

## Capacity and capability

The provider had systems in place to ensure that residents enjoyed a good quality of life while living in this designated centre. This was seen by an overall good level of compliance across the regulations reviewed during this inspection. Some improvement was required in relation to the maintenance of staff files and the timings of provider unannounced visits.

This designated centre had last been inspected in May 2019 where it was found that the governance systems in place had not been performing in a satisfactory manner during 2018. It was seen though that there had been improvement into 2019 which had included the appointment of new a person in charge who remained in post at the time of the current inspection. The person in charge was responsible for this designated centre only and, since the previous inspection, had completed a management qualification. Throughout the current inspection the person in charge demonstrated a good knowledge of the residents and the operations of the centre.

The person in charge oversaw the designated centre's workforce which was made up of a mixture of staff members employed by the provider and volunteers. The provider had recently secured additional staff members to work in the centre with residents and, at the time of inspection, was in the process of reviewing rosters to ensure that residents gained the maximum benefit from these new staff. Overall, this inspection found that there were appropriate staffing arrangements in place, as supplemented by the use of volunteers, to provide for residents' needs. Staff members and volunteers spoken with during this inspection demonstrated a good knowledge of residents and how to support them.

To provide residents with a continuity of care, the provider had ensured that consistent staff were available to work with residents. This is also important in maintaining professional relationships. While there was some use of agency staff (staff sourced from an external agency), efforts had been made to use agency staff who had worked in the designated centre previously and were familiar with residents. The additional staff secured by the provider had also helped to reduce the use of agency staff in the weeks leading up to this inspection. It was seen that staff files were maintained for all staff members working in the designated centre (including agency staff). The inspector reviewed a sample of these which included written references and evidence of Garda Síochána (police) vetting although it was noted in some files that gaps in some staff members' employment histories were not fully addressed.

Similar files were also maintained for volunteers working in the designated centre. A sample of such files were reviewed which contained all of the required information such as written roles and responsibilities. There were also arrangements in place for staff and volunteers to be supervised with evidence seen of regular supervisions taking place throughout 2019. In addition, there were weekly meetings involving staff and volunteers in each unit of the centre along with a weekly management meeting where issues impacting residents and the running of the designated centre were discussed. Staff and volunteers spoken with reported that there was an open culture present in the centre which facilitated any concerns to be raised.

Within the designated centre there was also a clear organisational structure in place

which was appropriate to the size, ethos, purpose and function of centre. This organisational structure was outlined in the centre's statement of purpose which is an important governance document that forms the basis of a condition of registration and which should set out the supports that residents are to receive. The inspector reviewed the statement of purpose which contained all of the required information such as a description of the designated centre, the criteria for admissions and the number, age range and gender of residents. Based on the findings of this inspection, the statement of purpose reflected the day-to-day operations of the centre.

To ensure this, the provider had management systems in operation to monitor the running of the designated centre. These included adults, in areas such as medicines and health and safety, to assess, evaluate and improve the services provided to residents. The provider was also aware of their responsibilities to carry out regulatory requirements such as provider unannounced visits. Such unannounced visits are important in reviewing the quality and safety of care and support provided to residents and are required to be carried out every six months. One such visit had been carried out just before this inspection and it was noted that an action plan was put in place to respond to issues identified. It was seen though that this most recent unannounced visit had been conducted over seven months after the previous one.

#### Regulation 14: Persons in charge

A suitable person in charge was in place who was responsible for this designated centre only. The person in charge had the necessary experience and qualifications to perform the role and demonstrated a good knowledge of residents along with the operations of this designated centre throughout the course of this inspection.

Judgment: Compliant

#### Regulation 15: Staffing

Appropriate staffing arrangements were provided to support residents which included a continuity of staff. A sample of staff files were reviewed which contained the vast majority of the required information such as proof of identity, details of qualifications, evidence of Garda vetting and written references. It was noted though that some employment gaps for some staff members were not fully explained. Rosters were maintained in the centre but it was noted that the actual rosters worked did not include staff members' full names.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff had received regular supervision throughout 2019 while training in range of areas such as medicines, fire safety, manual handling and first aid were provided.

Judgment: Compliant

## Regulation 19: Directory of residents

A directory of residents was in place which included all of the information required by the regulations such as residents' names and their dates of birth.

Judgment: Compliant

## Regulation 23: Governance and management

Since the previous inspection the provider had carried out a six month unannounced visit which was reflected in a written report that included an action plan. It was noted though that it had been seven months since the previous unannounced visit of this centre by the provider. Audits were conducted in areas such as medicines and health and safety. Regular meetings were carried out in this designated centre and there was a clear organisational structure was in place for the centre. Staff and volunteers reported that there were no barriers to raising any concerns.

Judgment: Substantially compliant

## Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information such as details of the staffing compliment, the organisational structure, the arrangements for reviewing residents' personal plans, a description of the premises provided and the services to be provided amongst others. The statement of purpose had been recently reviewed and was seen to be on display throughout the units of the designated centre.

Judgment: Compliant



## Regulation 30: Volunteers

Volunteers were receiving regular supervision. A sample of volunteer files were reviewed which included roles and responsibilities set out in writing along with evidence of Garda vetting.

Judgment: Compliant

## Quality and safety

Residents were supported to enjoy a good quality of life and were facilitated to participate in various activities which they enjoyed. Some improvement was required regarding aspects of fire safety and the safeguarding of residents' finances.

It was clear throughout this inspection that residents were supported to live in a community environment. This was in keeping with the provider's overall ethos and was apparent from the inspector's observations and discussions with residents. For example, on both days of the inspection residents were seen to have meals in the company of staff and volunteers where pleasant social atmospheres were noted. On the second day of inspection, it was noted that a Thanksgiving celebration had been arranged. Residents from the different units of the centre were invited to attend this event along with family members, volunteers, staff and management.

Visitors to the designated centre were actively encouraged and aside from the Thanksgiving celebration, a resident was seen to receive a visitor during the first day of inspection. The units which made up this centre had sufficient space for residents to receive visitors in private if they wished to do so while residents were also supported to make visits away from the centre. This helped maintain residents' personal relationships while efforts were made to integrate residents into the local community. For example, one resident had recently commenced work experience in a local bar while residents were involved in going grocery shopping with the support of staff and volunteers.

Residents' development was also encouraged so that they reached their maximum potential and participated in everyday life. On both days of inspection residents were seen to be involved in the preparation of food while another resident was noted to be encouraged to travel independently for trips into nearby towns. Various activities were also undertaken by residents which included swimming, arts and crafts and farm work. Some of these activities were facilitated by workshops run by the provider while residents were supported to attend day services away from the centre also. The residents spoken with indicated a good level of satisfaction while living in the designated centre and the lives that they were able to lead in general.

Residents were actively consulted in relation to the designated centre and the things

that they wanted to do. Regular resident meetings took place in each unit of the centre and during the inspection residents were observed to be asked what they wanted in terms of the food they had and the things they did. In addition, as part of the provider's personal planning process, residents were consulted in developing their individual personal plans. Such plans are important in identifying the supports residents require to meet their needs and to help reach their maximum potential. The inspector reviewed a sample of these plans and noted evidence of goals identified by residents, such as holidays, being completed.

As required by the regulations, such plans must be informed by comprehensive assessments of needs. While these assessments had taken place at least on annual basis, for one resident it was noted that an updated assessment was required to determine the longer-term suitability of the designated centre for the resident. It was noted that, at the time of this inspection, the provider was in the process of making arrangements for this assessment to take place. In the interim it was seen that arrangements were made to provide for all residents' health, personal and social care needs. For example, residents were supported to access their general practitioner and to undergo health interventions such as vaccines and key health assessments. It was noted though that one resident was overdue a review by a dietitian although efforts were made during the inspection to ensure that this happened.

To ensure that residents were supported to protect themselves, it was seen that they were provided with safeguarding and anti-bullying training. Residents spoken with during this inspection indicated that they felt safe living in the designated centre and were observed to be comfortable in the presence of staff members and volunteers on duty. Information on how to raise a safeguarding concern was on display throughout the centre while staff and volunteers spoken with indicated that there was an open culture in existence in the designated centre. Records reviewed indicated that all staff and volunteers had been provided with relevant safeguarding training. Where any plans to reduce the potential for negative outcomes for residents were in place, the centre's workforce demonstrated a good awareness of these and outlined the steps they would take to ensure the safety of residents.

There was also evidence that safeguarding concerns which were raised were investigated and a new process had been introduced to ensure that any concerns reported were reviewed by the designated centre's management. This process helped address areas for improvement identified in this area during the previous inspection. However, prior to the current inspection HIQA had been notified by the provider of some instances of potential financial abuse impacting on residents. These related to issues such as financial deductions from residents and uncharacteristic purchases made by residents. While some of these related to the time before regulation of designated centres for people with disabilities commenced, it was noted that some of these instances took place more recently which did not demonstrate appropriate financial safeguarding.

At the time of this inspection the provider was in the process of reviewing such matters at a senior level. The provider had identified that the previous management and oversight of residents' finances had not been operating effectively to ensure

that residents were adequately protected from the potential of financial abuse. It was noted though that since HIQA had been made aware of these matters, the provider had improved the oversight of residents' finances. This included auditing at a local level by the person in charge and also by the provider's overall financial auditor. It was also found that since such issues had been raised, the provider had ceased any relevant deductions made by residents and had ensured that any services received by residents relating to these deductions continued to be received.

The previous HIQA inspection had identified some areas for improvement relating to the provision of fire containment which is important in preventing the spread of fire and smoke. These areas arose out of a fire safety review of the designated centre carried out in July 2018 by a competent person. This report had made a number of recommendations relating to the provision of fire containment and fire stopping. This had been highlighted by the previous HIQA inspection and by a recent health and safety audit carried out by the provider but the inspector was informed that there had been no progress on this matter since then. It was noted though that some fire doors, which help prevent the spread of fire and smoke, were present in all units of the centre while it was seen that none of these fire doors were held open inappropriately. This was an improvement from the previous inspection.

The provider had ensured that each resident had a personal emergency evacuation plan (PEEP) in place which had been recently reviewed and outlined the supports required by residents to evacuate the centre, if needed, in the event of a fire. Staff members and volunteers spoken with generally demonstrated a good knowledge of the supports residents needed to evacuate the centre. However, for two residents, some staff members indicated that they would rely on the use of the fire doors to ensure the safety of residents in the event of a fire where these residents chose not to evacuate. This arrangement nor other methods to help residents evacuate were not documented in the residents' PEEPs. Such measures did not ensure the safety of these residents.

This issue was highlighted to the person in charge during the first day of inspection who made efforts to address this during the inspection. For example, it was observed that a health and safety officer from the provider attended the designated centre on the second day of inspection to review the involved residents. It was also seen that fire safety systems were in place in all units of the designated centre including fire alarms, emergency lighting and firefighting equipment such as fire extinguishers and fire blankets. To ensure that these systems were in proper working order, they were being checked at regular intervals by external contractors. Staff and volunteers had also been provided with relevant fire safety training based on records reviewed while the emergency evacuation procedures were seen to be on display throughout the centre.

## Regulation 11: Visits

Residents were encouraged to receive visitors at the designated centre and

arrangements were in place for residents to receive visitors in private if they so wished. During the course of this inspection residents were observed to receive visitors.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were encouraged and supported to engage in a range of meaningfully activities such as arts, swimming, holidays and visits to places of interest. Residents were encouraged to be independent and it was noted that some residents were involved in work experience. It was also noted that residents were encouraged to maintain personal relationships with visits away from the centre and trips into the wider community promoted.

Judgment: Compliant

### Regulation 17: Premises

All units of the designated centre were visited during this inspection. They were seen to be generally well presented and clean while providing a homely environment for residents. Some resident bedrooms were seen by the inspector which were brightly decorated and personalised.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was provided for which contained all of the required information such as how to access HIQA inspection reports and the arrangements for visits.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risks present in the centre were known to staff, volunteers and management. There were systems in operation to record and review any accidents and incidents while a health and safety audit had recently been carried out. It was noted though that

some risk assessments in place needed updating to reflect changes in circumstances.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The fire evacuation procedures in place for some residents required review to ensure that these residents safely evacuated the centre in the event of a fire occurring. Some fire safety improvement works, arising out of a fire safety review carried out in July 2018, were required particularly in relation to fire containment.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which set out their needs and had been reviewed within the previous 12 months. Residents' individual personal plans had been informed by relevant assessments and were developed with the active input of residents and their families. Based on the overall findings of this inspection, arrangements were in place to meet the health, personal and social needs of residents. It was noted though that one resident required a further assessment to determine their longer-term suitability for the current designated centre.

Judgment: Substantially compliant

### Regulation 6: Health care

Direction was provided in residents' personal plans to support the residents with their health. Residents were supported to access various allied health professionals such as general practitioners and psychiatrists but it was noted that one resident was overdue a review by a dietitian. Residents were supported to undergo key health assessments and receive vaccines.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Residents had behaviour support plans in place and staff members spoken with demonstrated a good understanding of these and the steps they would take to help residents engage in positive behaviour. Records reviewed also indicated that staff and volunteers were being provided with relevant training in de-escalation and intervention. Processes were also in operation for any restrictive interventions to be reviewed.

Judgment: Compliant

### Regulation 8: Protection

It had been identified by the provider that the oversight of residents' finances had not adequately protected them from the potential for financial abuse.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents were supported to access advocacy services and were consulted in relation to the running of the designated centre through regular meetings which were held in each unit of the centre. Residents were seen to be treated in an appropriate and respectful manner throughout the two days of inspection.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Camphill Community Grangemockler OSV-0003622

Inspection ID: MON-0023366

Date of inspection: 27 & 28/11/2019

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            A full audit of staff files will be completed to ensure that all documents are held in respect of schedule 2</p> <ul style="list-style-type: none"> <li>• Evidence of the person's identity, including his or her full name, address, date of birth and a recent photograph.</li> <li>• A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.</li> <li>• Details and documentary evidence of any relevant qualifications or accredited training of the person.</li> <li>• A record of current registration details of professional staff subject to registration.</li> <li>• A full employment history, together with a satisfactory history of any gaps in employment.</li> <li>• Correspondence, reports, records of disciplinary action and any other records in relation to his or her employment.</li> <li>• Two written references, including a reference from a person's most recent employer.</li> </ul> <p>If any further gaps are identified will be immediately addressed.            An instruction was issued by the Person in Charge on the Day of the inspection to ensure that all future rosters would include employees full names and not just initials as has been the case previously in the designated centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

A clearly defined management structure is in place within the designated centre. All roles are specified with clear lines of accountability and responsibilities in place which covers all areas of service provision within the designated centre. Weekly handovers are provided to the PIC for each of the four houses. The PIC also submits a weekly handover to the Regional Manager, which allows for oversight at a national level of any issues which may arise from week to week. KPI's are also provided to the organisation monthly which also facilitates oversight and governance on a national level. The PIC also attends a weekly welfare meeting which discusses all aspects of resident's care and support, this meeting is also attended by the DPIC and the Clinical lead for the designated Centre. The PIC and DPIC rotate attendance as relevant at weekly house meetings to provide oversight into each of the four residential houses. The Regional Manager is onsite monthly. There is a National Clinical Lead in place that provides support for Personal Care Plans, Behaviors of Concern, Medication Management and Restrictive Practice along with a Regional Behavioral Support Specialist. There is a weekly dial in for PIC and DO that offers support, guidance and updates. All staff are in receipt of Supervision in line with Camphill Policy.

The Regional Manager has a schedule of unannounced inspections in place for all the designated centre's they have responsibility. This schedule is in place and held at a national level to ensure oversight.

A supervision schedule is in place for 2020. Supervision will take place in line with this schedule. An annual review of the designated centre has also been time lined. This review will be carried out by the Regional Manager. Also, Critical Review meetings will be held in the designated centre on a monthly basis. These reviews will allow the PIC to collaborate with their national structure to address any supports that may be required within the designated centre.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

A full audit of all risk assessments in place within the Designated Centre will take place and be overseen by the Person in Charge. The audit will complement the existing schedule in place for all risk assessments and ensure that where relevant risk assessments will be archived.

The designated centre holds and updates as necessary a risk register, which serves to identify and assess risks within the centre. All incidents/accidents or near misses are reviewed weekly at a community welfare meeting. All serious incidents or adverse events involving incidents involving resident are reviewed at management meetings to ensure an adequate and comprehensive response has been implemented and is providing the required support effectively.

A daily handover is completed by each house and supplied to the PIC for review. This handover requires immediate reporting of any accidents, incidents, near misses. This reporting allows for an appropriate response to be put in place with oversight at a senior

level.

The designated centre also operates a management on call system which is in place from 8pm to 8am. This on call procedure ensures that there is a manager on sight or on call within the designated centre at all times.

In line with previous years a Health and Safety Audit will be conducted within the designated centre. This audit allows for a national oversight of all matters relating to health and safety within the designated centre.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 A schedule of planned announced fire drills will be implemented in any residential house, where it has been evidenced that a resident may not evacuate.  
 Different motivators and strategies will be implemented and trialed during these announced evacuations with the aim of ensuring all residents evacuate when necessary.  
 A fire safety improvement investigation report has been commissioned with a Chartered Engineer (Fire) which will identify all works required to ensure full compliance and risk assess all areas that work. Engagement with funders will start after receipt of the report to ensure all work can be commissioned and executed.  
 Fire checks are completed daily in each residential house and these checks are overseen by the PIC.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
 As stated in the report residents of the designated centre have individual personal plans in place. This plan clearly sets out the needs of the residents and have been reviewed in line with the regulations. These plans have been informed by relevant comprehensive assessments and developed with input from the residents and where appropriate with families.  
 One resident requires further assessment to determine their longer-term suitability for the current designated centre. A fully revised assessment, care plan, BSP and relevant protocols are in place for this resident. Once the person in charge is satisfied that all potential treatments, pathways, and outcomes of treatments are known, then the person in charge will ensure that this assessment is completed in a timely manner in consultation with all stakeholders.

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  All residents are supported to access Medical Practitioners of their choosing as well as other health care services as required.  A follow up review by a new dietician has been completed on 12/11/19. A schedule of follow up appointments is now in place.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  All residents finances are checked daily by house based staff. The person in charge also oversees the reconciliation of residents finances on a monthly basis. A recent audit has taken place by the providers internal Auditor. This audit focussed on residents finances and deductions. There were no cause for concern raised from this Audit. Any purchase over a set amount by a resident must have oversight by the Person in Charge. A full investigation into potential financial abuse within the designated centre has been completed. The draft findings and recommendations of this investigation is to be submitted to national office for presentation to CCoI's board of directors for their review. Recommendations will be followed up in a timely manner.  All staff in the designated centre are trained in relation to the detection and prevention of and responses to abuse.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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.	Substantially Compliant	Yellow	01/01/2020
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	01/02/2020
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	Substantially Compliant	Yellow	01/01/2020

	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.			
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.	Substantially Compliant	Yellow	01/02/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	03/04/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	28/02/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive	Substantially Compliant	Yellow	27/03/2020

	assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	01/01/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	21/02/2020