



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

Issued by the Chief Inspector

Name of designated centre:	Parkview
Name of provider:	St Michael's House
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	10 September 2021
Centre ID:	OSV-0002406
Fieldwork ID:	MON-0034106

About the designated centre

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

Parkview House is a designated centre operated by St. Michael's House and is located in a large town in County Meath. Parkview House aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre provides residential services for up to five male and female adults. The centre consists of a five bedroom bungalow with a separate building on site used as a multipurpose activities room for residents. There is a kitchen and dining area which is fully accessible to all residents. There is also a separate sitting room and sun room for individual activities. The person in charge is full time in the centre and is supported by a staff team consisting of social care workers. Access to a psychologist, psychiatrist, social worker, medical officers, occupational therapists, physiotherapist, speech and language therapist, dieticians and specialist nurse supports are available on a referral basis. Parkview House has two mini-buses which are used so as residents can go on outings and activities of their choice.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 10 September 2021	08:00hrs to 16:00hrs	Anna Doyle	Lead
Friday 10 September 2021	08:00hrs to 16:00hrs	Karena Butler	Support

What residents told us and what inspectors observed

Overall, residents appeared to have a good quality of life in this centre and their health and wellbeing was being monitored and reviewed by a team of staff who appeared to know the needs of the residents very well. Notwithstanding this, significant improvements were required in fire safety and the premises on the day of the inspection. Some minor improvements were also required under governance and management, personal plans, the statement of purpose, infection control measures and risk management.

Inspectors had the opportunity to meet the four residents living here. Overall, they appeared relaxed in their home and comfortable in the company of staff members. The staff team knew the residents well and were observed supporting residents in line with their assessed needs. For example; one resident did not like people talking about other things when they were present. This was pointed out to inspectors in order to support the resident. Staff were observed respecting this throughout the inspection when the resident expressed some anxiety around this.

One resident showed inspectors their bedroom. They had a large room and it was decorated to their personal tastes, preferences and talents. This included pictures of all of their family members, places they had visited over the years including Disneyland Paris, and some of their own artwork. They said they loved their room, liked living in the centre, and liked the staff. Another resident who met with an inspector also said they loved their bedroom, liked living in the centre, and liked the staff.

Two of the residents were back attending day services in the last number of weeks three days a week. On the day of the inspection these two residents were due to attend. However, one resident had decided that they did not want to go and their preference was respected. This informed inspectors that residents' choices were taken into account in the centre.

Another resident whose day service had finished prior to COVID restrictions commencing last year, had been supported by the person in charge to seek an alternative one to one day service which would be directed everyday by the residents preferences. A second bus had been purchased to support this service and 130 hours a month had been approved to recruit staff to support the resident. The family representative of this resident spoke to an inspector over the phone, they told the inspector that they had been informed of this and was very happy with this service for their family member. They felt that this service would be more suitable to meet the needs of their family member going forward.

Another resident was also awaiting a new day service placement and this was progressing at the time of the inspection in consultation with the funding body.

The premises were spacious and for the most part clean. Some areas of the home

required an update and some minor attention to the cleanliness of the centre. In particular the outside areas required significant improvements. This is discussed under Section 2 of this report. Residents had their own bedrooms and one had an en-suite bathroom. Since the last inspection a new adapted bath had been purchased for the main bathroom.

Residents were observed having free access around their home and were observed going to the kitchen to get their own drinks.

The inspectors also observed following a review of some aspects of their personal plans, that recommendations from health and social care professionals were implemented. For example; one resident required a visual schedule to support them and this was observed outside their bedroom.

Another resident who enjoyed a specific activity in the back garden was observed engaging in this. This resident had a keen interest in people watching and enjoyed being involved in what was going on in the centre. They enjoyed watching the inspection process and showed a real interest in watching everything going on. It was apparent that the staff knew this resident well and enjoyed the resident's great sense of humour as did the inspectors on the day of the inspection.

Residents' meetings were held in the centre and included a number of topics including reminders about hand washing practices during COVID-19, planning activities and meals in the centre and fire safety. One of the residents liked to write up some of the minutes from these meetings every week.

The residents had also been supported by staff to complete questionnaires on the services provided. Overall, they reported that they were happy, liked the staff and felt safe in the centre.

An inspector got the opportunity to speak to two family representatives over the phone on the day of the inspection. They both reported that they were very happy with the services provided and said that their family member was very happy living there. Both in particular complimented the staff team and the person in charge for their support and dedication to their family members. They said they were included in decisions around their family members care and support, and if concerned they would talk to staff about it. They confirmed that visits were now permitted to the centre since COVID-19 restrictions had lifted and that their family members were visiting the family home now.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, inspectors found that while the quality of care provided in the centre was to a good standard, the provider had not taken timely or appropriate action to address issues with the premises which had been highlighted by the person in charge in April 2021. As a result of this significant improvements were required to the premises. A number of issues were also highlighted regarding fire safety on the day of the inspection. Some improvements were also required under a number of other regulations as stated earlier in the report one of which was governance and management.

This inspection was conducted to inform a registration renewal of this centre. Part of this decision is based on the information submitted by the providers application submitted to the Health information and Quality Authority (HIQA).The provider had submitted all of the required information however, the statement of purpose submitted required review as it did not outline the process for emergency admissions to the centre.

The provider representative also confirmed that the provider was applying to renew the registration of the centre for residential care only as the centre had previously provided respite care. The inspectors were satisfied with this as it was in line with the needs of the residents living there.

At the last inspection of the centre in September 2020 two areas had been identified as requiring improvements in the notification of incidents and fire safety. These are discussed under the relevant regulations in this report.

There was a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis. They provided good leadership to the staff team and demonstrated a very good knowledge of the residents and their support needs. The person in charge was assigned 24 supernumerary hours in the centre to ensure effective oversight of the care and support being provided. They reported to a person participating in the management of the centre, who they said provided support to them via meetings and regular telephone calls.

The provider had systems in place to monitor and review the quality and safety of care in the centre. Due to COVID-19 restrictions the six monthly audits and the annual review for 2020 had been conducted over the phone with the person in charge which meant that the registered provider or a person nominated by the provider had not visited the centre as required in the regulations. From the reviews conducted eight actions had been required to improve the quality and safety of care provided. The inspectors followed up on these and found that they had been completed or were progressing within time lines given. However, although highlighted by the person in charge to a senior manager appropriate timely action had not been taken to address issues with the outside area of the centre, which was posing a risk to some residents. An inspector also observed that a gate to the side of the property was not opening properly. This gate may be used to evacuate the residents in the event of a fire. While inspectors acknowledge that this may have only occurred due to the weather conditions the night before the inspection it required immediate attention on the day of the inspection. The person in charge

took timely action and the gate was repaired by the end of the inspection.

There was a planned and actual roster in place that was maintained by the person in charge. From a review of a sample of rosters, there was a consistent staff team employed in the centre. There were sufficient staff on duty to meet the needs of the residents. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times. At the time of the inspection there was one vacancy in the centre and the provider was recruiting for this position to be filled.

The staff inspectors spoke with said they felt very supported in their role and were able to raise concerns, if needed, to the person in charge. A senior nurse was also on call in the wider organisation on a 24 hour basis should staff need support around the needs of residents. A sample of supervision records viewed found that they were comprehensive and staff could raise concerns if required. The records viewed also indicated that staff meetings took place in the centre. Agenda items discussed included risk management, the management of COVID-19 and the well being of residents in the centre.

A sample of personnel files showed that they contained the information required to be maintained under the regulations.

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents. This included; positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication, and first aid. A sample of records viewed indicated that all staff employed at the time of the inspection had completed these. Some of the staff were due refresher training and this had been planned over the coming months. The provider had also put measures in place when classroom training could not be provided during COVID-19. For example; online training had been developed on an interim measure for staff to ensure they had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

From a review of incidents that had occurred in the centre since January 2021, the person in charge had notified HIQA in line with the regulations when an adverse incident had occurred in the centre. This had been an action from the last inspection.

Some of the records in the centre needed improvements. For example; in relation to consent for the use of restrictive practices, inspectors were satisfied from talking to some of the family representatives that they were included in these decisions, however, there were no records in the residents' personal plans to verify this.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the centre

including the documents required under the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified social care professional who had the necessary management training and experience as required under the regulations. They demonstrated a very good knowledge of the residents' needs in the centre and provided good leadership to their staff team.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff in place at the time of the inspection to meet the needs of the residents. The staffing arrangements were in line with the statement of purpose for the centre.

A sample of personnel files showed that they contained the information required to be maintained under the regulations.

There was one vacancy in the centre and the provider was recruiting for this position to be filled.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with training to ensure that they had the skills necessary to support the residents in the centre and assure a safe service. Some refresher training was organised to take place in the coming weeks.

Judgment: Compliant

Regulation 21: Records

There was no written documents to support that residents or their family members

where required had been included in decisions around the use of some restrictive practices.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had submitted an up to date insurance certificate as part of their application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had systems in place to manage and oversee the care and support of the residents, the inspectors were not assured that the provider had taken timely actions to address the issues with the outside of the premises on the day of the inspection which the person in charge had highlighted as a significant risk.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose for the centre contained most of the information required under the regulations, one improvement was required to outline the procedure for emergency admissions in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified the Health Information and Quality Authority when an adverse incident had occurred in the centre.

Judgment: Compliant

Quality and safety

Overall while residents were being supported to have a good quality of life in the centre, a number of improvements were required in the regulations inspected.

The premises were spacious, homely and for the most part clean. However, as stated earlier in the report attention was required to the cleanliness and upkeep of some areas in the centre. For example; in one en-suite, one bathroom and on one bedroom window, small amounts of mildew were observed. Some of the paintwork needed to be updated, the carpet on the stairs needed to be cleaned or replaced and the kitchen required an update. However, the majority of the concerns were related to the back of the property where the patio area was overgrown with weeds, a tarmac area which was also an exit area was also covered in moss and was a hazard which could result in falls. The person in charge had highlighted these concerns to their manager in April 2021, and had a risk assessment in place around this however, at the time of this inspection these issues had not been resolved. In addition as already stated in Section 1 of this report one of the exit gates to the side of the property which may be required in the event of an evacuation of the centre would not fully open on the day of the inspection. This had been addressed by the end of the inspection and the person in charge provided some assurances that the moss on the tarmac area would be addressed in the coming weeks.

Some of the equipment stored in the back garden also required attention. A bench swing was covered in moss and could not be used, one specific seat and some equipment that one resident liked had been left outside uncovered and open to the elements which had resulted in mould and rust developing.

The inspectors acknowledge that by the end of the inspection the gate had been temporarily fixed and the person in charge had some assurances that the outside area would be addressed in the coming weeks.

Fire safety systems were in place in the centre which included fire equipment that was serviced regularly. However, as stated an exit gate to the back of the property would not fully open on the day of the inspection. One fire exit sign was not working on the day of the inspection however, from the records viewed this had just occurred on the morning of the inspection and the person in charge reported the fault immediately. An action from the last inspection which related to installing self closing fire doors was due to be completed in the coming weeks. This was still in line with the time lines outlined by the provider in their compliance plan following the last inspection in September 2020.

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Each resident had a personal plan which had been developed into an easy-to-read

version. Inspectors observed a sample of these records and found that residents' needs were assessed, monitored and reviewed on a regular basis.

Care plans were also in place to support residents in achieving best possible health and these were reviewed regularly, however two plans for a resident needed to be updated to reflect changes to the residents support needs. One related to an epilepsy management plan and one related to a communication plan for a resident. The staff spoken to were aware of these changes.

Goals had been developed for residents and some had been postponed due to COVID-19 restrictions. These goals were being reviewed and although the inspectors found that one goal had not progressed in a timely manner, they were satisfied from talking to family members of the resident that this goal was to progress the next day.

Regular and timely access to a range of health and social care professionals also formed part of the service provided. This included access to general practitioner (GP) services, an occupational therapist, dietitian, and a speech and language therapist. However, one recommendation from an allied health professional had not been followed up in a timely manner. This required improvement.

Inspectors reviewed a sample of behaviour support plans in place and found that they clearly guided staff on how to support residents with their anxieties. These plans had been updated in Jan 2020. Residents had access to health and social care professionals such as a psychologist. Staff spoken with were able to communicate the main supports in relation to one of the plans for a resident. There were restrictive practices in place for residents' safety and in response to some anxieties relating to medical interventions for residents. These practices were reviewed by a restrictive practice committee in the wider organisation on an annual basis. Part of this included submitting details of the reason for the restrictive practice and whether alternatives had been explored. An inspector was shown examples of how some restrictive practices had been removed for residents in the centre. However, as discussed under records in section 1 of this report improvements were required in the records stored relating to the consent of these practices.

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and an internal emergency response plan which guided staff on what to do in certain emergency situations. There were individual risk assessments on file so as to support residents overall safety and well being. A health and safety statement and a centre specific risk register were also in place for the centre.

There were two vehicles used in the centre. Both had up to date insurance and were in road worthy condition. The provider also had systems in place to service other equipment in the centre. For example; the boiler had been serviced recently. Following the services, where corrective actions were required they had been completed. For example; a new bath had been purchased as the old one was not working properly.

Infection control measures were in place to prevent and or manage and outbreak of

COVID-19. This included the self assessment last reviewed July 21. However, a sample of the contingencies outlined in this document had not been completed. For example; the document stated that hygiene audits were being conducted and these were not being done. There was also some confusion with staff on the day of the inspection around how some residents would isolate in the centre if required. However, a senior manager provided assurances around this on the day of the inspection. Staff had been provided with training in infection prevention control, the use of personal protective equipment (PPE) and hand washing techniques. PPE was available in the centre and staff were observed using it in line with national guidelines. For example, masks were worn by staff when social distancing could not be maintained. All residents had been vaccinated in the centre. There were adequate hand-washing facilities and hand sanitising gels available throughout the house.

The inspectors found a number of examples where residents' rights were respected and upheld in the centre. Residents could choose if they wanted to attend their day service, they were included in decisions around the running of the centre and one resident who did not like their previous day placement had been supported to find an alternative bespoke day service.

Regulation 11: Visits

The residents were facilitated to receive visitors in line with their own preferences and public health advice.

Judgment: Compliant

Regulation 17: Premises

There were a number of upgrades required in the premises which included an upgraded kitchen, attention to the carpet on the stairs, the cushion on one of the couches was torn, and some of the rooms needed to be painted.

The outside of the area of the centre required attention as it posed a risk to the staff and residents.

Some of the equipment supplied in the garden area was not maintained appropriately.

Some minor attention was required to the cleanliness of the centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place to manage risks in the centre. As discussed and actioned under the premises the outside area posed a risk to the residents and needed to be addressed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had systems in place to manage or prevent an outbreak if COVID -19 in the centre. However, some of the measures outlined in the contingency plan had not been implemented.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had plans to ensure that self closing fire doors were installed in the centre.

An emergency exit light was not working on the day of the inspection. This was reported by the person in charge on the day of the inspection.

An outside gate would not fully open on the day of the inspection, while this risk was mitigated by the end of the inspection, the provider needed to review this to mitigate the risk of it occurring again.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need in place, that included support plans to guide staff practice. Two of those support plans were not updated on the day of the inspection to include recent changes to the residents support needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to enjoy best possible health. Their care and support was reviewed regularly. However, one resident had been referred for review with a dentist and this had not been followed up in a timely manner on the day of the inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their anxieties in the centre. Staff were knowledgeable about the residents' needs and support plans were in place to guide practice.

Judgment: Compliant

Regulation 8: Protection

Staff had been provided with training in safeguarding vulnerable adults. The residents met said they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found a number of examples where residents' rights were respected and upheld in the centre. Residents could choose if they wanted to attend their day service, they were included in decisions around the running of the centre and one resident who did not like their previous day placement had been supported to find an alternative bespoke day service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Parkview OSV-0002406

Inspection ID: MON-0034106

Date of inspection: 10/09/2021

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • All PAMG approved restrictions within the centre were consulted and agreed by family members. A copy of the documentation and evidence of same will be kept on site in the designated centre for review. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Required works have now been completed and a tendering process is being explored for future maintenance requirements within the centre. 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none"> • Statement of purpose was reviewed and submitted to the authority containing all relevant information as per regulation 3. 	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • There is a tendering process which will be completed in conjunction with the Technical Services Department and SMH Housing Association in regards to the required works. This process is in tandem at present and includes the below; <ul style="list-style-type: none"> o Upgrade kitchen o Replacement carpet on the stairs o Painting of the internal and external of the premises • The works required on the outside area of the centre have been completed. • Equipment in the garden has been disposed of and the PIC is completing costings for 	

<p>the replacement of this outdoor equipment at present.</p> <ul style="list-style-type: none"> • The PIC will complete a costing for the replacing of the couch as identified as torn and will arrange purchasing of same following approval by Director of Operation and Director of Finance. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • All residents individual house COVID plans have been updated to guide staff in the event of a positive case of COVID 19. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The emergency light which was not working on the day of inspection was repaired on the 11.09.2021. • The side gate was fixed on the date of inspection and the PIC is gathering quotes for its replacement. • Self closures will be installed by the 31st of December 2021 in line with compliance plan submitted following short notice inspection within the centre dated 10th September 2020. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Residents support plans are reviewed and updated. Clinical guidelines will be reviewed by relevant clinicians. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • A dental appointment for a resident has been scheduled for Monday 11th October. 	

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)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/06/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/06/2022
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	07/10/2021
Regulation 23(1)(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	30/06/2022

	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.			
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	08/10/2021
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/12/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	04/10/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident	Substantially Compliant	Yellow	08/10/2021

	is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	11/10/2021