



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

Issued by the Chief Inspector

Name of designated centre:	Waxwing 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	11 August 2020
Centre ID:	OSV-0004918
Fieldwork ID:	MON-0030093

About the designated centre

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

This designated centre is comprised of one detached single storey premises located in a small housing development in a rural location. It is close to a large city and transport is provided. Residential services are provided to a maximum of six residents and the house is staffed on a full-time basis. The provider aims to provide each resident with a safe homely environment, quality care and supports appropriate to their individual requirements; this is achieved through a process of individual assessment and planning. The provider aims to support residents of all abilities but who are experiencing a need for increased care and support in relation to their disability or increasing age. Residents are supported to enjoy a quieter pace of life but to have continued access to the day service and the wider community in line with their preferences and ability. The model of care is a social model and the staff team is comprised of social care workers and support workers. Direct team management is by an administrative team leader. This person reports directly to the person in charge who is based off site. The house is comprised of six individual bedrooms, two bathrooms, a sitting room, dining room / kitchen, utility room, store room and staff office. A large garden to the rear of the property is secured.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Tuesday 11 August 2020	09:30hrs to 16:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

At the start of the inspection, the inspector met with two residents who were preparing for the day and having breakfast. Both residents had verbal communication. One resident was on a semi-retirement programme and could decide to arrange their own day programme with the staff on duty. Both residents choose their own breakfast and were assisted by staff to prepare for an outing later in the day. Both residents appeared very happy, were very comfortable with staff and were afforded time to make their wishes known. Some residents were observed to remain in bed and were supported to get up when they choose to. These residents were offered breakfast in line with their preferred choice.

Four residents spoke about living in the house and the support they got from staff. Each resident stated that they enjoyed going for spins in the bus and going to parks and shopping. Some residents stated they missed home due to the current COVID-19 restrictions but were happy that home visits and visitors had recommenced. Residents spoke of their specific interests in hurling, action figures, action movies, country music and animals. Resident's showed the inspector photographs of their attendance and participation in these interests. One resident was very proud of a mobile phone that they used to contact their family members. Two residents took time to join the inspector in the back garden where physical distancing was easily maintained.

One resident spoke in great detail about their transition into the designated centre. They recounted events that occurred in the early stages of settling in to the house. They stated they were happy with how staff supported them. They confirmed that there had been no repeat of behaviours of concern towards them and that they felt safe. While this resident missed some of their friends from their last home, there were also residents that they did not miss. This resident had also made complaints to staff regarding the level of noise by other residents at night that impacted on their sleep pattern. While the resident was unsure what actions staff had taken, they were sure that the house was a lot quieter at night now. This resident said that staff helped them a lot and made sure they had plenty of colouring materials.

Residents were observed to move around the house, unrestricted. Residents were observed to be comfortable in each others presence. Residents were observed to assist each other with minor activities as well as assist each other with communicating their needs to staff. Some residents were clear that they could go to staff with any concerns they may have. Some residents were also observed to attend to hand hygiene, without prompting.

Capacity and capability

The inspector found that the designated centre overall, was well managed to meet the assessed needs of most residents. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and well cared for. The focus of care was person centred.

The registered provider had in place a team of care staff that were well trained. The person in charge was employed in a full-time capacity but remained on extended leave. This had been notified to the Health Information and Quality Authority (HIQA). The person named as participating in management had undertaken the person in charge role. While this person was not based in the designated centre, the provider had allocated an experienced team leader / administrator to the designated centre. Staff numbers allocated to the designated centre by day afforded person centred care and there was evidence that activities were facilitated in the absence of structured day services. Residents also said that they felt safe and well supported by staff. The registered provider had increased the staff on duty at night time to two waking staff. The assessed needs of residents, the complaints log and the designated centres risk register indicated that the additional allocation of staff at night accounted for increased resident safety and promoted better sleep patterns. However, the registered provider could not ensure that a commitment to this staffing arrangement would extend beyond a rolling one month unless additional funding was sourced. The inspector was not assured that the number of staff was appropriate to the assessed needs of residents beyond the month of inspection. This was based on the differing clinical presentations of each resident, the physical and manual handling needs of some residents and the vocalisation and activity of residents at night time. The staffing resources currently available to the designated centre were discussed with the person in charge and person participating in management during the inspection feedback meeting. A statement of purpose submitted to the inspector the week after the inspection stated a revision of staff resources to ensure that the assessed needs of residents would be met.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training records of ten staff were reviewed. 40% of staff required refresher training in fire and safety while one new staff member required full training. 90% of staff had current training in the management and prevention of aggression while all staff had current training in relation to safeguarding vulnerable adults. 90% of staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of personal protective equipment (PPE). 85% of staff had undertaken hand hygiene training. 80% of staff had undertaken training in relation to the safe preparation of food. Staff had undertaken additional training to meet the assessed needs of the residents with conditions such as epilepsy and dementia.

Six monthly unannounced audits and the annual review of the service were undertaken and areas for improvement were identified. While some areas were

actioned and completed, it was not clear who was responsible for these actions and what time frame was attributed to completing the action. There was no indication as to who had completed the report on behalf of the registered provider. The registered provider had focused on reviewing areas on non compliance as identified in the previous HIQA inspection. The review did not demonstrate a comprehensive review of the quality, safety of care and support in the designated centre. As part of the annual review, residents and families were surveyed. Of the three families that responded, overall feedback was positive. Recorded staff meetings had not taken place within the last six months, however communication between both staff groups within the designated centre was through the team leader who worked Monday to Friday.

The provider's statement of purpose was current and accurately reflected the operation of the centre on the day of inspection. The person in charge ensured that the statement of purpose was updated and resubmitted to support the registered providers application to renew registration and to reflect the staffing resources allocated to the designated centre. The directory of residents was well maintained and all relevant information was current.

The provider had in place a complaints policy and all complaints were well documented in a complaints log which was up to date. Complaints were divided into informal and formal complaints and a point of contact and escalation were also recorded. A delay in response by the complaints officer to one complaint was noted to be as a result of staff on annual leave, however, the complaints process had improved since the previous inspection. How to make a complaint was displayed in an easy to read format in the designated centre. Details on how to contact a confidential recipient were also on display. The information was clear on how an appeals process could be accessed. All complaints had the satisfaction of the complainant noted.

Notifications of incidents arising per regulation 31 were notified to the HIQA. Appropriate safeguarding actions were implemented by the provider and this was evident through the allocation of additional staff resources during the evening and night time.

Two newly recruited staff files were examined on the day of inspection. All information and documentation in respect of these staff members were accurate and in adherence to schedule 2 requirements.

The registered provider had ensured that the application to renew registration of the designated centre had been made to the Chief Inspector in a timely manner and in compliance with schedule's 1, 2 and 3 requirements.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted all necessary document to the Chief Inspector to support the application to renew registration.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the qualification and skill mix of staff was appropriate to the assessed needs of the residents by day. However, the inspector was not assured that the assessed needs of residents would continue to be met at night time.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised. Staff had undertaken specific training based on the assessed needs of residents, however, mandatory refresher training was required by staff in the area of fire and safety training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all residents availing of residential services.

Judgment: Compliant

Regulation 21: Records
All information and documentation in respect of two new staff members were accurate and in adherence to schedule 2 requirements.
Judgment: Compliant
Regulation 23: Governance and management
The registered providers had management systems in place to ensure the service provided was safe, however, the annual review did not provide a comprehensive review of the quality and safety of care and support in the designated centre.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The registered provider had in place a current statement of purpose that was available to residents and their families.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had notified to the Chief Inspector all notifications and incidents within three working days.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had in place a complaints process and procedure that was prominently displayed and available in an easy to read format.

Judgment: Compliant

Quality and safety

Overall, the inspector found the designated centre was providing a service that was safe for residents. The general welfare of residents was promoted and concerns raised by residents were effectively dealt with. Staff and resident interactions were observed to be warm, respectful and meaningful. Residents liked living in the designated centre and enjoyed the homely atmosphere. There had been a marked deterioration in the state of repair of the designated centre since the previous inspections and bathing, shower areas and toilets were not of a standard suitable to meet the current assessed needs of residents.

There was evidence that residents had a meaningful and active life despite the limitations due to the current COVID-19 epidemic. Residents were observed to be unhurried and given time and opportunity in the morning to have their breakfast and plan for the day. Staffing levels by day supported person centred planning and individualised support. Residents were supported by staff to partake in recreational activities. Some of the supported activities included walks in places of interest to residents. These were parks, coffee shops and shopping centres.

The support of residents' rights were evident through choice of activities and times of activities determined by the resident. There were communal areas as well as private areas for residents to spend time alone with their activity of choice, watch movies as well as receive visitors. Residents had individual bedrooms for privacy. Residents had unrestricted access to all areas of the house. Staff supported residents to have a weekly meeting and all attendees were recorded. The minutes reflected that areas discussed related to complaints, resident safety, planning activities and meals, fire safety and privacy.

Residents had defined goals that were subject to quarterly review. Each plan incorporated the input from the resident, their key worker, families and the multidisciplinary team. All personal care planning documentation was readily accessible and maintained in good order. Each resident had a current plan and information in relation to their healthcare needs. This plan was comprehensive and covered all aspects of a residents physical and mental health. Changes noted in relation to residents health were supported by relevant follow up assessments and appropriate interventions. Residents who required medical or hospital interventions were supported to do so by staff and their families. Because of the current pandemic, the team leader was facilitating clinical review and meetings through virtual forums.

Staff in the designated centre had received training to support residents with behaviours that challenge. Each resident that exhibited such behaviour had a behaviour support plan in place. These plans however, were not subject to regular review and one residents' plan had not been formally reviewed as outlined as part of

their transition and settling period into the designated centre.

The inspector reviewed three specific notifications that had been made previously to HIQA. Safeguarding measures were still in place. Two incidents had been appropriately subject to preliminary screening and the designated officer had been informed in both incidents. The safeguarding action plan in place was subject to regular review.

The restrictive practices in place on the day of inspection had all been previously advised to HIQA. Practices were of the least restrictive means to ensure resident safety and all were individually risk assessed. The risk assessments were very clear and outlined the rationale and supports afforded to residents. The designated centres risk register had also been recently updated. The register also reflected current restrictive practices in place, as well as behaviour support plans, to reduce the likelihood of identified risks.

The premises presented as tired and in need of remedial maintenance works. While bedroom areas were better maintained, communal areas used by residents and staff were in need of upgrading and repair. Paintwork was cracked and broken, skirting was loose and flooring was extensively marked. General wear and tear to what had been wipeable surfaces were observed on inspection to be sticky and grubby. The two bathroom facilities were unsuitable to meet the assessed needs of residents with mobility issues and perceptual difficulties. The person in charge did outline a plan and commitment to extensively refurbish the two bathrooms. This plan had been impacted by the current pandemic. The inspector also discussed the presence of litter and broken light fittings in the back garden, loose kerbing and block work, broken garden furniture and discarded paint tins in areas accessed by residents. The inspector observed discarded cigarette butts in the back garden area. None of the residents were smokers. A new boiler had been installed in the designated centre in February 2020. This boiler had exposed pipework and wiring in an area accessed by residents. There was no evidence that the secure garden area had been viewed or developed in relation to the needs of residents, especially those with dementia. Dedicated storage was required for cleaning equipment.

The fire and safety systems in place were to a good standard. All fire equipment, detection systems and emergency lighting were serviced in the current year. A fire safety checklist was completed by staff on a daily and weekly basis. Fire doors were checked weekly and all fire equipment checked by staff on a monthly basis. Not all staff had up to date fire and safety training as previously described under Regulation 16. All fire exits and escape routes were clear on the day of inspection. Fire drill evacuation times were not recorded for drills that had occurred in the last six months. Residents names and staff names who had taken part were not recorded accurately. A fire door that was central to the designated centres fire compartment plan failed to close on the day of inspection. This matter was addressed on the day after inspection by the providers maintenance department. The records maintained by the person in charge, reflected that this door operated properly at all other times.

All communication was observed to be respectful and done in a manner that supported residents. Residents had access to communal televisions. Residents also

had access to telephones within the designated centre and some used their own mobile phone. Each residents communication passport was part of their overall individual care plan. Staff used photographs and pictures to impart information to residents in relation to daily activities and staff on duty.

Staff demonstrated good knowledge in relation to preventing the spread of healthcare associated infections. There were personal protective supplies within the designated centre and staff were observed to have good hand hygiene practices. There was a recorded cleaning schedule maintained for frequently touched areas, the staff office and the designated centres transport. Staff were split into separate rota's to ensure continuity. To date, there had been no COVID-19 related infection associated with the designated centre. The team leader maintained a record of staff temperatures. Most staff had undertaken training in the safe preparation of food. There was no proper storage area for buckets and mops used to clean the designated centre and these items were placed outside the back door as referred to in Regulation 17.

Residents informed the inspector that they enjoyed the variety of food in the centre. It was evident that there was food and snacks of choice accessible to residents. Residents said they enjoyed cooking with staff. Staff were very vigilant in relation to the risks posed by food to some residents and a high level of support was given to residents when eating. Each resident had adequate storage for their personal clothing and possessions.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident used and retained control of their own clothes as well as having adequate space to store personal property.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access occupation and recreation.

Judgment: Compliant

Regulation 17: Premises

The designated centre was not designed to meet the current assessed needs of some residents, required internal and external repairs and required additional cleaning and decoration.

Judgment: Not compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and all food was properly prepared, cooked and served.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a current risk register in place and risk control measures were proportional to the risks identified.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections and the designated centre complied with current COVID-19 guidelines.

Judgment: Compliant

Regulation 28: Fire precautions
The registered provider ensured that there was an effective system in place for the management of fire and safety, however, recorded fire drills lacked information in relation to attendees and times.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
The registered provider had in place a comprehensive personal plan for each resident that reflected the nature of residents' assessed needs and the supports required.
Judgment: Compliant
Regulation 6: Health care
The registered provider ensured that appropriate healthcare was provided to each resident having regard to their personal plan.
Judgment: Compliant
Regulation 7: Positive behavioural support
The registered provider ensured that all restrictive practices were applied in the least restrictive manner, however some positive behaviour support plans required current review.
Judgment: Substantially compliant
Regulation 8: Protection
The registered provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and skills needed for self-care

and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each resident's privacy and dignity was respected.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Waxwing 1 OSV-0004918

Inspection ID: MON-0030093

Date of inspection: 11/08/2020

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The night time staffing requirement for the designated center will remain as per the Statement of Purpose up to and including the night of the 27/09/2020, 2 waking night time staff on duty. • A resident is transferring from the designated center on 28/09/2020 and the additional staff member identified to support their night time needs, will transfer from the center on this date. • The waking night time staff will revert to 1 staff on the 28/09/2020. • A new resident will transition to the area on 30/09/2020, they do not have a need for a high level of support by staff at night • The changing needs of the residents in the center remain under ongoing review. The risk assessment process will be utilized to escalate risks related increased support needs which attract a high risk rating, relative to the night time supports currently in place. • On call support is provided by Integrated services by night. • A second staff remains on duty up to 22.00pm 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • All staff required to attend fire Safety training have been identified in the designated center • All identified staff will attend planned training events for fire safety in October 2020 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The last 6 month review of the designated centre was completed on 20/05/2020. Due to	

the ongoing public health crisis associated with COVID 19 a risk assessment was completed nationally regarding the risk associated with in house reviews and an agreed mitigations was to move to remote 6 month reviews in the context of COVID 19 to minimize footfall in houses. As a result this review was completed remotely. The review considered the status of actions identified during previous HIQA and internal inspections. Quality and Safety of Care was considered through consultation with a resident, 3 members of the staff team and the centre administrator and 10 recommendations made under 6 regulations. The completed report was forwarded to the centre administrator and PIC to consider time frames for completion of actions. An audit tracking tool has been used since that time by the centre administrator to track progress towards actions identified and as part of the next 6 month review the reviewer will request an update on the status of same. In house reviews will recommence, in line with public health guidance when approved nationally and will include a review of resident records as well consultation with residents, staff and PIC.

- The next 6 month review is due by 30/11/2020 and will be completed in line with public guidance.
- The annual review for 2019 was due for completion by the end of Q1 2020. This target was not met due to COVID 19. This was actioned for completion as part of the most recent 6 month review. The review was finalized by the end of Q2 2020.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Covering up of the boiler and exposed pipes and wiring;
- To be completed by 02/10/2020
- Renovations of the bathrooms;
- Covid 19 restrictions prevented the progression of the renovations of the shower rooms
- Plans to progress this work has been overseen by the facilities manager
- BOCSI-LR's OT is making final adjustments to plans prior to the commencement of works
- Renovations to be completed by 31/12/2020
- Storage of cleaning equipment
- Cleaning equipment now stored in the garden shed.
- Decorative requirements
- The decoration of the center will be included in a schedule of works for 2021
- Cleaning
- A detailed cleaning routine and checklist is in place for both day and night time staff to complete
- The PIC/TL will monitor this on a weekly basis and follow up issues identified with the relevant staff
- Cleaning requirements and the staff's responsibility for the center will be discussed at the next staff meeting 31/10/2020

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The fire drill report template has been revised to include; • Time and duration of the fire drill • List of attendees (residents and staff) <p>• Fire drills are scheduled monthly, by the team leader, to accommodate participation by staff on opposite shifts</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • The appointed CNSp in Behaviour Support for this resident, has commenced work related to the review of the Behaviour Support Plan • The revised plan is due to be completed by 31/10/2020 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	28/09/2020
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.	Substantially Compliant	Yellow	31/10/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/12/2020

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	02/10/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/06/2021
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.	Substantially Compliant	Yellow	30/11/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	25/09/2020

	aware of the procedure to be followed in the case of fire.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	31/10/2020