



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

Issued by the Chief Inspector

Name of designated centre:	Group H - St Vincent's Residential Services
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	31 January 2020
Centre ID:	OSV-0003931
Fieldwork ID:	MON-0025232

About the designated centre

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

Group H - St Vincent's Residential Services is a large dormitory which is part of a larger building that is located on a campus. The centre provides full-time residential support for a maximum of five female residents, over the age of 40 with intellectual disabilities. Residents attend day services which are located on the same campus and also run by the provider. Support to residents is provided by the person in charge, nursing staff, care staff and household staff. All residents have their own individual bedrooms and other facilities in the centre include bathrooms, a sitting room, a dining room, a kitchenette, a relaxation room and a staff office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 31 January 2020	10:00hrs to 18:25hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

On arrival at this designated centre, the inspector met two residents as they were leaving the centre to attend a nearby day service. These residents were being supported by staff members and greeted the inspector. One of the residents was particularly keen to see the inspector's certificate of identification, which was provided to them for review before they left.

After entering the centre, another resident was seen to be relaxing watching television before being supported into the kitchen to have a meal. It was noted that this resident was supported with their meal in a respectful and appropriate manner. Another resident was brought back from a morning day service and was also supported to have a meal before engaging in some table top activities.

The resident appeared to enjoy these activities and seemed to be looking forward to going home to visit their family for the weekend. The staff member showed the resident a bag they were going to pack for them and upon seeing this bag, the resident appeared very happy. This resident left the centre shortly afterwards for their visit home. A third resident was also present at this time who greeted the inspector before leaving to attend their own day services.

Throughout the inspection day, residents were engaged in nearby day services run by the provider outside of the centre. All residents (apart from the resident who went home for a weekend visit), returned to the centre for meals in the afternoon and evening. The residents appeared to enjoy these meals and were given appropriate support where required. For example, when one resident indicated that they had spilt some drink on their jumper, a member of staff took the resident to their bedroom to support them to change.

Towards the end of the inspection, and after the completion of the residents' day services, it was noted that the four residents present appeared relaxed and content while in the designated centre. A sociable and warm atmosphere was observed where staff had positive interactions with the residents. The inspector observed staff to be very respectful towards residents during the inspection. For example, they were seen to knock on residents' bedroom doors before entering and responded promptly to any requests or questions raised by residents.

Capacity and capability

The provider was making progress to ensure that residents were transitioned away from this designated centre to a premises that was more suited to their needs. While awaiting this transition, there was evidence that the provider had put in place

some good systems to support residents. It was noted though that the remit of the person in charge required improvement to ensure that they could discharge all of their required duties.

This designated centre had previously gone through a period of escalation with HIQA, and had last been inspected in July 2018 where concerns were raised in relation to the suitability of the premises and the overall fire safety systems provided. In response to this, the provider submitted a plan to HIQA undertaking to move all residents from this designated centre and ultimately close the centre by September 2020. In light of this, the designated centre was registered with an additional restrictive condition requiring the provider to adhere to the plan. Updates received by the provider prior to the current inspection indicated that progress was being made towards meeting this condition. The purpose of this inspection was to assess such progress and review the supports that were being provided to residents while they remained in this designated centre.

Overall, it was found that progress was being made towards meeting the restrictive condition and ensuring that residents move on from this centre by the end of September 2020. Two new potential designated centres had been identified where it was intended that residents would transition to. Support and information was also being given to the residents to facilitate these planned transitions. Senior management of the provider, the person in charge and staff indicated confidence that this centre would be closed by the end of September 2020 with residents moved to a more appropriate setting. Based on the findings of this inspection, the provider was fulfilling their stated actions to address the areas for improvement, highlighted by the July 2018 inspection report, ensuring that residents were provided with a premises, with sufficient fire safety systems, that was designed and laid out to meet their needs. During the course of the current inspection, the provider was reminded of their legal responsibility to formally notify HIQA of their intention to close this centre six months before the intended closure date.

It was noted that the provider had put some good arrangements in place to support residents while they remained in this designated centre. This included the provision of suitable staffing arrangements. Staff members generally demonstrated a good knowledge of residents' needs and were seen to interact with residents in an appropriate manner throughout this inspection. Staff rosters were maintained in the designated centre, which indicated that there was a strong consistency of staff support provided for residents. This is important to ensure a continuity of support is maintained and that professional attachments are not disrupted. While reviewing the staff rosters it was observed that the person in charge was rarely indicated as working in this designated centre. For example, during December 2019, the rosters indicated that the person in charge had only been rostered to work one day in the centre.

The person in charge was suitably skilled, experienced and qualified to perform the role but, at the time of this inspection, they were responsible for a total of two designated centres. The residents in both of these centres had varying levels of needs. The person in charge indicated that, while they did visit the current centre frequently and was in regular contact with staff, they were more present in the

other designated centre which they were responsible for. In addition, it was highlighted by the person in charge, and members of senior management of the provider, that the person in charge worked front-line shifts, supporting residents in both centres and did not have any protected time to help ensure that they could effectively carry out all of their duties as person in charge. This was evident in the current designated centre in areas such as individual personal plans and staff supervisions, which under the regulations are the direct responsibility of the person in charge.

The limited presence of the person in charge in this centre reduced the potential for informal supervision of staff practice. The provider's own unannounced visits, carried out in November 2018 and May 2019, had also highlighted a need for the person in charge to arrange formal supervision meetings with staff members. However, the person in charge informed the inspector that no such supervision meetings had taken place, with the lack of protected time and remit over two designated centres indicated as reasons for this. It was also noted that some specific areas in this centre such as individual personal plans, the designated centre's fire register and the use of PRN medicines (medicines only taken as the need arises) had not been audited since 2018. Carrying out audits in a systematic manner is beneficial to ensure that the service provided to residents is assessed and evaluated regularly. Gaps in such auditing were related to the person in charge's remit at the time of this inspection and their lack of protected time.

The provider had ensured that they were performing some key regulatory requirements to monitor the quality and safety of care and support provided to residents. The provider carried out unannounced visits every six months which were reflected in written reports along with action plans to respond to issues identified. The most recent provider unannounced visit had been carried out in November 2019 and there was evidence that identified actions were followed up on. It was noted that the actions plans for some earlier provider unannounced visits had not been updated to indicate if certain actions had been completed or not. An annual review had also been conducted for this centre, most recently in March 2019 which was reflected in a written report, available for the inspector to read. The annual review focused on various areas including the service received by residents. The provider had ensured that the annual review provided for consultation with residents and their families, the outcome of which was reflected in the written report.

An organisational structure was in place for this designated centre, which was known to the staff members and management. It was noted that aspects of the reporting arrangements within this structure were not clearly reflected within the centre's statement of purpose. This is a document that forms of the basis of a condition of registration and which must contain specific information as required by the regulations. While reviewing the statement of purpose, it was also noted that the designated centre's staffing compliment was not outlined in whole-time equivalents (WTE) as required, although all of the other necessary information was provided for. A directory of residents was also maintained in the designated centre, which again contained most of the required details. It was noted that the exact dates of the first time residents came to reside in the current designated centre

were not accurately stated.

Regulation 14: Persons in charge

The person in charge was responsible for a total of two designated centres. It was noted that they worked front-line shifts, had no protected time and spent more time in their other designated centre. This affected their ability to carry out all of the regulatory duties, such as staff supervisions. The inspector was not assured that the provider had adequate arrangements in place to support the person in charge allowing for effective oversight and administration of the current designated centre.

Judgment: Not compliant

Regulation 15: Staffing

Appropriate staffing arrangements were in place to support residents. This included the provision of nursing staff and a strong level of staff consistency. Planned and actual rosters worked were maintained in the designated centre. Staff files were held centrally by the provider and were not reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Formal supervision of staff members was not being carried out by the person in charge as they spent more time in another designated centre. This reduced the opportunities for informal supervision of staff practice.

Judgment: Not compliant

Regulation 19: Directory of residents

A directory of residents was in place which contained most of the required information but it was noted that the exact dates of the first time residents came to reside in the current designated centre were not stated accurately.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was making progress towards ensuring that the restrictive condition to close the centre by the end of September 2020 and transition residents elsewhere was being fulfilled. As such, based on findings of this inspection, the provider was implementing their stated actions in response to the findings of the July 2018 inspection in a timely manner. Regulatory requirements such as provider unannounced visits and annual reviews were being carried out in a timely manner with written reports of these maintained. The reports from the provider's provider unannounced visits included action plans to respond to issues raised, but it was noted that some action plans did not indicate if certain actions have been completed or not. While some audits have been carried out in 2019, some aspects of the service provided had not been audited since 2018.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained most of the required information such as the services to be provided, the arrangements made for respecting residents' privacy and the arrangements for residents to attend religious services. However, it was seen that the statement of purpose did not set out the staffing compliment in WTE while aspects of the reporting structures were not clearly stated.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had systems in place to maintain records of any complaints raised. Information on how to raise complaints was available in the designated centre, while complaints were a standing agenda item for resident meetings that took place in the centre.

Judgment: Compliant

Quality and safety

The premises, along with the fire containment measures in the designated centre, continued to be unsuitable to meet the needs of residents. However, it was seen that residents were supported to be involved in the wider community while also being actively supported for transitions to other environments. Improvement was required in relation to the management of risk in the designated centre.

This designated centre was comprised of a large dormitory which was part of a larger building based on a campus setting. As had been highlighted on previous inspections, this premises was not designed and laid out to meet the needs of residents. It was noted that attempts had been made to give the designated centre a homely feel. For example, residents' individual bedrooms were brightly decorated and personalised while the sitting room was also bright and well-furnished. Particular equipment that was in use in the centre was noted to have received maintenance checks in a timely manner. While efforts were made to ensure that the premises was clean, on arrival at the designated centre, the inspector did observe that the floor of the kitchenette and dining room was in need of cleaning.

In addition, the premises provided was not constructed in a manner that was capable of containing a fire, particularly as the internal walls of the premises connected to a suspended ceiling and did not extend to the roof of the overall building in which the centre was part of. It was also noted that fire doors, which help contain the spread of fire and smoke, were not present throughout the premises. It was seen that other fire safety systems such as a fire alarm, emergency lighting, fire extinguishers and a fire blanket were present and had regular maintenance checks to ensure that they were working properly. The fire evacuation procedures were on display in the designated centre, while residents were involved in regular fire drills. Records reviewed indicated that all staff members had received fire safety training.

It was acknowledged by the provider that the premises and overall fire safety of this centre were unsuitable. In line with the centre's restrictive condition, it was seen that residents were being actively supported to leave the centre in the months ahead. It was clear from records of regular resident meetings held in the centre that such issues were discussed. Residents had also been offered to choose the paint colours and furniture for their new intended homes. As these homes were located in an area away from the campus where the current designated centre was based, it was seen that residents were being supported to become more familiar with their future locality. For example, residents had attended mass and visited coffee shops in this area. Some residents had also been facilitated to spend time with other individuals whom it was intended that they would be living with after their move away from the current centre.

Residents were supported to maintain contact with their family members either through regular phone contact or visits to family members. Visits to the designated centre was also facilitated and a private space was available for residents to receive visitors in private if they so wished. All residents participated in day services within the campus grounds but there was evidence that they participated in activities which

they enjoyed on a regular basis away from the campus. These included meals out, cinema visits and attending concerts while it was seen that some residents had undertaken a trip to Knock during 2019. To facilitate external activities the designated centre had access to their own vehicle which was reviewed by the inspector. It was observed that this vehicle was roadworthy, was appropriately insured and contained key safety equipment such as a first aid kit and a fire extinguisher.

Supporting these residents to access the community and maintain personal relationships helped to provide for residents' general development and provide for their needs. The residents' health, personal and social needs were outlined in their individual personal plans. The inspector reviewed a sample of these plans and noted that they were informed by relevant assessments, but it was seen that some parts of the plans and assessments relating to residents' proposed transitions elsewhere were over 12 months old. However, there was evidence of good multidisciplinary review of these residents and the supports they needed in advance of their planned transitions. As part of the personal planning process, specific goals were identified for each resident. While it was indicated that such goals were being achieved, personal plans were not clear in outlining the staff member responsible for helping residents achieve their goals.

Overall, the inspector found that a good level of guidance was available in residents' personal plans on how to support them. However, while reviewing one resident's plan, a risk assessment that related to an identified risk for the resident was read. Risk assessment forms a key part of reducing the potential negative consequences of identified risks. It was noted that the risk assessment in question had last been reviewed in November 2019 and outlined specific control measures that were intended to prevent the resident suffering any harm. A record of accidents and incidents in the designated centre were also maintained and the inspector reviewed a recent incident which involved the same resident and related to the identified risk as outlined in the relevant assessment. Based on the details contained in the incident report, the identified controls measures had not been implemented to ensure the safety of the resident.

The resident did not suffer any harm in this incident but it was observed that it could have resulted in significant adverse consequences for them. Despite this incident, the related risk assessment had not been reviewed and on the day of inspection it was found that some of the identified control measures were not fully implemented. In addition, the staff members spoken with did not demonstrate an awareness of the risk in question. This was highlighted to a person participating in management on the day of inspection and confirmation was received following the inspection that the risk assessment had been reviewed. Other risk assessments and the centre's overall risk register were also read during this inspection. While such risk documentation generally contained a good level of information on how to mitigate against identified risks, it was seen that a number of risk assessments were overdue a review while some risk assessments did not clearly indicate the level of risk after specific control measures had been applied.

While risk management was an area for improvement, the provider had taken

appropriate measures to safeguard residents from abuse. All staff members had been provided with relevant safeguarding training while those spoken with during the inspection were able to describe what they would look out for and how they would respond if they had a safeguarding concern. Evidence was seen that any concerns were responded to appropriately and in a prompt manner. Throughout the inspection, residents were observed to be very comfortable in the presence of staff members on duty who treated the residents respectfully. Efforts were also made to preserve residents' dignity and privacy. For example, residents had intimate personal care plans in place while staff members knocked on residents' bedroom doors before entering. It was observed though that some employees of the provider, who were not working directly with the residents, entered the designated centre without ringing the doorbell at the entrance, despite a clear sign requesting the doorbell to be used.

Regulation 11: Visits

Space was available within the designated centre for residents to see any visitors in private. Evidence was seen that residents were facilitated to have visitors at the designated centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to maintain contact with their families and develop relationships with people that they might be living with in the future. A vehicle was available for the centre which facilitated various activities such as cinema visits, trips for coffee and meals out.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre did not meet the needs of residents. The kitchen and dining room floor was observed to be in need of cleaning.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

Residents were given information about their intended transitions away from the centre. Support was provided to residents around such transitions with relevant plans in place that had multidisciplinary input.

Judgment: Compliant

Regulation 26: Risk management procedures

A number of risk assessments were overdue a review while residual risk ratings were as not consistently stated in some assessments. Some specific controls as outlined in a relevant risk assessment had not implemented which led to a potential significant incident for one resident. Staff members spoken with did not demonstrate a sufficient awareness of this particular risk.

Judgment: Not compliant

Regulation 28: Fire precautions

The premises provided was not constructed in a manner that was capable of containing a fire. This included the overall structure and a lack of fire doors throughout the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an individual personal plan which was informed by assessments of needs but some relevant assessments and parts of the plan were over 12 months old. Personal plans were subject to multidisciplinary review and specific goals were identified. It was noted though the reviews of some goals required improvement while it was clearly indicated who was responsible for supporting residents with some of their goals.

Judgment: Substantially compliant

Regulation 6: Health care

Support was given to residents to undergo particular health interventions, such as flu vaccines, recommended assessments and national screening programmes. Residents also underwent an annual health check with a general practitioner. The health needs of residents were monitored regularly but the inspector did observe some gaps in clinical observations for one resident during 2019.

Judgment: Substantially compliant

Regulation 8: Protection

Responses to any safeguarding concerns were appropriate and done in a timely manner. All staff members were provided with relevant training and staff members spoken with had good knowledge of how to spot and respond to any safeguarding matters. Residents had intimate personal care plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

Efforts were being made to promote residents' privacy by staff members working in the designated centre such as knocking on bedroom doors before entering. It was observed though that some employees of the provider entered the designated centre without ringing the centre's doorbell. Residents were consulted through regular resident meetings where various issues such as complaints, safeguarding, events and food were discussed.

Judgment: Substantially 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	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Group H - St Vincent's Residential Services OSV-0003931

Inspection ID: MON-0025232

Date of inspection: 31/01/2020

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
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The provider will provide the person in charge with protected hours on a weekly basis to support effective oversight and administration of the designate centre.</p> <p>Staff supervisions meetings have commenced since inspection by the person in charge and will continue for all staff.</p> <p>The person in charges time in the designate centre will be reflected within the roster.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The provider will provide the person in charge with protected hours on a weekly basis to support effective oversight and administration of the designate centre.</p> <p>Staff supervisions meetings have commenced since inspection by the person in charge and will continue for all staff. All staff in the centre will have the first supervision meeting completed by the 13th of March 2020.</p>	

Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The provider will get dates of admission for all residents to the current centre and provide same to person in charge.</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> <p>The person in charge and the person participating in management have reviewed the audits and also those outstanding. Outstanding audits in PRN usage and Fire folder have been completed since inspection. All audits will be scheduled to ensure all up to date and completed.</p> <p>All actions from audits are being reviewed by the person in charge a and the person participating in management to ensure actions are completed or that additional support is put in place to support completion of actions.</p> <p>All completed by 26/02/2020.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of purpose has been updated to include all information regarding the staffing whole time equivalent and the organizational structure. This has been submitted to the authority week commencing 17/02/2020.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All residents will transfer from this cente by 30/09/2020. The centres kitchen and dining room floor have had a deep steam cleaning by a contacted cleaning company on</p>	

26/02/2020.	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The person in charge has planned a date with the health and safety office to deliver staff training and input in risk management, completion of risk assessments and rating risks and residual risk ratings. This will be completed for all staff by the 31/03/2020.</p> <p>The person in charge and the person participating in management will review the risk assessments in place in the center within this time frame.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All residents will transfer from this centre by 30/09/2020. The centre will close at this date.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge has linked with the clinical nurse manager one, and all key workers regarding the review of all care plans and assessment for each resident. This review will be completed for all plans of care by 12/04/2020.</p> <p>All goals and goal tracking will also be reviewed; the staff team are receiving support and training from the transforming lives co coordinator regarding same.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: All health care and interventions for same will be managed in a timely manner, and monitored and follow up for receipt of results and appointments will be in place where there are evidence of delays re same.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider will contact all staff of the service and stress the importance and requirement for all staff and visitors to any Centre, to ring the doorbell or knock on the doors before entry.</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 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	26/02/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	26/02/2020
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	Not Compliant	Orange	30/09/2020

	of residents.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	26/02/2020
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	29/02/2020
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.	Substantially Compliant	Yellow	26/02/2020
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 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	Substantially Compliant	Yellow	26/02/2020

	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.	Not Compliant	Orange	31/03/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	24/02/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently	Substantially Compliant	Yellow	12/04/2020

	than on an annual basis.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	12/04/2020
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	12/04/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	20/02/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space,	Substantially Compliant	Yellow	28/02/2020

	personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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