Health Information and Quality Authority

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:	Macotar Lodge Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	03 January 2023
Centre ID:	OSV-0001506
Fieldwork ID:	MON-0038780

About the designated centre

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

Macotar Lodge Services is a designated centre operated by Ability West. The centre can provide residential care for up to six male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one premises located in a village in Co. Galway, providing residents with their own bedroom, shared bathrooms, kitchen and dining space, sitting room, utility and staff office. A garden area is also available at the front and rear of the centre. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 (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 3 January 2023	09:30hrs to 14:55hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection following receipt of unsolicited information to Chief Inspector of Social Services, where concerns were raised with regards to this centre's staffing arrangements. This inspection identified a number of significant concerns, some of which, resulted in an immediate action being issued to the provider to address night time staffing arrangements. This will be discussed in further detail in the subsequent sections of this report.

Upon the inspector's arrival to the centre, they were welcomed by a member of staff and brought to the kitchen and dining area, where they had the opportunity to meet with three residents, one of whom briefly greeted the inspector; however, due to the communication needs of the other two residents, they did not directly engage directly with her. Two other residents were having a lie on in bed and another resident was being supported by staff with their personal care needs. All residents were preparing for their day service, which was being facilitated by day service staff in the comfort of residents' own home. One of these residents had just recently returned back from spending a few days with family over Christmas and staff told the inspector that the remaining residents had celebrated Christmas together in the centre.

These six residents had all lived together for a number of years, got on well together and were of an aging profile, with some experiencing increased support needs in recent months. Of the staff who spoke with the inspector, they demonstrated strong knowledge of these residents and of their assessed needs, spoke respectfully about each individual resident and were committed in striving for these residents to receive the care and support they required. However, in recent months, this centre experienced on-going significant issues in relation to staffing resources. This coupled with the increased and changing needs of these residents, had a direct impact on the efforts of local management and staff to consistently provide these residents with the level of care and support that they required. These issues were escalated to the provider by local and senior management, however; at the time of inspection, the provider had not made any improvement to staffing resources. This resulted in the continued limitations of this centre's ability to provide a safe and good quality of service for these residents.

As earlier mentioned, an immediate action was given to the provider to address, with immediate effect, night time staffing arrangements in this centre. Subsequent to this, the Chief Inspector also requested the provider to submit additional time bound written assurances with regards to the action they planned to take to address other significant issues which were highlighted as part of this inspection.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This inspection identified a number of significant failings in relation to the provider's own governance and management arrangements, which were not ensuring residents in this centre were receiving a safe and good quality of service. Due to the nature of the findings in relation to staffing resources, risk and fire safety, an immediate action was issued to the provider to ensure the safety and welfare of these residents. In addition, the provider was required to provide further written assurances to the Chief Inspector relating to staffing, residents' assessment and risk management arrangements.

In recent months, this centre had experienced a significant lack of staffing resources, which had a profoundly negative impact on the safety and quality of care being delivered to residents. Where some residents were assessed as requiring a specific level of staff support, this was not consistently being provided during the day and was not being provided during night time hours. For example, although some residents in this centre required two-to-one staff support at all times, at the time of this inspection, only one staff member was on duty at night. Furthermore, some residents in recent months had experienced increased support needs, however; the provider had not completed a review of the staffing arrangement for this centre, to identify and ensure the number and skill-mix of staff was appropriate to meet the changing needs of those residents.

There were multiple failings found in relation to the provider's oversight and governance arrangements in responding to, and addressing the specific issues arising from the lack of adequate staffing levels in this centre. Inadequate supports were available to local management to provide them with the capacity to fulfil the managerial duties associated with their role, with the person in charge regularly required to provide direct care to residents, compromising their ability to carry out their specific duties to ensure the centre was effectively managed. The monitoring of the quality and safety of care was also found to be ineffective, whereby, the provider was failing to review significant incidents that had occurred in this centre, one of which had resulted in a resident sustaining a significant injury. In addition to this, although the provider was aware of the issues arising in this centre, they failed to utilise a recently completed provider-led visit, to specifically review these areas of concern and the impact it was having on the quality and safety of care in this centre. Therefore, the outcome of this visit resulted in the issues that were highlighted upon this inspection, not being specifically identified, responded to or addressed as part of the provider’s own monitoring system.

Local and senior management had escalated to the provider, the negative impact and risk that the lack of staffing resources posed to the centre's ability to provide residents with a safe and good quality. However, at the time of this inspection, the provider had not responded to, or addressed the specific concerns that were brought to their attention.

Regulation 15: Staffing

The provider was failing to ensure that the number and skill-mix of staff working in this centre, both day and night, was appropriate to meet the assessed needs of residents. For example, some residents residing in this centre were assessed as requiring a specific level of staff support both day and night; however, this was not consistently being provided. At the time of this inspection, at night, this centre was only resourced with one staff member, which did not meet the assessed staff support needs of residents who required two-to-one staff support. Deficits were also found in the provider's ability to consistently provide residents with the staff support they required during the day, particularly in the evening time. Along with the negative consequences this regularly had on residents' ability to engage in meaningful social activities, this also had a significant negative impact on residents' supervision levels, as the centre was frequently not resourced in the evening time, with the number of staff required to maintain residents' safety.

Furthermore, where some residents' needs had increased in recent months, the provider had failed to adequately re-assess these residents' needs to inform a review of the staffing compliment for this centre, to ensure the number and skill-mix of staff working in this centre was adequate to meet the changing needs of these residents.

Judgment: Not compliant

Regulation 23: Governance and management

Significant deficits were found in the overall effectiveness of the provider's systems to monitor the safety and quality of care in this centre. For instance, following the escalation of an incident which had resulted in a resident sustaining a significant injury, the provider had failed to review this incident to establish its root cause and put appropriate measures in place to ensure the safety and welfare of all residents. In addition to this, the quality and safety of care in this centre was primarily overseen by the completion of six monthly provider-led visits, with the most recent visit completed in November 2022. Although the provider was made aware, prior to this visit, of the issues arising in this centre, the outcome of this visit didn't result in the provider responding to or addressing the specific impact and potential risks posed to the safety and welfare of residents, as were identified upon this inspection.

The provider had not ensured that this centre was adequately resourced with regards to staff. Although the impact of this centre's on-going lack of staffing resources on the quality and safety of service delivered to residents, was brought to the attention of, and escalated to the provider by local and senior management, at the time of this inspection, the provider had failed to respond and address these specific concerns. Ultimately, the responsibility for the quality and safety of care provided in this centre rested solely with the registered provider. In this centre, the

provider was not responsive in meeting the overall needs of this service, resulting in a significant and negative impact on the quality and safety of care delivered to residents.

Although this centre had a clearly defined management structure that identified specific persons and roles for overseeing the running and management of this centre, the lack of staffing resources had a direct impact on these persons' ability to have the capacity to fulfill their roles. For example, a new person in charge was appointed in this centre in September 2022. However, due to lack of staffing resources, since their appointment, they were unable to fulfill the duties associated with their role, as they regularly were required to provide direct care to residents, in order to meet the requirements of the roster for this centre. This had a negative impact on the oversight and management of this centre, as those responsible for the management of this centre, were not supported or resourced by the provider to ensure this centre was effectively managed.

Due to the significant concerns raised on this inspection with regards to risk management, fire safety and staffing resources, the provider was issued with an immediate action to address night time staffing arrangements in this centre. Subsequent to this, the provider was also requested to provide further assurances to the Chief Inspector regarding what action they were planning to take to oversee and ensure that appropriate day and night time staffing levels would be put in place and sustained, in line with residents' assessed needs. In addition, they were were also requested to provide assurances in relation to the action they planned to take to review the aforementioned incident involving a resident and to also outline their plans to ensure the re-assessment of residents' needs.

Judgment: Not compliant

Quality and safety

The six residents who lived in this centre each had specific assessed needs, with some requiring increased additional supports in recent months, due to their changing needs. These residents were of an aging profile, with some now requiring additional support with their mobility, incontinence care, personal care and neurological care needs. Inadequate staffing had resulted in increased risk to the safety and welfare of these residents and although much effort was being made locally by management and staff to mitigate against these risks, these efforts were profoundly limited in their overall effectiveness, in the absence of the provider ensuring that the centre had appropriate resources. This lack of staffing resources was also having a negative impact on residents' social care, as residents frequently didn't have the staff support they required to participate in activities of their choice.

Although the provider had risk management systems in place, these systems were ineffective in ensuring the safety and welfare of residents and staff was maintained.

Over the last two months, local and senior management had highlighted to the provider, a number of risks posed to the safety and welfare of staff and residents due to the lack of resources in this centre. These various risks were in relation to the centre's ability to safely meet the assessed staff support needs of residents and specific risks relating to the safety of staff lone-working in the centre. However, this had not resulted in the provider responding to and implementing effective control measures in response to these, putting appropriate risk assessments in place or implementing effective systems to ensure these risks were subject to regular monitoring.

Furthermore, where incidents occurred resulting in a negative outcome for residents, the provider had failed to respond appropriately to these to ensure a similar incident did not re-occur. For example, following an incident, where a resident sustained a significant injury, the provider had failed to review this incident to identify its root cause, implement effective control measures to prevent re-occurrence and to establish any learning from the incident.

Further failings were also found in relation to ensuring residents' needs were re-assessed for, as and when required. As mentioned, some residents were experiencing changing needs, however, their comprehensive assessment of need had not been reviewed to identify any changes they may need to their care and support arrangements. As residents' health care needs were changing, there was an overall lack of guidance available to staff, whereby, the provider hadn't ensured that the staff supporting these residents had appropriate training or guidance to inform their practice in providing such care.

In light of the concerns raised as part of this inspection with regards to staffing resources, the inspector reviewed the arrangements in place to support the safe evacuation of residents from the centre, in the event of fire. Where residents required a specific level of staff support to aid them to evacuate in a timely manner, current staffing levels at night did not ensure that all residents could be safely evacuated. This finding formed part of the immediate action issued to the provider on the day of this inspection.

These concerns and risks to the quality and safety of care were escalated by local and senior management to the provider; however, at the time of this inspection, the provider had not responded to and addressed these concerns.

Regulation 26: Risk management procedures

The provider's overall management, response and monitoring of risk in this centre was found to be ineffective in ensuring the safety and welfare of residents and staff was maintained. The provider was failing to adequately respond and review significant incidents that had occurred, and was also failing to adequately address and monitor for risks posed to the safety and welfare of staff and residents. Potential risks were posed to residents where the level of staff supervision they received, particularly in the evening time, was regularly compromised due to the

lack of staff on duty. Additional risks were also posed to residents who were not receiving the level of staff support that they required at night. For example, where residents required two staff to assist them with their incontinence care at night, at the time of this inspection, only one staff member was on duty. This placed a significant risk on the safety of care for these residents and also to the safety of staff who were lone-working to support them. Although these risks were escalated to the provider, the provider had not responded to these risks, put appropriate control measures in place or put effective oversight arrangements in place to oversee the monitoring of these risks.

Furthermore, in the months prior to this inspection, an incident had occurred, whereby, a resident sustained a significant injury. Although this incident was escalated, no review into this incident was completed by the provider. In addition, upon this resident's discharge from hospital back to the centre, the provider had not ensured suitable staffing levels were going to be consistently available to this resident, in line with their discharge recommendations.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had failed to ensure that appropriate staff support was available in this centre to ensure the safe and timely evacuation of residents, in the event of fire, particularly at night. Although fire drills were occurring, the outcome of these were resulting in extended evacuation timeframes. On the day of inspection, the provider was issued with an immediate action to put suitable staffing arrangements in place in this centre, to support the effective evacuation of all residents.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Some of the residents residing in this centre were experiencing changing needs and the provider had failed to ensure a re-assessment of their needs was completed to inform their care. For example, in recent months some residents required additional support with regards to their personal, mobility, incontinence and neurological care. However, no re-assessment of their needs had been completed. The failure of the provider to ensure the timely re-assessment of residents' needs negatively impacted the provider's ability to demonstrate that residents were receiving the care and support that they required, in accordance with their assessed changing needs

Personal goal setting was developed with each resident, which identified specific goals that they wished to work towards. However, due to lack of staffing resources

in this centre, this had a had a direct impact on residents' opportunities to have the staffing resources available to them, that they required to take part in activities associated with their chosen goals.

Judgment: Not compliant

Regulation 6: Health care

The provider had also not ensured that suitable arrangements were put in place to meet the changing health care needs of residents. For example, the recent changing health care needs of a resident meant they now required specific skin integrity care. However, the provider had not ensured staff supporting this resident had appropriate guidance and training as to how to support this resident with regards to this new aspect of their care. Similar failings were also found where following a significant injury to a resident, which impacted their mobility, no re-assessment of their needs was completed, and supporting personal plans were not updated to guide staff on the specific support that they now required.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant

Compliance Plan for Macotar Lodge Services OSV-0001506

Inspection ID: MON-0038780

Date of inspection: 03/01/2023

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: Assessments of Needs for all residents have been updated – completed by staff (keyworkers) and PIC on 08.01.2023. Adequate staffing arrangements are now in place to reflect the needs set out in these updated assessments. Assessments of Needs for all residents will be carried out on a annual basis or as required by key workers with the oversight and support of the PIC. The skill mix of the staff team consists of PIC, Social Care Workers, Care Assistants and relief staff panel made up of social care worker and care assistants. A minimum of three staff are now rostered on duty during resident waking hours. This facilitates meaningful social activities in the community and also provides a safe service with any residents wishing to remain in Macotar Lodge with staff supervision. A minimum of two staff are now rostered on duty during resident sleeping hours. An additional sleepover duty has been put in place as of 03.01.2023 to support the existing waking night duty. This provides support to the waking night duty if required. Recruitment processes have been further enhanced to increase efforts to recruit staff. The PPIM and HR Directorate are currently negotiating with a number of agency staffing organisations to provide supports to the service and sustain the enhanced staffing requirements. As an interim, PPIM has accessed agency relief staff to provide supports to ensure there is an adequate staffing ratio (effective since 09.01.2023).	
Regulation 23: Governance and	Not Compliant

management	

Outline how you are going to come into compliance with Regulation 23: Governance and management:
An independent investigative review is currently underway to review the incident during which a resident sustained an injury, to establish contributory factors and identify any recommended measures or actions required based on its findings regarding resident safety and welfare. The recommendations will be implemented by the PIC and PPIM with the support of the Service Provider.

Updated processes now in place regarding resident admissions to hospital, whereby the PIC will liaise with the relevant hospital in the event of an admission to request a planned discharge meeting. This will enable the PIC and PPIM to allocate staff if necessary to provide supports in line with any recommendations provided by the discharge clinician, or to escalate the request if this cannot be facilitated.

Assessments of Needs for all residents have been updated – completed by staff (keyworkers) and PIC on 08.01.2023. Adequate staffing arrangements are now in place to reflect the needs set out in these updated assessments.

A Service Review audit was undertaken on 05.01.2023 by the Director of Operational Supports & Services and Director of Clinical Supports & Services, and a report from this audit has been compiled and shared with the Senior Management Team. The two Directors created an action plan with the PIC and PPIM following completion of the audit, which includes an action for the urgent review of resident assessments of needs (completed 08.01.2023), contact with the Ancillary Services Manager and a maintenance plan to address premises issues.

The Service Provider has provided access to a relief staffing agency; the PPIM accessed agency staff to provide an adequate roster. This enabled the PIC to avail of allocated administrative hours required to fulfil the duties associated with the role. There is also a recruitment process in place which is being monitored by the PPIM for the appointment to permanent staff vacancies.

The PIC can now avail of administrative hours to provide support and guidance to staff through staff support and supervision meetings. A team meeting took place on 17.01.2023, PPIM also attended this meeting. The PIC has scheduled 1:1 supervision meetings with all staff.

PPIM has agreed to meet with the PIC every two weeks for support and supervision; an agenda will be set, and review of all actions will be completed. If the PIC has any concerns or issues, they will contact the PPIM for support.

Regulation 26: Risk management	Not Compliant

procedures	

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
A full review of all incidents has commenced and will be completed by PIC and PPIM together by 31.01.2023.

An independent investigative review is currently underway to review the incident during which a resident sustained an injury, to establish contributory factors and identify any recommended measures or actions required based on its findings regarding resident safety and welfare. The recommendations will be implemented by the PIC and PPIM with the support of the Service Provider with key learnings shared with the team.

The PIC will regularly appraise the PPIM in relation to any incidents reported in the service and to review the QMIS (incident reporting) system regularly. This will be an agenda item for regular meetings between PIC and PPIM.

All individualised and generic risk assessments in this service will be reviewed by 31.01.2023 and will be reviewed and updated on a monthly basis thereafter, or as required. The risk register for Macotar will reflect the risks in the service with regular review of this by the PIC and PPIM.

Arrangements are now in place to provide adequate staff to support the assessed needs of each resident. The staff team consists of a good skill mix which will facilitate meaningful social activities in the community and provide a safe service.

A minimum of two staff will be on duty during resident sleeping hours. There has been a sleepover duty allocated to Macotar Service as of the 03.01.202 to provide to the waking night duty if required.

For residents returning from any medical appointments, all recommendations and discharge notes will be reviewed and adequate supports will be provided.

The registered provider will review the organisational risk management policy to ensure it includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. The registered provider will ensure training has been updated to all staff by February 2023.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A sleepover duty was put in place as of the 03.01.2023 to provide support to the waking night duty in case of fire or other emergency. This will meet the support requirements set out in residents' Personal Emergency Evacuation Plan (PEEPs). Resident PEEPs have

been updated along with CEEP to reflect this change.

A night-time fire drill was completed on 04.01.2023 with two night staff on duty; all residents safely evacuated within a short timescale. Fire drills will continue on a quarterly basis and any actions should additional amendments be required will be led by the PIC. The Health and Safety will also be notified of evacuation time frames.
To minimise further risk, a plan is in place to install French doors in a resident's bedroom to support Personal Emergency Evacuation Plan.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Assessments of Needs for all residents have been updated – completed by staff (keyworkers) and PIC on 08.01.2023. Adequate staffing arrangements are now in place to reflect the needs set out in these updated assessments, which will continue to be reviewed on at least an annual basis.

A review of the roster has been completed and staff are now in a position to facilitate social outings in line with achieving residents' personal goals and activities of choice.

The addition of agency staff will support the existing staff, resulting in residents having opportunities for greater access to the community while recruitment for permanent staff continues.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Assessments of Needs for all residents have been updated – completed by staff (keyworkers) and PIC on 08.01.2023. Adequate staffing arrangements are now in place to reflect the needs set out in these updated assessments.

A review of the roster has been completed and adequate staff are scheduled to meet the needs of the residents. All scheduled appointments will be facilitated in a planned manner. An agreement is in place with the day service attended by residents to offer support if necessary to facilitate daytime appointments. There is a diary in place detailing scheduled appointments and a weekly plan will be in place to facilitate these appointments.

An information pack is now available to staff on skin integrity and pressure sores, which will be further supported and discussed in staff meetings. The registered provider is seeking access to Public Health Nurse to provide staff with appropriate guidance in the role of wound management.

Staff will be guided to contact a resident's GP or Caredoc (Out of hours Doctor) for advice if required to provide and support to any issues not otherwise addressed through guidance available to staff or access to public health nurse. A protocol is in place to provide guidance for staff.

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	Red	03/01/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	03/01/2023
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management	Not Compliant	Orange	08/01/2023

	structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	03/01/2023
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Not Compliant	Orange	31/01/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Not Compliant	Orange	08/01/2023

	management and ongoing review of risk, including a system for responding to emergencies.			
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	Red	03/01/2023
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 than on an annual basis.	Not Compliant	Orange	08/01/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	08/01/2023