



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

Issued by the Chief Inspector

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| Name of designated centre: | No.4 Fuchsia Drive |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Cork |
| Type of inspection: | Announced |
| Date of inspection: | 14 July 2023 |
| Centre ID: | OSV-0004478 |
| Fieldwork ID: | MON-0031490 |

About the designated centre

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

No.4 Fuchsia Drive consistent of three detached houses located in a town that provide full-time residential support for residents with intellectual disabilities and autism of both genders, between the ages of 35 and 75. Each house can support a capacity of five residents so the maximum capacity of the centre is 15 residents. One house is a three-storey house with the other two being two-storey houses. Each resident has their own bedroom and other facilities in the houses include bathrooms, sitting rooms, kitchen and staff rooms. Support to residents is provided by the person in charge, social care leaders, social care workers, care assistants and a nurse.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 13 |
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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 |
|---------------------|----------------------|---------------|------|
| Friday 14 July 2023 | 09:40hrs to 19:10hrs | Conor Dennehy | Lead |

What residents told us and what inspectors observed

Feedback received from residents and their family members was generally positive although some issues around transport, exercise and a resident's bedroom size were raised. The two houses visited by the inspector were generally presented in a homelike manner although an apartment area connected to one of these houses was bare in its overall appearance.

This centre was made up of three different houses located within short distance of each other within a town. Combined, the houses had a maximum capacity for 15 residents but as part of a recent registration renewal application, the provider had applied to reduce this capacity to 14. On the day of the inspection a total of thirteen residents were present within the three houses. As one of these houses had been the focus on a previous inspection in September 2022, the other two houses were visited during the current inspection. The inspector did advise the centre's management that he would go to the house not visited if any residents living there wished to speak to the inspector.

The inspector was informed that no residents there had requested this but he was provided with completed questionnaires for all four residents who were living in the house not visited. These questionnaires had been issued to the centre in advance of this announced inspection and on the day of inspection, the inspector was provided with 10 completed questionnaires from the three houses. These had been completed by residents or on their behalf by staff members supporting them. Overall, the questionnaires reviewed contained positive feedback in areas such as food, activities, visitors, bedrooms residents' rights, staffing, the food provided and activities. Specific comments made in these questionnaires included "I'm happy", "I am enjoying active retirement" and "the staff are nice and fair".

It was noted though that in one questionnaire a resident was indicated as being unhappy with the amount of space for their belongings while also wanting a bigger bedroom and a bigger bathroom. This resident currently lived in one of the two houses of this centre that the provider was intending to carry out some works, this will be discussed further below. Aside from these questionnaires, the inspector was also provided with a copy of the most recent annual review completed for the centre in advance of the inspection. The annual review provided contained some brief feedback from residents and their families with a high level of satisfaction indicated. On the day of the inspection the inspector spoke to a relative of one resident who spoke very positively about the services provided.

This family member was met in one of the two houses visited by the inspector. When arriving at the first house, four of the five residents living there had left the house to attend day services operated by the provider in the town where the houses were based. One resident remained in the house when the inspector arrived. This resident greeted the inspector and indicated that they liked living the house. When asked by the inspector why this was the case, the resident responded by saying

"bedroom" and then "television". It was also indicated by the resident that they felt the safe in the centre, and liked the staff supporting them.

A staff member supporting the resident was observed to help them move to different rooms in the house and also supported the resident with personal care. This staff member was overheard to be very pleasant and respectful in their interactions with the resident during this time. During the morning of the inspection the resident was observed to spend their time in their bedroom or in the house's sitting room watching television. Later on this resident was supported by the staff member to leave the house to go for drive. Upon their return they were supported to have a meal before returning to their bedroom. This resident's bedroom was located in the main area of this house along with bedrooms for three other residents while there was adjoining apartment for one resident.

This apartment had its own external entry and exit route but could be accessed via the main area of the house if required. When the inspector had first arrived at the house it was noted that some maintenance works were ongoing in the apartment area. These works had been completed when the inspector viewed this apartment. It was observed that the apartment area was bare in its general appearance. For example, there was a press unit that had its doors removed while the furniture that was present was fixed to the wall or the floor. It was indicated to the inspector that the resident living in this apartment could damage furniture and might not tolerate certain items being in the apartment.

As a result some of the resident's personal possessions were kept in the main area of the house. In general, the main area of the house was seen to be clean and nicely presented on the day of inspection. Residents' bedrooms seen in the main area of the house were well furnished and personalised to residents with one resident's bedroom seen to have a desk and an easel for them to complete art. Communal areas were nicely furnished such as the sitting room in which the inspector noted a photograph of a resident standing beside some art they had painted which had been recently put on public display in the town. The inspector was later provided with a newsletter which also showcased this resident and their art display.

During the afternoon, as the inspector was about to leave the first house visited, a bus arrived bringing one resident back to the house from their day services. The inspector went to greet this resident as they were getting off the bus but the resident appeared keen to go into their home and so was not met by the inspector. After departing the first house, the inspector went to visit the second house that was located a short distance away. Four residents were living in this house and on the inspector's arrival, three were away from the house attending day services while one resident was present in the house.

This resident remembered the inspector from the September 2022 inspection and it was observed that this house had had some external painting completed since then. In addition to this, it was indicated by the resident that they had done some cleaning in this house earlier in the morning. The inspector spoke with this resident in the house's sitting room for a period. During this discussion the resident said that

they liked living in this house and told the inspector about their family coming to visit them. This resident also talked about going on trips to different towns. On one of these trips the resident told the inspector that they had won at bingo and had given the resulting prize to a family member.

It was indicated by the resident that they liked going for walks and that they attended day services during the week which they also enjoyed. This day service was operated by the same provider and was located nearby in the same town where the resident lived. However, the resident did tell the inspector that sometimes there was no bus available to take them home from day services so they either had to walk home or had to pay for a taxi. This was later queried with management of the centre who suggested that a bus was provided to take this resident home from day services but that sometimes the resident would not wait for this bus so would choose to leave the day service earlier.

As this resident was speaking to the inspector, they saw a staff member arriving at the house to commence their shift through the sitting room window. The resident knew this staff member by name and appeared excited when they saw them arriving. This staff member warmly greeted the resident when they entered the house and later spoke very respectfully of the residents living in this house when speaking with the inspector. The remaining three residents who lived in this house returned to the house soon after. The inspector met and greeted these residents but they did not significantly interact with the inspector during his time in the house.

When one of these residents returned to the centre they asked a staff member a number of times about going to a fast-food restaurant. The resident was reassured by the staff member and later all four residents were seen sitting together having a meal. On two occasions the inspector did hear one resident vocalising. On one of these occasions it was seen that the resident was vocalising as they played a racquet game with a staff member in the house's back garden. The resident appeared to be enjoying this. Overall, the atmosphere in the house while the inspector was present was calm with the house seen to be presented in a clean, homely and well-maintained manner. However, some records in the house suggested that that may have been times when some residents there could have adversely impacted their peers. These were highlighted to management and will be discussed further below.

As the inspector was leaving this house it was seen that one resident was making a jigsaw in the presence of a staff member while two other residents were sat in the sitting room watching television. After leaving, the inspector briefly returned to the first house visited earlier in the morning to meet some more residents. However, on his arrival there the inspector was informed by a staff member that only two residents were present. One of these was the resident the inspector had met earlier while the other resident was asleep. Of the other three residents who lived in this house, two were gone for an outing with a staff member while the third resident had gone to stay with a family member for the weekend. As a result in total the inspector met five residents on the day of inspection but in the days following this inspection, two more questionnaires were provided to the inspector which had been

completed on behalf of residents in one house by friends or family members.

Like the other questionnaires, these generally contained positive feedback but one did indicate some unhappiness about a resident's participation in the wider community outside of the centre. In doing so particular reference was made to some staff not being able to drive. Both questionnaires also referenced residents not getting enough exercise. Such matters were queried with management of the centre who indicated that measures were in place to ensure that all residents were encouraged, facilitated and supported to participate in recommended exercise. Regarding staff drivers it was indicated that most staff working in the house were licensed drivers. While there had been some shifts when the staff in the house were not licensed, no documented record of an instance where a resident could not attend an activity was found in recent months.

In summary, staff members on duty were very respectful to the residents they were supporting with positive feedback given about such staff by staff and family members. The overall feedback provided during this inspection process was broadly positive although some issues were raised. The two houses visited were generally seen to be well presented but an apartment was noticeably different in its presentation.

The next two sections of the report 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 delivered.

Capacity and capability

Progress was being made to address longstanding concerns with the premises. While the provider was completing key regulatory requirements around the monitoring of the centre, some aspects of local management did need improvement. Some required notifications had not been submitted to the Chief Inspector of Social Services.

This designated centre was registered until December 2023 and in June 2023 had submitted an application to review the centre's registration for a further three years. Previous inspections of this centre in July 2019, October 2021 and most recently in September 2022 had raised concerns around the suitability of the premises provided in two of the three houses that made up this centre. Addressing such concerns had not sufficiently progressed between the October 2021 and September 2022 inspections. In response to the latter inspection the provider outlined a plan to address these issues. This involved applying to a new designated centre by June 2023 which would then be used to temporarily house residents from the two relevant houses while works were completed on these houses to make them more suitable. The final time frame for completion of all relevant works given was June

2024.

An update received from the provider in March 2023 suggested that these time frames had been delayed by three months. However, it was indicated this delay was due to reasons beyond the provider's control and that progress with the overall plan was being made. During the current inspection it was indicated to the inspector that the revised plan remained on the target and that the provider would be in a position to apply to register a new centre in September 2023 in keeping with the March 2023 update. Were this to happen and the proposed new centre be registered, it would allow the provider to be in a position to begin addressing the premises issues previously identified. As will be discussed in more details elsewhere in this report, such premises issues remained at the time of the current inspection.

While the provider was progressing their plan to address such issues, it had continued to monitor the services provided within the three houses that made up the current designated centre. As part of this unannounced visits to each of three houses had been conducted by representatives of the provider in October 2022 and April 2023 with separate reports available of the visits completed for each of the three houses. Such visits are required by the regulations to assess the quality and safety of care and support provided to residents. In the reports of these visits it was seen that there was a focus on relevant areas such as staffing, safeguarding, complaints and restrictive practices. An annual review of the centre, another regulatory requirement, had also been conducted which assessed the centre against relevant national standards and provided for consultation with residents and their families.

Although this annual review and the unannounced visits reports seen did provide assurance that the provider was meeting its regulatory requirements and monitoring the centre from a provider level, some improvement was identified in some aspects of the local monitoring of the centre. In the two houses visited it was noted that each had an incident log book where all incidents occurring in that house were to be recorded and reviewed by local management. Despite this the log books reviewed only indicated that a minority of incidents recorded in the log book were being reviewed as suggested. When the inspector reviewed such log books and related individual incident reports he noted some incidents which required notification to the Chief Inspector but which had not been submitted at the time of the inspection. It was also observed that some environmental restrictions had not been notified either.

Such areas did need improvement but it was found during this inspection that the provider was making efforts to meet the needs of all residents. However, as will be discussed further below some of the residents in this centre had varying needs and there were particular challenges in meeting the needs of one resident. With a view to meeting such needs, the provider had put in place appropriate staffing arrangements to support residents. Staffing must be accordance with a centre's statement of purpose and during this inspection it was noted that this was being met. It was noted though that in one house a higher level of staffing was being provided then as set out in the statement of purpose. The inspector was informed that this was a temporary measure to better support the needs of one resident and that because of its temporary nature, the additional staffing would not be reflected

in the statement of purpose. While the inspector acknowledged the rationale behind this, the increased temporary staffing had been in place for some time.

Regulation 15: Staffing

Staffing in the designated centre was being provided in line with the centre's statement of purpose although some additional staff support was also being provided. A sample of staff files were reviewed which contained all of the required documentation such as photo identification, full employment histories, written references and evidence of Garda Síochána (police) vetting. Staff rosters were also being maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Information provided after the inspection indicated that most staff had completed relevant training but some staff required refresher training in areas such as safeguarding and fire safety. While some staff had undergone formal staff supervision, other staff were overdue such supervision at the time of inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was being maintained that contained most of the required information but spaces in this directory to indicate the name of authority, organisation or body that arranged residents' admission to the centre, were left blank.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had ensured that appropriate insurance arrangements were put in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

Progress was being made with an overall plan to address longstanding premises issues in two of the three houses that made up this centre. Key regulatory requirements such as provider unannounced visits and annual reviews were being conducted while an organisational structure for the centre was in place. Some improvement was identified in some aspects of the local monitoring of the centre most notably around oversight of incident log books.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A recently reviewed statement of purpose was in place that contained key information such as details of the arrangements for the review of residents' personal plans. The statement of purpose was seen present in the two houses visited by the inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of some safeguarding incidents had not been submitted to the Chief Inspector in a timely manner. Some environmental restrictions in one house had not been notified on a quarterly basis.

Judgment: Not compliant

Quality and safety

Issues remained regarding the suitability of the premises provided in two of the houses of this centre. While the needs of most residents were being met in the centre, there was challenges in meeting the needs of one resident.

As highlighted earlier there were longstanding concerns around two of the three

houses that made up this centre. In both of these houses there was an absence of suitable communal bathrooms for all residents. These meant that in one house a resident had the use the en-suite bathroom of a peer while in the other house one resident had to use the bathroom of that house's apartment area where a different resident lived. In addition, red-rated risks had been identified regarding the use of stairs for residents whose bedrooms were on the first floor in one of these houses. In November 2022 one of these residents suffered a fall while coming down the stairs which resulted in the resident sustaining an injury. The provider's overall plan to address such premises concerns would involve suitable communal bathrooms being installed and extensions being added to the houses which would allow for more ground floor bedrooms.

It was also noted that completion of planned premises works in one house would potentially address a number of recommendations that had been made to better support the needs of one resident. This resident was highlighted to the inspector as having particular needs and was the subject of ongoing multidisciplinary support. The inspector discussed this resident with management of the centre and he also reviewed a number of documents related to the resident. It was seen that a significant amount of effort was being put into supporting this resident. These included providing additional staff and an intention to make some premises changes to this resident's home in August 2023 (this was separate to the provider's overall plan to address the longstanding premises concerns). However, certain documentation reviewed indicated that even with these efforts and completion of the provider's overall plan, suitable arrangements might not be in place to meet the resident's needs in the future.

In addition, at the time of this inspection the same resident was indicated as being on a list of inappropriately placed residents which suggested that their current environment was not suited to their needs. Despite this, management of this centre emphasised the importance of this resident remaining in their current locality. It was acknowledged by the inspector that this was a challenging matter and in the time leading up this inspection this resident had begun to receive additional multidisciplinary input and review. The needs of this resident compared to the needs of other residents across the three houses of this centre, highlighting the varying residents' needs that this centre supported. Aside from the highlighted resident, there was evidence that, other than the premises issues noted, the other residents' health, personal and social needs were being adequately supported within their current homes.

For example, it was seen that some residents were being facilitated to keep in contact with a resident they previously lived with, holidays were being planned for two residents and one resident was being supported to avail of employment in a local establishment. Such matters helped to meet these residents' personal and social needs. The health needs of residents were for also being provided for with residents supported to attend specific medical appointments with guidance available within residents' personal plans on how to support their health needs. It was noted though when reviewing one's resident personal plan that there was some inconsistent information contained within the plan around a particular texture-modified diet that the resident was to have. However, a staff member spoken with

who was supporting the resident on the day of inspection demonstrated a good knowledge of this resident including the correct texture-modified diet to be provided to the resident.

Staff spoken with demonstrated a good awareness of any past safeguarding concerns in this centre. Documentation reviewed indicating that incidents which had been reported as safeguarding concerns had been responded to appropriately (although some of these incidents had not been notified to the Chief Inspector as referenced earlier). However, when reviewing incident records in one house the inspector noted that there had been some incidents occurring which did not appear to have been considered as safeguarding concerns even though they had some similarities with other incidents which had been regarded as safeguarding matters. Four such incidents were noted between February and June 2023 and included matters such as vocalisations of one resident and another resident keeping peers awake one night. The inspector requested further information on these incidents from management of the centre. In the days after this inspection it was indicated that three of these were not safeguarding matters as no other residents were impacted but one of them had impacted another resident so was retrospectively processed as a safeguarding concern.

Regulation 11: Visits

In one house a resident told the inspector that they had received visits from their relatives to the house. A private area for the residents to receive visitors in this house was available.

Judgment: Compliant

Regulation 12: Personal possessions

When querying matters regarding residents' finances, it was highlighted that some residents had more access to and control over their own finances than other residents. It was also unclear if such residents were receiving all of the money that they were entitled to receive.

Judgment: Substantially compliant

Regulation 17: Premises

As had been highlighted on multiple other inspections, there was an absence of suitable communal toilets in two houses. In one of these houses concerns had been

raised around some residents' bedrooms being on the first floor with red-rated risks identified regarding this.

Judgment: Not compliant

Regulation 18: Food and nutrition

In the two houses visited suitable facilities were provided for food to be stored. Staff spoken with demonstrated a good knowledge of residents' dietary needs. Residents were asked around their choice of meals during residents' meetings.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide had been provided which was seen to be present in both of the houses visited. This guide contained all of the required information such as the arrangements for visiting.

Judgment: Compliant

Regulation 26: Risk management procedures

While the provider had a risk management policy in place, it was noted that one resident's potential impact on the residents they lived with due to vocalisations had not been risk assessed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety systems were present in the two houses visited including fire alarms, fire blankets, fire extinguishers, emergency lighting and fire containment measures. Fire drills records seen in one house indicated low evacuation times. However, in one fire drill record it was indicated that a resident refused to evacuate. While a follow-up drill was done shortly afterwards where the resident did evacuate, the resident's personal emergency evacuation plan did not reference that the resident might refuse to evacuate nor provide clear guidance on how to support the resident in the

event that they refused.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Some of the medicines practices were reviewed in one house. It was seen that appropriate secure storage was provided including for medicines that needed refrigeration. The temperature of the medicines fridge was generally checked daily. The medicines' storage seen was noted to be neatly organised with a sample of medicines reviewed seen to be appropriately labelled and in date. Stock checks were being completed for PRN medicines (medicines only taken as the need arises). A sample of medicines' documentation reviewed indicated that medicines were being given as prescribed. While such documentation was generally clear and legible, the inspector did note some unnecessary biro entries on some records.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

One resident's personal plan contained some contradictory information on a modified consistency diet that the resident was to follow. While priority areas for residents were being identified and progressed, such priorities did not have time frames nor responsibilities assigned to them. At the time of this inspection one resident was on a list of inappropriately placed residents which suggested that their current environment was not suited to their needs although it was seen that a lot of effort was going into supporting this resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to attend specific medical appointments and to undergo certain interventions such as receiving vaccines. Guidance on how to support residents' assessed health needs was contained within their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Guidance on how to support residents to engage in positive behaviour was available with staff spoken with demonstrating a good knowledge of this. Some environmental restrictive practices affecting one resident had not been recognised as such.

Judgment: Substantially compliant

Regulation 8: Protection

While some safeguarding incidents had been responded to appropriately, one incident was highlighted during this inspection which had not been considered and responded to as a safeguarding concern.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff were observed and overheard to treat residents respectfully. Residents' meetings were taking place with easy-to-read information available in the two houses visited to help in giving residents information around matters such as complaints, safeguarding and the provider's policies. While it was acknowledged that there was reasons behind them, it was indicated that some rights restrictions had not been reviewed by the provider's human rights committee.

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 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| 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 |
| Regulation 31: Notification of incidents | Not compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for No.4 Fuchsia Drive OSV-0004478

Inspection ID: MON-0031490

Date of inspection: 14/07/2023

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 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge will ensure that staff are appropriately supervised in line with the Provider policy. All staff will have had their first of the minimum of two supervisions per annum completed by 30.09.2023 and the schedule for the remainder of the year is in now in place.</p> <p>Staff who are outside of their refresher training date on safeguarding and fire safety, they will have completed the training on or before 30.09.2023</p> | |
| Regulation 19: Directory of residents | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The registered provider will update the directory of residents to include the name of the authority or body/organization who arranged the placement for each resident.</p> | |
| 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 Provider will continue to ensure the Provider monitoring systems, including the PIC audit schedules, provider unannounced visits and annual review are used to ensure the service provided is safe and appropriate to the needs of the residents and in line with the overall plan for the Centre.</p> <p>The person in charge will ensure that all incidents are recorded in the incident log and</p> | |

processed in accordance with the written guidance in this book. The incident log includes reminders to progress safeguarding and other notifications to the Authority as appropriate.

The registered provider will continue to progress the plans to extend and renovate two of the three houses in the Centre as outlined under Reg. 17 below.

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| Regulation 31: Notification of incidents | Not Compliant |
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The person in charge will ensure that notification of all adverse incidents and environmental restrictions are reported to the Authority using the incident log and log of restrictions in the Centre to guide these notifications.

Notifications of safeguarding incidents omitted have now been made.
Environmental restrictions in one house not previously identified will be included in the next quarterly return.

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| Regulation 12: Personal possessions | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The person in charge will ensure that as far as reasonably practical, residents have access and retain control of their financial affairs. The person in charge will meet with the relevant families who manage the financial affairs of the persons identified to ensure that the residents have access to all of their funds.

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|-------------------------|---------------|
| Regulation 17: Premises | Not Compliant |
|-------------------------|---------------|

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider has a time lined renovation plan in place to ensure that the premises of the centre is designed to suit the changing needs of the residents.

As part of this plan, a property to support the residents of two homes to remain in their locality while their homes are having the necessary modifications has been purchased and is being extended and renovated. An application to register the property will be submitted to the Authority.

Once this property is registered, residents from one house will move to this property in order for works to commence on their residence.

Once that is complete, residents from a second house in 4 Fuchsia Drive will move to the property whilst works are undertaken in their house.

These works will address the needs of residents in 4 Fuchsia Drive by 30 September 2024

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| Regulation 26: Risk management | Substantially Compliant |
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| procedures | |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The registered provider will ensure that arrangements are in place for the identification, recording and investigation of risk through it internal audit schedule and risk assessment discussions at Team meetings. The person in charge will carry out a person-specific risk assessment regarding specific behaviour and the impact this may be having on the other residents. Any additional controls identified in the risk management plan will be escalated to the Provider for resolution if they cannot be managed locally.</p> | |
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The registered provider has a series of fire safety measures in place in the Centre including weekly fire inspections to ensure that effective fire safety arrangements are in place.</p> <p>The person in charge has carried out a risk assessment in relation to a resident who is at risk of refusing to evacuate and has updated the residents PEEP to include guidelines on how to mitigate against this risk.</p> | |
| 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> <p>The person in charge shall ensure that the personal plan is reviewed,</p> <ul style="list-style-type: none"> - To taking into account goal setting and achievement, timelines and the details of the relevant person responsible to support the resident to achieve goals. - To ensure that the needs of the person are being met in the centre through the annual review of the plan involving MDT inputs or more frequently if required - To clarify any discrepancies in the plan including a FEDS support plan for one resident. | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Provider has ensured that a log of restrictions is maintained in the Centre which will be used to guide the Team to work towards reducing and/or eliminating restrictions where possible.</p> <p>The person in charge will notify the Authority of any occurrence where a press or door is locked and refer the issue to the organisation's Behaviour Standards Committee for sanctioning, where applicable, in accordance with Provider Policy.</p> | |
| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The Provider will ensure that</p> | |

- The person in charge has reported an incident identified during the inspection as a safeguarding concern. The authority has been notified of same.
- The person in charge will ensure that staff complete their refresher safeguarding training by 30.08.2023.
- The person in charge will ensure that safeguarding remains as an agenda item at every staff team meeting.

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| Regulation 9: Residents' rights | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
 The registered provider will ensure that each resident has the freedom to exercise choice and control in their daily life and that all rights restrictions are logged in the Centre for processing in line with the Provider Policies.

The person in charge will refer the key locked notice boards and key locked television cupboard to the Provider Behaviour Standards Committee for sanction.

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 12(1) | The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs. | Substantially Compliant | Yellow | 30/09/2023 |
| 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 | 30/09/2023 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 30/09/2023 |

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| 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. | Not Compliant | Orange | 30/09/2023 |
| Regulation 17(7) | The registered provider shall make provision for the matters set out in Schedule 6. | Not Compliant | Orange | 30/09/2023 |
| Regulation 19(3) | The directory shall include the information specified in paragraph (3) of Schedule 3. | Substantially Compliant | Yellow | 30/09/2023 |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 31/08/2023 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for | Substantially Compliant | Yellow | 30/09/2023 |

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| | responding to emergencies. | | | |
| Regulation 28(3)(d) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations. | Substantially Compliant | Yellow | 31/07/2023 |
| Regulation 31(1)(f) | The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident. | Not Compliant | Orange | 28/07/2023 |
| Regulation 31(3)(a) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. | Not Compliant | Orange | 31/10/2023 |

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| Regulation 05(2) | The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1). | Substantially Compliant | Yellow | 30/10/2023 |
| Regulation 05(6)(d) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments. | Substantially Compliant | Yellow | 30/10/2023 |
| Regulation 05(7)(c) | The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales. | Substantially Compliant | Yellow | 30/10/2023 |
| Regulation 07(4) | The registered provider shall ensure that, where restrictive procedures including physical, chemical or | Substantially Compliant | Yellow | 30/09/2023 |

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| | environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice. | | | |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Substantially Compliant | Yellow | 31/08/2023 |
| Regulation 08(3) | The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse. | Substantially Compliant | Yellow | 31/08/2023 |
| 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 | 30/09/2023 |