



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

## Issued by the Chief Inspector

Name of designated centre:	Ard Na Mara
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0001710
Fieldwork ID:	MON-0037216

## About the designated centre

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

Ard Na Mara is a designated centre operated by Sunbeam House Services CLG located in an rural town in County Wicklow. It provides a residential service for four adults with disabilities. The centre is a large detached two storey house which consists of kitchen/dining room, utility room, games room, sitting room, conservatory, five bedrooms, a staff sleepover room, a toilet and two shared bathrooms. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is staffed by a person in charge and social care workers.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 22 February 2023	09:45hrs to 17:45hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector was provided with the opportunity to meet with all of the four residents living in the centre. The inspector spoke with the person in charge, staff, and residents. A review of documentation and observations, throughout the course of the inspection, were also used to inform a judgment on residents' experience of living in the centre.

On the morning of the inspection, three residents headed out together on a community activity which included a walk along the promenade of a nearby town and lunch in a café in a small village near to where the walk was. On returning home from the activity in the afternoon, residents told the inspector that they had enjoyed their day.

One resident, remained at home for most of the day and had minimum interactions with the other residents living in the house. In the morning the resident was supported to go to the post office, which was part of their weekly choice planner. A new visual system had been put in place for the resident, with the support of the behavioural support specialist, to better support the resident's daily and weekly choices. The inspector was informed by staff that, for the most part, the resident seemed to enjoy time by themselves and with staff, rather than with their fellow residents.

Residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. Residents participated in weekly residents' meetings where matters such as activities, healthy eating, fire drills, personal boundaries, safeguarding and complaints were discussed on a regular basis. The inspector observed from the minutes that not all residents attended in the meetings. The inspector was informed that, as part of a safeguarding plan, one-to-one weekly resident meetings, were offered to some residents.

There were ample easy-to-read and visual signs in the house for residents to better understand and be aware of what was taking place in the centre. For example, fire safety information, staff on duty, meal choices and details regarding safeguarding and making a complaint.

The designated centre consisted of a two-storey building. The sitting room had an open hearth fireplace and ample seating for residents to enjoy the space together. The inspector observed lots of photographs of residents enjoying different activities on their own and together, hanging on the walls throughout the house. The open plan kitchen and dining area opened out to a bright conservatory which further opened out to a large garden with a patio and grassed area.

All residents were provided with their own bedrooms. One of the residents showed the inspector their bedroom, their activity room and shower room. The resident's

bedroom and activity room was laid out in a way that was personal and included items that was of interest to them. However, the inspector observed that there was some upkeep and repair needed to all of the bedrooms. While, there was a planned reconfiguration to this section of the house, the current state of upkeep and repair impacted on the infection prevention and control measures in the place which in turn, posed a potential risk of the spread of infection to the resident and staff.

Since the last inspection, an upgrade to a downstairs toilet, to include a shower facility had been completed. The upgrade was completed to accommodate further planned works to another section of the house. This was in an attempt to address the compatibility issues in the house. However, there was a delay to the planned works and as such compatibility issues remained.

On review of safeguarding plans and though speaking with staff, the inspector saw that residents' activities and meal times were often provided at different times. This was to ensure the safety of all residents and reduce the risk of safeguarding incidents occurring. In addition, staff supervision of residents in communal areas of the house, such as the kitchen and sitting room, was required. Overall, the inspector found that the measures, while restrictive in nature, had seen a reduction in safeguarding incidents occur in the house however, overall compatibility issues remained in the centre and as such, not all residents' lived experience in their own home, was positive.

Residents were supported to be knowledgeable and aware of the medicines prescribed for them. Where appropriate, residents' personal plans included a medication section which listed the medicines prescribed for them. There were photographs and details about each medicine and details of why the medicine was prescribed, its possible side effects, when to take them and how long for. The information was person centred and included evidence to demonstrate that the resident had been consulted about each of their medicines and had understood the information provided about them.

In summary, through speaking with management and through observations and a review of documentation, it was evident that the management team and staff were striving to ensure that residents lived in a supportive and caring environment. However, due to on-going compatibility issues in the centre and the arrangements in place to keep residents safe, not all residents were living as independently as they were capable of in their own home.

This is discussed in the next two sections of the report which presents the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

This inspection of the designated centre was a risk-based unannounced inspection. The reason for this inspection was to monitor compliance levels in the designated centre since the last inspection, where a number of regulations had been found non-compliant. The provider had committed to completing a reconfiguration of the premises so that the layout of the environment met the assessed needs of all residents and supported the reduction of compatibility issues. Overall, the inspector found, that while the provider had made a number of improvements that better ensured the safety of residents in their home, the timeliness of ensuring a suitable and safe environment, that met each resident's assessed needs, was not satisfactory and continued to impact negatively on the lived experience of residents.

Since July 2022, there had been a significant reduction in safeguarding incidents being notified to the Health Information and Quality Authority (HIQA). This was primarily due to a number of interim measures the provider had put in place in the centre. However, while the measures had resulted in a safer environment for residents to live in, they also resulted in a number of restrictive living arrangements.

The inspector found that for the most part, there were satisfactory governance and management systems in place at local level. The person in charge carried out monthly household audits to evaluate and improve the provision of service and to achieve better outcomes for residents. The audits provided good oversight and monitored other audits and checklists in the centre such as, document inspection audits of residents' personal plans, petty cash audits, cleaning schedules, first aid and internal medical audits, but to mention a few.

The person in charge ensured that team meetings were taking place regularly. On review of the minutes, the inspector found that the meetings promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents. In particular, where behavioural incidents had occurred and where residents' plans were updated, the person in charge and staff engaged in reflective practice and shared learning.

The provider had completed an annual report for the period of June 2021 to August 2022 of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. The provider was also completing unannounced six-monthly reviews of the centre which included an action plan and timelines for the person in charge to follow up on. The centre's health and safety audit was due to be completed in March 2022.

The person in charge was responsible for the system in place that evaluated staff training needs and ensured adequate training levels were maintained at all times. There was a training matrix which demonstrated that staff were provided with both mandatory and refresher training. On the day of inspection, the inspector found that specific medical training relating to the needs of a resident was required. The person in charge had identified this training need, as had the provider's six-monthly review, and an appropriate training course was being researched. Supervision and performance appraisal meetings were provided for staff to support them perform

their duties to the best of their ability.

The centre was staffed by a team of skilled social care workers and social care assistants and overall, staffing arrangements included enough staff to meet the needs of residents and were in line with the statement of purpose. To support residents' safeguarding plans, additional staff had been employed.

There was a planned and actual roster and it was maintained appropriately and improvements had been made since that last inspection. The person in charge was responsible for two designated centres and this was represented on the centre's roster.

There was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The inspector found that the person in charge ensured that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

### Regulation 15: Staffing

There was currently one staff vacancy in the centre however, the person in charge was endeavouring to ensure continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Staff who worked part-time, took on extra hours and where relief staff were required, the roster demonstrated that the same staff members were employed.

The inspector spoke with a number of staff throughout the day, including observing their interactions with residents, and found that they had a good understanding of the residents' needs and the supports required to meet those needs. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with training in safeguarding, fire safety, managing behaviours that challenge, safe medicine practices, infection, prevention and control and food hygiene, but to mention a few. Training was regularly reviewed and monitored by the person in charge.

The person in charge was endeavouring to ensure that all staff were provided with training that was specific to the assessed needs of residents. On the day of the inspection, the person in charge was endeavouring to find a training course relating



to catheter equipment and in particular, to support staff in the practice emptying and changing the equipment.

Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability.

Judgment: Compliant

### Regulation 23: Governance and management

Previous to the last inspection, the provider had identified that there were compatibility issues within the centre. Overall, the strategies in place had not been fully effective in reducing the incidents occur in the residents' home.

Since July 2022 the provider put additional interim measures in place to ensure the effectiveness of the strategies such as, increased staffing levels and continuous engagement with multidisciplinary teams, including the organisation's behavioural support specialist.

In early 2022, the provider had committed to changing the physical layout of the environment in one section of the house to better meet the needs of residents and in an effort to reduce the risk of peer-to-peer safeguarding incidents. However, the works were postponed due to other required works needed to another designated centre run by the same provider. In January 2023, the provider submitted an update to HIQA and advised that the works would commence by end of quarter one in 2023.

On the day of the inspection, the inspector was informed that a contractor had been secured and reconfiguration works were due to start at the end of March 2023. However, a detailed plan and timeline of the building works had not yet been finalised. In addition, discussions, plans and timelines, to support residents during the building works, had yet to commence and be agreed upon.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge ensured that information included on notifications, and in particular, the quarterly notifications relating to non-serious incidents, was clear and provided sufficient information that provided assurances that the incidents were appropriately follow up. In addition, the inspector saw that where an incident had occurred, that reflection and shared learning regularly took place at team meetings.

Judgment: Compliant

## Quality and safety

The person in charge and staff were endeavouring to ensure that residents' wellbeing and welfare was maintained to a good standard. It was evident that the centre's management, person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, due to ongoing compatibility issues in the centre, the lived experience of residents was not always positive.

The inspector found that since the previous inspection, while a number of new strategies had been implemented to reduce the risk of peer-to-peer safeguarding incidents occurring in the designated centre, compatibility issues remained. Additional staffing had been put in place and where appropriate, residents were provided on-going support from healthcare professionals, including behavioural support specialists. The implementation of the strategies saw a significant decrease in safeguarding incidents and in turn, provided a safer environment for residents to live in. However, as a result, residents' freedom of movement and independence in their own home, and in particular, the kitchen area of the house, was restricted at times.

The inspector found that where appropriate, residents were provided with positive behavioural support plans. There were systems in place to ensure that, where behaviour support practices were being used, that they were appropriately recorded. However, a review of some residents' behavioural support plans was needed so that all updates were incorporated into the overall plan, ensuring clear and concise guidance was in place for staff .

The day to day infection, prevention and control measures, specific to COVID-19, were effective and efficiently managed to ensure the safety of residents. On a walk-around of the house, the inspector observed the house to be clean and tidy and on review of the person in charge's audit, it was clear that staff were adhering to the cleaning schedules in place. However, there were a number of upkeep and repair works needed to the house which potentially impacted on the infection, prevention and control measures in place. Overall, the timeliness of completing the upkeep and repairs was not always satisfactory and as such increased the risk of spread of healthcare-associated infection to residents and staff.

Staff had completed specific training in relation to the prevention and control of COVID-19 and were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day.

There was an outbreak response plan in place for COVID-19 which included a contingency plan framework for service provision. Overall, the plan included

contingency measures to follow if an outbreak occurred, and how to control an outbreak and limit the spread of infection. The plan contained information about the escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Guidance contained within these documents also included information on isolating procedures, enhanced environmental cleaning, laundry measures, staffing and waste management, but to mention a few. However, the inspector found that not all self-isolation plans for residents included sufficient information or were person centred in nature.

In addition, improvements were needed to ensure that there were appropriate risk assessments and control measures in place to address the potential risk should any resident, with an infectious disease, choose not to self-isolate.

Residents' medication was administered by staff who were provided with appropriate training. There were guidance documents in place to ensure that medicines were administered as prescribed and these were accurate and sufficiently detailed. For the most part, there were suitable arrangements in place to ensure that medication was stored appropriately and administered as prescribed, however, not all medicines were found to be appropriately stored. As such there was a potential risk to the systems in place that ensured medicines were administered as prescribed.

There were documented checking systems in place that ensured the safe transfer of residents' medicines to and from family breaks. However, improvements were needed to the recording practice in place for the safe transfer of residents' medicines when out on community outings.

Residents' medicines were supplied by a pharmacist and there were clear administrative records in place. There had been a recent change to the pharmacy who provided residents' medicines and while this had resulted in positive outcomes for residents, improvements were needed to ensure that residents were consulted and were part of the decision making regarding the change.

## Regulation 17: Premises

Overall, the current layout of the environment was not meeting the aims and objectives of the service and was resulting in on-going compatibility issues in the house. The provider had plans in place to change the layout of the designated centre however, there had been a six month delay in commencing the works due to another premises, owned by the provider, being prioritised. (This is addressed both in Regulation 23 and 8).

There was a computerised maintenance request system in place in the organisation. On review of the system, the inspector saw that not all maintenance requests made by the person in charge had been followed up in a timely manner.

For example, a request to have an outside light fixed in November 2022 was still

outstanding. This meant that there was a risk of residents tripping or falling in the dark evenings. In addition, this meant that in the event of a night-time fire, the evacuation route was not sufficiently lit.

The timeliness of addressing the upkeep and repair of a shower room, logged on the maintenance system in July 22, which was impacting on infection, prevention and control measures, was also found to be outstanding and overall, not addressed in a timely manner. (This is addressed further in Regulation 27).

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Overall, residents' self-isolation plans required review to ensure that they included the specific precautions required for each resident and that all plans included a person-centred approach.

There were centre and individual risk assessment in place relating to infection, prevention and control and in particular, relating to the risks surrounding COVID-19. However, no appropriate risk assessment had been completed to ensure that, where residents may incur an infectious disease, such as COVID-19, and chose not to self-isolate, that there were adequate control measures in place to ensure their safety during that time, or in the future, should this potential risk occur again.

There were a number of decorative upkeep and repair works needed to the designated centre. This had been identified by the person in charge however, the timeliness for the tasks to be completed potentially increased the risk of spread of healthcare-associated infections in the centre.

For example; a resident's shower room required upkeep and repair. There was mould on ceiling, the tiles beside the toilet required replacing, taps on the sink were in disrepair and the seal around the base of the shower had black marks and needed upkeep. The carpet on the upstairs landing was observed to be badly worn and stained in areas.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

On review of a sample of medical records, the inspector observed that a resident's medication had been dispensed early to accommodate it being administered during a community activity (instead of returning back to the centre). While this was a suitable option for the resident, the inspector found that the transfer of the medication had been inappropriately recorded. For example, the transfer was

recorded on a post-it note which was stuck onto the resident's medical record.

Staff advocated on behalf of residents to change to a new pharmacist which resulted in residents incurring a lesser charge for their medications. However, while this had brought positive outcomes for residents, there was no documented evidence of residents involvement in the consultation or decision making process of this change.

While for the most part, residents' medications were stored in individual blister packs and most PRN medication stored in individual baskets, residents ointments, creams and paracetamol were not stored separately.

The labels on some of the PRN medications were observed to be falling off and where PRN medicines had been opened, not all medicines included an appropriate label.

There were PRN protocols in place which had oversight of an appropriate professional however, on review of the documents, the inspector saw that they had not been reviewed since December 2021.

Overall, a review of the medication stock-take document was needed to ensure that it was effective at all times and in particular, so that it captured the above issues that were identified on the day of the inspection.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Where appropriate residents were provided with positive behavioural support plans. There had been an increase of support provided in the centre over past nine months from the behavioural specialist. Behavioural incidents were regularly discussed at team meetings, providing shared learning and updates on support plans in place for residents.

While updates and reviews of strategies within the plans were reviewed by the appropriate professionals, these were provided as a separate document to the behavioural support plans. Overall, the inspector found, that if the information was collated in to a single plan, it would better enhance the plans in place, and provide clearer guidance for staff on how to support the residents.

Judgment: Compliant

## Regulation 8: Protection

On review of a sample of behavioural incidents records, the inspector saw the staff

were adhering to residents safeguarding plans when de-escalating or pre-empting an incident. Some of the strategies within the plans included separation of residents at meal times, as well as staggered meal times, staff supervision of residents in communal areas and moving residents from one communal area of the house to another, (where staff envisaged a behavioural incident occurring).

Through conversations with staff, and through a review of documentation, the inspector found that not all residents felt comfortable with who they were living with and that some residents remained anxious and afraid of fellow residents.

Overall, the inspector found, that while the current living arrangements were in place, residents continued to feel anxious and afraid in their own home. In addition, the risk of continued behavioural incidents occurring in communal areas in the house remained. Furthermore, although strategies were more likely to keep residents safe, this resulted in a more restrictive living environment for residents and overall, impacted negatively on their lived experience in their own home.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Ard Na Mara OSV-0001710

Inspection ID: MON-0037216

Date of inspection: 22/02/2023

## 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 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 residents moved temporarily to a designated centre on 03/04/23, and building works to Ard na Mara to provide an independent living area for one resident commenced on 03/04/23. The works are estimated to be completed by 29/05/23.</p> <p>Transition plans were implemented with support from the behavioral specialist for residents and safe staffing levels are being maintained.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The residents moved temporarily to a designated centre on 03/04/23, and building works to Ard na Mara to provide an independent living area for one resident commenced on 03/04/23. The works are estimated to be completed by 29/05/23.</p> <p>Maintenance requests made by the person in charge will be followed up with maintenance manager and will be planned on a priority basis.</p> <p>The outside light is scheduled to be fixed 21/04/23.</p> <p>The shower room will be reviewed and added to a project list for 2023, minor repairs will occur in the interim.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Residents self-isolation plans will be reviewed to ensure that they include the specific precautions required for each resident and that all plans include a person-centred approach. 29/05/23</p> <p>A risk assessment will be completed to ensure that, where residents may incur an infectious disease, such as COVID-19, and chose not to self-isolate control measures will be implemented. 29/05/2023</p> <p>The shower room will be reviewed and added to a project list for 2023, minor repairs will occur in the interim.</p> <p>The was mould on ceiling on removed 09/03/23.</p> <p>The carpet on the upstairs landing will be replaced on the stairs and an anti slip covering will be placed on the Hall way 29/05/2023.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The transfer of the medication has been addressed with the staff and staff are aware of the correct procedure for recording transfer of medication in line with the medication policy. This was discussed at the team supervision meeting.</p> <p>Documented evidence of residents involvement in the consultation or decision making process of change will be recorded going forward. The PIC will ensure all residents are happy with their current pharmacy.</p> <p>Residents ointments, creams and paracetamol are now stored separately.</p> <p>The labels on all PRN medications have been labelled correctly.</p> <p>PRN protocols have all be dated to show these have been reviewed in 2023.</p>	

The above items have been added to medication check list document and discussed the staff team.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:  
Following the completion of the building works to provide an independent living area for one resident this will reduce the risk of behavioral incidents occurring in communal areas in the house and will provide a less restrictive living environment for all residents and improve their lived experience in their own home.

## 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 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 of residents.	Substantially Compliant	Yellow	29/05/2023
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.	Substantially Compliant	Yellow	29/05/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	29/05/2023
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	29/05/2023

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	29/05/2023
Regulation 29(1)	The registered provider shall ensure that a pharmacist of the resident's choice, in so far as is practicable. a pharmacist acceptable to the resident, is made available to each resident.	Substantially Compliant	Yellow	30/04/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating	Substantially Compliant	Yellow	14/04/2023

	to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	29/05/2023