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:	No.1 Dewberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	20 September 2022
Centre ID:	OSV-0004579
Fieldwork ID:	MON-0028930

About the designated centre

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

No.1 Dewberry consists of two both detached dormer bungalows located a short distance apart in a rural area. This designated centre provides a full-time residential service for a maximum of 4 male residents over the age of 18 with intellectual disabilities and complex support needs. Two residents live in each of the dormer bungalows provided. Each resident has their own bedroom and other rooms in the centre include bathrooms, sitting rooms, kitchens, utility rooms and staff rooms. Residents are supported by the person in charge, a team leader and the staff team in place.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 September 2022	09:15hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an announced inspection completed in the centre to support the decision to renew the registration of the centre for a further three year period. Notice was given to the provider of the inspection including questionnaires to be provided to residents to allow them to voice their view of the service provided in the centre. All residents were supported by their staff team to complete these. Overall, a positive response was given. All residents reported knowing to speak to if they were unhappy and reported being happy with the activities afforded to them in their centre.

The centre consisted of two houses in close proximity to each other in a rural area. On arrival to the first house the inspector was greeted by the person in charge. A discussion was first had relating to the current wellbeing of the four residents availing of the service within the centre. Both residents who resided in the first house had left the centre to carry out their daily routine when the inspector arrived.

The first house visited by the inspector was divided into two self-contained living areas with a staff area also present. While completing a walk around of the centre it was noted that kitchen facilities were lacking in one area of the centre. While the resident had a kettle, toaster and fridge cooking facilities were not available. All meals were prepared by staff in the other resident's kitchen area and brought to the resident. This will be discussed in more detail further in the report.

The inspector visited the second house of the centre in the afternoon. In this house the inspector had the opportunity to meet and speak with both residents. One spoke of their enjoyment of walking dogs and partaking in a local friendship club. Another was looking forward to heading away for a few days with staff. Residents spoke very positively about their social life and being out and about. They enjoyed concerts and breaks away and said these were always supported by staff.

One resident showed the inspector around. They proudly showed family photos they had on display in their bedroom. They enjoyed their private space but also liked to chat with staff in the kitchen with a cup of tea. While walking around with the resident it was noted that some improvements were required in the house. For example, leather was peeling form the living room furniture and some outdoor furniture was rusting.

The residents enjoyed their garden space and told the inspector of a previous bee hive they had in the garden. They also spoke of the chickens they had and cared for. Residents were very comfortable in the company of staff and spoke leisurely with them regarding previous activities such as a garden party and spoke happily of upcoming events.

Residents did speak of who they would speak to if they were unhappy with anything in the centre. Upon review of the complaints log it was evident that residents were

supported to submit a complaint if they so wished. However, improvements were required to ensure that where a complaint highlighted a potential safeguarding concern that this was addressed.

This inspection overall evidenced that there was a good level of compliance with the regulations concerning the care and support of residents. There was a drive for service improvement to ensure residents were being afforded safe and person centred services that met their assessed needs. 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. The report will also highlight areas where the provider will need to come into compliance including restrictive practices and safeguarding.

Capacity and capability

There was good governance and oversight in this centre that ensured that residents received a good quality service that was in line with their assessed needs. Some improvements were required to ensure on going compliance with the regulation including in the area of restrictive practice. The provider had submitted the relevant paperwork required for the renewal of the registration of this centre prior to the inspection. This included the centre's statement of purpose. This documentation was reviewed by the inspector prior to the inspection and found to be in line with the requirements set out in the regulations.A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis.

The inspection was facilitated by the person in charge, social care leader and area manager. All members of the governance team met with on the day of inspection were very knowledgeable of the needs of the residents and the requirements of the service to meet those needs. The person in charge had very good oversight of the service. They had the required qualifications and relevant experience as outlined in the regulations. The person in charge reported directly to the area manager. This included regular communication and escalation of any concern which required to be addressed.

There were clearly defined management structures in this centre. Staff were knowledgeable on who to contact if any incidents or concerns arose. A review of incidents showed that issues were escalated to the person in charge and onwards to senior management. As required not all required incidents were notified to the office of chief inspector in accordance with Regulation 31. This included the quarterly

notification of restrictive practice and any allegation of abuse.

Staff in the centre received supervision from the person in charge who as required completed direct support within the centre. Formal supervisions were completed in conjunction with the organisational policy and were utilised in conjunction with on-site conversations and regular team meetings to ensure all staff had the opportunity to raise concerns or for issues to be addressed.

The provider maintained oversight of the service. The provider had completed an annual review into the quality and safety of care and support in the centre. In addition, unannounced audits were completed six-monthly in line with the regulations. These reports identified good practice in the centre and areas for improvement. These were addressed and monitored through a centre improvement plan. Action plans were developed following each review to ensure actions identified were addressed within an allocated timeframe.

In addition, the person in charge and delegated staff completed a range of audits in the centre. These included medication audits, infection control and fire safety. Some improvements were required to ensure audits completed were utilised to identify all areas noncompliance within the centre including restrictive practice and medicinal products.

The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. The person in charge maintained a planned and actual staff roster in the centre. A review found that the number and skill-mix of staff in the centre was in line the centre's statement of purpose. There was a regular team of staff in the centre to promote continuity of care. Staff had access to a range of training which had been deemed mandatory to support residents in the centre.

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis through house meetings and individual key worker sessions. Residents spoken with informed the inspector they felt comfortable to make a complaint and felt it would be addressed. However, improvements were required to ensure that were a complaint highlighted a potential safeguarding concern that this was addressed as such. This will be addressed under Regulation 8.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted within the required time frame.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operation of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the numbers and skill mix of staff were suitable to meet the assessed needs of residents.

An actual and planned rota was in place.

Judgment: Compliant

Regulation 16: Training and staff development

Effective supervision and performance management systems were in place and completed in accordance with organisational policy.

Staff had access to a range of training. This training was supported and facilitated by the provider to meet the assessed needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that appropriate insurance arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements were effective in delivering a good quality service to residents. There was an annual review of the quality and safety of care and evidence that actions arising from this were acted on. Additionally six monthly unannounced visits to the centre were taking place. Some improvements were required to ensure audits completed were utilised to identify all areas noncompliance within the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge not ensured all incidents were notified in line with the requirements of regulation 31.

Judgment: Not compliant

Regulation 34: Complaints procedure

A complaints policy was present within the centre giving clear guidance for staff in

relation to complaints procedure. Details of of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis.

Judgment: Compliant

Quality and safety

No.1 Dewberry currently provided residential support to four residents. Within the centre it was evidenced that residents' wellbeing and welfare was maintained by a good standard of care and support. Residents were supported to take part in activities that were meaningful to them and in line with their interests including concerts and dining out. Residents were consulted in the day to day operations of the centre including choice in their daily life and what they enjoy to do in their free time.

The centre presented as a warm homely environment with the layout suitable to the assessed needs of the resident's currently availing of the service. Residents were supported to decorate their home and personal space in accordance with their wishes and interests. However, one self-contained of the centre required review to ensure each resident has an accessible kitchen area with suitable and sufficient cooking facilities. The resident residing in this area could not prepare their own meals unless they entered their peer's personal area. This could not be facilitated due to an ongoing safeguarding risk. Whilst the resident reported they were happy for staff to prepare their meals, should they choose to prepare a meal the facilities were not accessible to them.

Residents within the centre at times required additional support in the area of behaviours of concern. Staff supported residents in this area in a very respectful manner and were aware of potential triggers for anxiety or times of unrest. The staff spoke of a number of measures and protocols used to support residents and spoke of the importance of communication with all. Some resident had behaviour support plans and protocols in place. All residents received regular and ongoing support from members of the multidisciplinary team to support all areas of behaviours of concern.

Where restrictive practice was utilised this was done so to promote the safety of residents. This was regularly reviewed and communicated with residents with long term plans in place to ensure the rights of the residents was supported at all times whilst maintaining their safety. However, on the day of inspection it was noted that a number of restrictive practices in place had not been recognised as such. Where these had been reviewed as not being a restriction on the resident rights they had not been recognised an environmental restriction. For example a "part guard alarm" had been installed in one house to alert staff to a resident moving around the house, this had not been recognised as a restriction of the resident's free

movement. Whilst a restrictive practice log was in place it was unclear from the documentation if a restriction continued to be used or if it was removed.

Each resident was supported to develop a comprehensive personal plan. This incorporated the annual assessment of need, multi-disciplinary recommendations and personal outcome measures. These reviews incorporated goals which the resident wished to achieve the coming year. A review of the goals showed that they covered house-based activities, maintaining connections with family and friends, and engaging in the wider community. Residents were involved in numerous activities within the centre and in the wider community. Some residents were supported to attend a day service with a variety of activities occurring in the centre at the weekends and in the evening. Residents' personal goals included increasing their participation such areas as dog walking, trips abroad and birdwatching. Resident's regularly met with staff to review goals and to ensure all supports required to meet goals were in place.

The residents' health care formed part of their personal plan. Each resident had a comprehensive health assessment and any health need that was identified had a corresponding health care management plan. These plans were reviewed throughout the year and updated as required. The plans while providing guidance to staff on how to support residents manage their health needs were at time complicated and utilised complicated medical terminology. There was evidence of input from a variety of health care professionals and specialist medical consultants as necessary. Some enhancements residents' personal plans were required to ensure the information present reflected as potential impact of healthcare concerns and guided staff on reactive measures which may be required to support residents. For example, how to recognise the symptoms of a stroke.

Residents' safety was promoted in this centre. All staff were trained in safeguarding. Staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer and complaints officer were on display in the centre. Safeguarding was included as an agenda item on house meetings and team meetings to ensure a consistent approach. Residents had personal and intimate care plans in place. Improvements were required however to ensure that all potential safeguarding was identified as such and addressed in accordance with local and national policy. Whilst the safety of the resident was assured following the submission of a complaint a potential abusive interaction had not been reviewed. This was addressed by the provider following the inspection.

Residents were also protected from the risk of infection. Good practice in relation to infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines.. Environmental audits were routinely completed. Staff were knowledgeable on steps that should be taken to protect residents from infection and where to source guidance on infection prevention.

The registered provider ensured effective measures were in place for the ongoing

management and review of risk. There were a number of risk assessments that identified centre specific risks; for example, infection control, safeguarding and behaviours of concern. Control measures were in place to guide staff on how to reduce these risks. These were maintained on a risk register. This covered numerous risks to the service as a whole. Risk assessments were regularly reviewed and gave clear guidance to staff on how to manage the risks. Regular risk management meetings occurred to ensure all risks continued to be addressed as required. Risk assessments were utilised in a positive manner to promote community activity through the implementation of the correct control measures.

Improvements were observed in the areas of medication management since the previous inspection with input form the local pharmacy and increasing monitoring and auditing of systems in place. Residents were supported where appropriate to self-administer medications. Staff had training in the area of medication management. On the day of the inspection it was noted that whilst it was noted on the medication kardex the route of the medication this did not correspond to the guidance provided on the label of the medication. This required to be addressed.

Regulation 13: General welfare and development

Residents had access to facilities for recreation. They engaged in a variety of activities in line with their interests. These included activities in the centre and in the wider community. Residents were supported to maintain links with family and friends as they wished.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to meet the needs of residents. The centre was in very good structural with some minor decorative repair required.There was adequate private and communal space. The centre was personalised with residents choice of decor and their photographs.

One self-contained of the centre required review to ensure each resident has an accessible kitchen area with suitable and sufficient cooking facilities.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensure the development and review of a residents guide. This was present in the centre and available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and plans were in place to support residents to self-isolate in cases of suspected or confirmed COVID-19. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, the registered provider had effective measures in place for the safe storage, ordering receipt and administration of medicinal products within the centre. Ongoing review of practice was required to ensure all errors were identified in a timely manner,.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly.

Some improvements of residents' personal plans were required to ensure the information present was up to date and reflective of their current recommendations relating to all health care concerns and presented in a manner which was understood by all members of the staff team.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Behaviour support plans reviewed gave clear guidance to staff on how to support residents manage their behaviour. Staff were observed implementing strategies from these plans on the day of inspection.

Where restrictive practice was utilised this was done so to promote the safety of residents. However, improvements were required to ensure all restrictive practices in place were recognised and documented as such.

Judgment: Substantially compliant

Regulation 8: Protection

Overall the registered provider had arrangements were in place to ensure residents were safeguarded from abuse. Where staff were found to have up-to-date knowledge on how to protect residents and all staff had received up-to-date training in safeguarding, improvements were required to ensure that all potential safeguarding concerns were identified and addressed as such

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider ensured that residents could exercise choice and control in their daily lives. Regular house meetings and key worker meetings were taking place and residents were consulted in the running of the centre.

Increased consultation was required in one area to ensure a residents were content with staff utilising their personal space to prepare meals for their peer. While staff reported the resident had no issue or concern with this, no evidence of consultation was available.

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	
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 19: Directory of residents	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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No.1 Dewberry OSV-0004579

Inspection ID: MON-0028930

Date of inspection: 20/09/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider has ensured that a system for auditing is in place in the centre and is operating to a high standard with actions to be put in place for all identified weaknesses. A rights and Restrictive practice review was carried out on [19/10/2022] to ensure that any restrictions in place had review dates in line with Provider policies. This audit will be reviewed quarterly by Person in Charge.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in charge has ensured that a Form NF06 was completed and uploaded on the portal on [21/09/2022] following the review of a complaint that had previously been processed and addressed with the resident. The Person in Charge will ensure that the Quarterly Returns submitted on the portal include all environmental restrictions identified in the audit of the centre.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: The Provider has ensured that, in consultation with relevant Multi-Disciplinary Team members, a plan will be developed with the person supported to further improve his choice and access to the whole cooking process in line with his preference. This plan will be developed and reviewed as part of the monthly clinical oversight and have smart goals [21/12/2022] The resident was consulted with on [27/10/22]. Upgrading including the flooring in an apartment area in the bedroom and bathroom will be completed by [15/12/2022]	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge has ensured that a system is in place in the Centre to check medications received from the pharmacy, ensuring that the label on the medication received from the pharmacy corresponds with the Medication Administration Chart has been added to the checklist for staff [26/10/22]	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The Provider has arranged for the Health care management plans will be reviewed to ensure that plain English is used in addition to the medical terms. Health care management plans have been reviewed by a nurse [04/10/22]. Oversight form relevant multi-Disciplinary team members will be sought to create a baseline assessment for two residents who have previously had a stroke. Guidelines to be completed to support staff to recognise the symptoms of a stroke for these two residents. [20/11/2022]	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:
The Provider has ensured that a rights and Restrictive practice review was carried out on [19/10/2022] to ensure that any restrictions in place had review dates in line with BOCSI policies. The purpose of the 'Fuller lives, Safer Lives' policy is to have least restrictive practices in place. Audits are completed and will be reviewed quarterly with the team and Person in Charge.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Provider has arranged for the designated safeguarding officer attended a staff team meeting and met the staff team [13/07/22] in addition to training to promote the role & presence of the officer with the front line teams. A referral was made to the designated officer on [21/09/2022] following the review of the complaint that had been processed.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Provider has arranged that, following the clinical team on [26/10/22] eesidents will be consulted about the use of the kitchen and the preparation of meals in the Centre [27/10/22]. This will be written up and reviewed at the following clinical risk meeting [16/11/22]

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.	Substantially Compliant	Yellow	15/12/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Substantially Compliant	Yellow	21/12/2022

	accessible to all.			
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	19/10/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	26/10/2022
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	Not Compliant	Orange	21/09/2022

	confirmed, of abuse of any resident.			
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	31/10/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	20/11/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	19/10/2022
Regulation 08(3)	The person in	Substantially	Yellow	21/09/2022

	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.	Compliant		
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	16/11/2022