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:	Cara
Name of provider:	St Michael's House
Address of centre:	Dublin 17
Type of inspection:	Announced
Date of inspection:	08 September 2021
Centre ID:	OSV-0002349
Fieldwork ID:	MON-0025502

About the designated centre

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

Cara is a purpose-built residential home for adults with an intellectual disability, dementia and/or a life-limiting condition. The building comprises a residential unit, memory clinic, and an administration area. These are arranged around two internal landscaped courtyards. The centre has been designed to allow safe freedom of movement within the building. The building and courtyards are fully wheelchair accessible. The courtyards have been designed to integrate sensory gardens with scented plants, water features, contrasting colours/textures, a swing, pergolas, gazebo and other features. These courtyards can be used as outdoor rooms. The sitting room and living room are located in the southern side of the building to avail of sunshine and the rear garden, which is fully landscaped with a meandering walkway around the gardens. Daylight is a constant feature of the design. The glazing to the courtyards and strategically placed roof lights allow sunshine to penetrate deep into the building.
The staff team in Cara includes clinical nurse managers, staff nurses, care staff, domestic staff and a cook.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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
Wednesday 8 September 2021	09:30hrs to 17:00hrs	Gearoid Harrahill	Lead
Wednesday 8 September 2021	09:30hrs to 17:00hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

In line with public health guidance, inspectors wore face coverings and maintained physical distancing at all times. Inspectors had the opportunity to meet with eight residents and observe residents in their home throughout the inspection. Several residents and family members had completed questionnaires in advance of the inspection and these were made available to inspectors. Additionally, some residents wished to speak to the inspectors in more detail regarding their experiences of living in the centre. The inspectors used observations, discussions with residents and key staff, resident questionnaires and a review of documentation to form judgments on the quality of residents' lives in their home. Overall the inspectors found that the residents enjoyed a good quality of life and that the centre was resourced to meet residents' assessed needs. Inspectors also found that the centre was well resourced in order to meet the changing needs of residents. The designated centre was equipped with suitable navigation and mobility features to support residents as their needs change in line with their diagnoses.

The designated centre was observed to be large, clean and homely. Several well-furnished sitting rooms and activity rooms were available to the residents. Residents had access to two internal courtyards and a large external garden. Inspectors observed residents freely accessing various parts of their home throughout the day. Residents appeared to be happy and comfortable in their home. Resident and staff interactions were observed to be warm and friendly. The inspectors saw staff sitting with residents and engaging with them positively over the course of the day. Staff were observed to sit with residents both for offering assistance, for example at mealtimes, and for quality informal interactions, for example to look through photo albums or do art and colouring together.

Residents were observed receiving support from staff with activities of daily living. Staff were noted to respond immediately in a warm manner to residents' requests. Residents were observed being supported with money management, planning their day and mealtime assistance. A photographic staff roster was available to residents to display which staff were on duty, and residents were observed consulting this during the day. The schedule of activities was noted to be flexible and tailored to individual needs. For example, meals were available as requested rather than at prescribed mealtimes.

Inspectors saw that resident bedrooms were decorated and personalised according to individual tastes. Residents had access to large accessible bathrooms, and where these were shared by bedrooms on either side, the provider ensured that both residents were comfortable with this. Residents also had access to a coffee dock, a cinema room and several other activity rooms. There were some minor renovations noted to be required to the premises including general painting and repair to cracked tiles in bathrooms. These premises issues were primarily cosmetic, and not found to impact on the safety of the centre or on the residents' ability to use the

facilities.

Through the questionnaires, residents and their families informed inspectors that they were happy with the food and the staff in the designated centre. Inspectors saw resident dinners being prepared and noted that they looked nutritious, wholesome and were well presented. Residents stated in their questionnaires that the staff are very friendly and that "the staff in Cara look after me very well". Family members also commented that they are made to feel very welcome when visiting their resident family members. One resident commented that living in Cara is "like living in your own home with a big family".

The designated centre had its own bus which was used to support residents to access the community, and several residents came and went in this vehicle during the day to go shopping or on drives around the community. One resident informed inspectors that they were unfortunately unable to access the bus as their new wheelchair could not be accommodated. This resident expressed that they would like to be able to access the bus in order to go for a drive and access the community.

Overall, the inspectors found that the residents in this centre were supported to enjoy a good quality of life. The person in charge and staff were striving to ensure that residents lived in a supportive environment which could accommodate the changing needs of the residents.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's registration. The inspectors found that this centre met the requirements of the regulations in many areas of service provision.

The registration application was found to have been made in line with the requirements of the regulations. The application included the information set out in Schedules 2 and 3 of the regulations. The governance and management arrangements were found to be generally compliant however some improvements were required in relation to the provider's annual review of the quality and safety of the service. The provider had completed an annual review for 2020 which highlighted achievements and provision of quality service, and where identified, set out actions required to address areas requiring improvement and development. However, while the annual review referred to the means by which residents' commentary was attained, the report did not reflect suggestions, feedback and lived

experiences gathered by these means, providing limited evidence on how resident views were used to inform the report.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. The centre was managed by a suitably qualified and experienced person in charge who was employed on a full-time basis. The person in charge was found to have a strong knowledge of residents' needs, preferences and personalities. While the person in charge had responsibility for one other designated centre, the inspectors found that the governance arrangements facilitated the person in charge to have adequate time and resources to fulfill their regulatory responsibilities.

Staffing levels were appropriate to the number and assessed needs of the residents and were in line with the centre's statement of purpose. An up-to-date statement of purpose was in place, which contained the information as required by Schedule 1 of the regulations. Planned and actual rosters were maintained, and from these records inspectors found that shifts were consistently filled and there was a low reliance on relief or agency staff, which supported continuity of care for the residents. A training matrix was maintained which demonstrated that staff generally had been facilitated to stay up to date on mandatory and specialised training. Staff had not received training in feeding, eating, drinking and swallowing (FEDS) in spite of the high levels of support required by residents in this area. Supervision arrangements were in place for staff and for the person in charge. A review of the supervision records found them to be in line with the organisational policy. The supervision content was appropriate to meet the needs of staff. Staff spoken with appeared knowledgeable regarding residents' needs and a friendly and respectful rapport was observed throughout the day.

A directory of residents was found to be missing some of the information as required by Schedule 3 of the regulations. For example, not all residents' general practitioner details were recorded. A review of the designated centre's contracts of insurance found that satisfactory insurance arrangements were in place against injury to residents.

Registration Regulation 5: Application for registration or renewal of registration

The application for renewal of the centre's registration was accompanied by the information as prescribed by the regulations. The required renewal fee accompanied the application.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre was staffed by a suitable qualified and experienced person in charge who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were found to be as per the centre's statement of purpose and were sufficient to meet the assessed needs of the residents. A planned and actual roster was maintained.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was maintained which demonstrated that staff generally had a high level of mandatory and supplementary training. Staff had not received training in supporting residents with feeding, drinking, eating and swallowing, which was identified as being required based on their assessed needs.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained by the provider however some of the information as required by the regulations was not included in this directory.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider supplied evidence that a contract of insurance was effected against the property and against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the governance and management arrangements were effective in ensuring oversight of the quality and safety of care of the residents. However, improvements were required in the consultation process with residents in order to inform the provider's annual review and audits.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which contained all of the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the day-to-day practice within this centre ensured that residents were safe and were receiving a quality service. Areas for improvement were identified whereby the provider had failed to fully meet the requirements of the regulations. The inspectors identified areas in need of improvement in relation to the fire precautions, official follow-up of resident experiences, and some procedures surrounding medication management in the designated centre.

Individualised assessments of need and personal plans were found to be in place for residents. These assessments were generally comprehensive in nature and detailed a wide variety of multi-disciplinary supports available to residents. Personal plans were written in a respectful manner particularly in relation to sensitive subjects and support needs. The personal plans were found to have been reviewed when there was a change in residents' needs. Resident health care plans also provided for end-of-life planning and were respectful of residents' wishes with regards to participating in this planning and with regards to their choices regarding end-of-life care.

Communication plans were in place for residents however these were not found to be comprehensive in manner. Where supports had been identified for individual residents, these were not observed to be used. For example, one resident's communication plan stated that staff should use visual aids and objects to support communication. These were not observed to be used. Staff were, however, noted to communicate positively with residents and were observed to quickly respond to resident's requests for support. Residents had access to daily newspapers, television

(TV) and radio.

Safeguarding plans were in place and were up-to-date for residents who required them. All staff had completed safeguarding training. Intimate care plans were also available and were up-to-date for residents. An intimate care policy and a restrictive practices policy were in place. Staff were observed supporting residents in a gentle and respectful manner.

There was evidence that regular house meetings took place which discussed upcoming events, news on the pandemic and social restrictions, and sought suggestions for what residents wanted to do in the centre and the community in the coming weeks. However it was not demonstrated that the residents' comments, requests or suggestions recorded in the minutes of these meetings were being followed through on or fed back to them later. One resident had expressed that they wished to access the centre's bus in order to go for a drive. Their current wheelchair was unsuitable for transport. Inspectors were informed that a request to review the wheelchair and transport options had been submitted however evidence was not provided in order to support this.

The designated centre was observed to be spacious, bright and homely. The premises was designed and laid out to meet the aims and objectives of the service and to meet the assessed needs of the residents. It was equipped with aids and appliances to support residents' dignity and autonomy as their diagnoses progressed. Some minor upgrades were required to the premises. For example, inspectors observed that tiles in some bathrooms were cracked or broken, and some surfaces of walls, floors and ceilings required minor repair or paintwork to retain the pleasant and homely aesthetic of the centre. The provider's own quality improvement plan had identified these matters as an issue, and a request had been made to maintenance for this to be addressed.

Inspectors saw evidence that residents were being provided with good quality food which was wholesome and nutritious. Food and drink was observed to be consistent with residents' individual dietary needs as per their FEDS plan. Food was presented in a manner which was appealing to residents and was available at their preferred time. Sufficient staff were noted to be present during mealtimes in order to provide assistance.

A risk register was in place for the centre which recorded areas of potential hazard and accurately reflected the level of risk. Incident logs were maintained of all accidents and incidents. A residents' guide was also in place. This guide set out the the information as required by the regulations and was presented in a way which was easy to read.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. The designated centre was observed to be clean and well ventilated. Staff were observed to wear personal protective equipment (PPE) and exercise physical distancing as far as was practicable. Temperature checks were completed on entry to the centre. Hand sanitiser gel was readily available throughout the services and there was easy

access to sinks for hand washing.

Inspectors found that there were appropriate practices in place for the administration and disposal of medications. Controlled medications were stored and disposed of separately to other medications. One medication, used for thickening fluids, was found to not be stored safely. An immediate action was issued to the provider who took steps to remove the medication and store it securely on the day of inspection. Staff spoken with were knowledgeable as to the residents' needs in relation to medication. Staff spoken with could describe how they ensure medications were provided in a dignified manner. Staff were also clear on the processes to be followed should a medication error occur. A detailed log of medication errors was maintained in the centre. While staff could describe how they supported residents to maintain their autonomy in administering medications, risk assessments and assessments of capacity to manage medications were not available on all resident files to inform practices described.

Suitable fire detection, containment measures and fire fighting equipment were in place throughout the designated centre. Personal evacuation plans were in place and were tailored to each resident. Resident bedrooms had doors which were constructed to resist fire and seal in smoke, however these were not equipped to close in the event of a fire. Areas of highest risk such as the location of the kitchen, laundry, or oxygen store were equipped with self-closing doors, and these had devices which allowed them to be held open by preference, without compromising their ability to contain spread in the event of an alarm trigger. Corridors were also equipped with compartment doors to reduce the number of people at immediate risk in the event of fire. The centre was equipped with fire-fighting equipment, break-glass units and emergency lighting which was kept under routine servicing and certification.

Simulated evacuation scenarios took place to assure the provider that staff could complete a safe and efficient evacuation in the event of a fire. However, the reports for these drills were not sufficient to provide assurance that staff consistently followed correct procedures, steps and routes as per the emergency response plan, including contacting third parties besides the fire service for support, or identified any areas of potential delay. Despite fire compartments being relatively small and resident participation being simulated by staff, a sample of practice runs reviewed demonstrated that it could take over five minutes to progress to a place of safety, with no actions or strategies set out to reduce this time in future events. The low frequency of these drills, including unannounced or night scenarios, did not provide assurance that all staff were sufficiently practiced in evacuation based on the size of the team and the changing needs of the residents to respond to unexpected delays such as residents who may be reluctant to leave or who may have an adverse reaction.

Evacuation signage was found to be in place throughout the centre however the signage did not consistently point to the preferred exit in the event of fire, with examples of staff identifying a faster route to follow than the one indicated by the illuminated running man. Inspectors found that if residents were to be evacuated out through one evacuation option, said route would be impeded by a locked gate

whose keys were stored in an office.

Regulation 10: Communication

Staff were observed interacting positively with residents. Communication plans were in place however these were not comprehensive in nature. Communication plans identified supports required to support residents' communication however these were not observed being used during the course of the inspection.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was designed and laid out to meet the aims of the service and the number and needs of the residents. The centre was of sound construction and was clean and suitably decorated. Residents had access to several well-designed outdoor spaces. Some minor repairs and refurbishments were identified by the inspectors.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors saw evidence that residents had access to good quality nutritious food which was consistent with their individual dietary needs and preferences. Staff were observed to be available to assist residents at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available for residents which included all of the information as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk register was in place for the centre which recorded the risks and accurately reflected the level of risk. Incident logs were maintained of all accidents and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented measures to protect residents from health care associated infections. Staff were observed to engage in good hand hygiene practices, wear appropriate apparel and observe physical distancing where appropriate and possible.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors were not assured that there were adequate arrangements in place to safely evacuate all persons in the designated centre and bring them to a safe location in the event of a fire. Inspectors also found that the fire drills were not of a standard to allow for staff to practically explore all potential fire scenarios and practice the procedures to be followed in the event of fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

One medication was noted to be stored in an unsafe manner. The provider took immediate action on the day of inspection to address this risk. Assessments of capacity and risk assessments of residents' ability to manage their own medications were not available on all resident files.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Individual assessments and personal plans were available on resident files and were up-to-date. These were multidisciplinary in nature and captured changes in individual resident circumstances.

Judgment: Compliant

Regulation 6: Health care

Health care plans were in place which detailed residents' wishes and choices in relation to their care, including end-of-life care.

Judgment: Compliant

Regulation 8: Protection

Safeguarding plans were in place and were up-to-date for residents who required them. All staff had completed safeguarding training. Intimate care and restrictive practices policies were in place. Staff were observed supporting residents in a gentle and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

Regular house meetings were held however it was not demonstrated that the residents' comments, requests or suggestions arising from these meetings were being followed through on. One resident was also unable to leave the centre due to the lack of appropriate transport for his wheelchair. It was unclear if alternative arrangements had been sought in order to support his right to access the community.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cara OSV-0002349

Inspection ID: MON-0025502

Date of inspection: 08/09/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 16(1)(a)Person in charge has liaised with the training dept and all staff are currently been waitlisted for training in supporting residents with feeding, drinking, eating and swallowing	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Directory of residents: 19(3) Person in charge has up dated the directory of residents to ensure that all correct relevant information is recorded.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Governance and management:	

23(1)(e)
Person in charge and service manager will ensure that going forward the designated centre annual report will include consultation with residents and family member

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
Communication
10(1)
• SLT ,SLT Manager and PIC to meet and review individual communication guidelines (for those that have them), and ascertain if they are still relevant for the person.
• SLT, SLT Manager and PIC to follow up on any individual communication supports needed from this review.
• SLT, SLT Manager and PIC to create general communication guidelines for all residents in Cara, and document a communication approach for all staff to use to support communication in the centre. This may include Total communication and Dementia friendly approaches. This may include a review of a person's communication needs and guidelines when they are admitted to the centre, and will initiate follow up with SLT if appropriate.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Premises:
17(1)(b)
Person in charge has contacted the Technical services Manager with agreed date for completion of this work

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Person in charge has liaised with St Michael's House Fire Officer and the following outstanding works have been agreed:
• In the interim while we await organisational decision on new fire drill recording system

the unit will copy the previous fire drill format and record all relevant information regarding the drills going forward.
• Unit have staff training exercises in night time evacuation scheduled for Sept/Oct 2021. Some organisational face to face training is restarting and the Designated Centre will be prioritised to have the SMH fire officer in attendance to complete the training sessions with staff. Scenarios will continue to be implemented as part of this training and recorded.
• The purpose of the corridor fire doors is to sub compartment the means of escape and facilitate a quicker evacuation time than previously would have been possible. There is one sub compartment which has the greatest number with 4 residents and time for evac 1 minute 45 seconds. All remaining sub compartments have less than 4 residents. These corridor fire doors (FD30S) allow staff to quickly evacuate sub compartments and continue to complete a phased horizontal evacuation to ultimate safety.
• Directional signage was be reviewed and deemed to be pointing in the correct direction as per I.S requirement of the closest available exit.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The provider has ensured that all medication are stored in a safe manner.

29 (5)
Person in charge will ensure assessments of capacity and risk assessments of residents ability to manage their own medication are available in residents files
29 (4)(A)
Person in charge with immediate effect has ensured that all medications are stored in a safe manner

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Residents' rights
9(2)(b)
Person in charge and Senior Occupational therapist are in consultation with resident and are exploring an appropriate safe wheelchair that will meet the resident needs and transport resident safely without causing injury or physical harm. Will and preference assessment will be completed with the resident regarding transport arrangements.

9(2)(e)
Person in charge has ensured that the resident's House meeting records will document and will clearly outline the actions following resident's comments, requests or suggestions.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	20/12/2021
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	20/12/2021
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	Substantially Compliant	Yellow	30/03/2022

	internally.			
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/09/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	20/03/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021
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 aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/11/2021
Regulation 29(4)(a)	The person in charge shall ensure that the	Substantially Compliant	Yellow	30/09/2021

	designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Not Compliant	Orange	06/10/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	31/10/2021
Regulation 09(2)(e)	The registered provider shall	Substantially Compliant	Yellow	29/09/2021

	ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.			