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:	The Grove
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	16 June 2021
Centre ID:	OSV-0004889
Fieldwork ID:	MON-0032611

About the designated centre

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

This centre is operated by the Brothers of Charity Services Ireland and, is located in a residential area on the outskirts of the busy town. The house is a purpose built bungalow designed to promote accessibility and is suited residents with declining mobility. Each resident has their own en-suite bedroom and share the dining and kitchen area, sitting room and, a further bathroom. A full-time residential service for a maximum of four residents, over the age of 18 years is provided. While the service provides support for residents with a broad range of needs the model of care is social and staff are on duty both day and night to support the residents. Management and oversight of the service is delegated to the person in charge supported by a lead social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 June 2021	10:00hrs to 16:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

Currently, three residents live in this designated centre. While residents did not provide explicit verbal feedback on what life was like for them in the centre, they communicated this in different ways. From what the inspector observed and, what residents communicated by gesture and some verbal communication, the inspector was assured that residents were happy and content in their home and, received good support from a team of staff who were well known to them.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. COVID-19 has resulted in changes as to how centres are inspected so that they can be inspected in a way that is safe for residents, staff and inspectors. A second office space had been created in the centre and this was made available to the inspector. This meant that the inspector had the opportunity to meet with residents and staff for brief intervals during the day and, to discreetly observe the routines of the house.

The house itself was purpose built and is located in a mature residential area on the outskirts of the town. The house presented well, was welcoming and homely and, in good decorative order. There was a scope of works agreed for the renovation of one vacant en-suite bedroom as staff planned for changing and increasing resident needs. The work to be completed was informed by the recommendations of an occupational therapist. The garden was well-maintained with a prominent bird-feeder that was visited by a range of birds all day. Staff described how one resident loved nature and loved to watch the birds.

On arrival the different routines of the residents were evident with one resident enjoying their breakfast, another watching television while the remaining resident was in their bedroom. The inspector noted that this resident could lock their bedroom and did so throughout the day as they came and went. Records seen by the inspector reflected staff commitment to maximising the opportunities to provide each resident with an individualised service. Residents were largely compatible but they did have different interests, needs and abilities. For example, there were differences in relation to mobility and, staff were mindful of these differences when planning routines and activities. Given the current reduced occupancy of the service staff confirmed that they could accommodate this individuality. On the day of inspection residents came and went with staff or sat quietly doing some knitting or reading supported by staff. A resident showed the inspector their favourite book and staff confirmed that the local library continued to provide a supply of reading material to the resident.

One resident returned from town and was delighted to show staff their purchases. The resident by gesture invited the inspector to be part of this engagement. The resident had a camera from which they could print their own photos and, with support from staff the resident had created their own visual planner. Using a

combination of photos and gesture the resident identified going to the barber in town for a haircut and a shave, local amenities where they walked and, their favourite shops as activities they really enjoyed.

The atmosphere throughout the day was calm and relaxed. Residents were seen to seek and approach staff with ease and, were comfortable in the presence of staff. Staff were noted to wear a face-mask at all times. The house was visibly clean and well-ventilated, homely and comfortable but free of clutter. This supported infection prevention and control but also ensured the environment was kept free of hazards that could pose a falls risk for residents in the context of their needs.

Records seen indicated that staff had promoted access to and, the use of technology by residents to counteract the impact of COVID-19 restrictions. Technology had supported ongoing contact with family and peers but, access to family on the basis of an assessment of risk was always available to residents if they wished. Staff described how they were slowly re-introducing visits to home with controls and, much of the visits to the centre were undertaken outdoors weather permitting. The inspector did not meet with any resident representatives but saw that they were invited to and, did provide feedback on their views of the service; the feedback provided was very positive.

Staff spoken with were very familiar with each resident and their support needs. Staff were empathetic and mindful of the impact of changes on residents such as the challenges that arose from COVID-19 or, from altered care such as the recent introduction of diet and fluids of altered consistencies. Staff described how they altered the consistency of the resident's favourite foods and drinks and, were mindful of the risk of inadequate intake if the resident did not like what was presented. Staff also spoke of how they were open to and continued to learn about the ability and resilience of each resident, for example their ability to wear a face-mask and, to comply with COVID-19 screening.

Based on these discussions and observations the inspector was assured that each resident was in receipt of a good standard of evidence based care. The inspector reviewed one personal plan; the plan was individualised and had been recently reviewed, the review was comprehensive. However, the plan itself was somewhat disjointed, did not reflect the knowledge of staff spoken with or the findings of the review; the plan was in need of a general update.

The provider had provided additional staff resources in 2020 and, the staff rota had been adjusted so that there was better consistency of support across the full week. However, it was evident from the internal annual and six-monthly service reviews that providing adequate staffing resources had been a significant challenge in 2020 in the context of COVID-19 and, increased resident needs. Staff spoken with confirmed that it had been very challenging and, the quality of service experienced by all residents had been impacted. Management described the challenges and obstacles to securing funding so that adequate staffing could be provided. The current staffing levels given the reduced occupancy and, current resident needs were adequate. However, the provider did need to provide assurance as to how staffing levels and arrangements would be safe and appropriate with any increase in

occupancy. The provider also needed to assure how staffing levels would continue to support the individuality of the support as evidenced on the day of inspection.

The overall attendance at staff baseline and refresher training was good given the challenges posed by COVID-19 such as the cessation of face-to-face training. However, the provider needed to ensure that it had adequate arrangements for monitoring the completion of training by all persons who worked in the centre including those who were not directly employed by the provider.

In summary, while there were some areas where some improvement was needed, the inspector found that this was a well-managed service that was focused on the safety and well-being of each resident. Staff sought to maximise the individuality of the support provided. 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

This was a well managed and overseen service. Currently the centre presented as adequately resourced but this will be discussed again below when discussing staffing levels. The provider was effectively monitoring the service and, using the data that it collected to improve the quality and safety of the service provided to residents. While there was a need for some improvement, overall this inspection found that residents received good quality support and care and, there was good compliance with the regulations. Some improvement was needed in the areas of personal planning, monitoring staff training, assuring the adequacy of staffing levels and, in fire safety arrangements.

The local management team consisted of the person in charge supported by the lead social care worker. The person in charge had an office nearby but the provision of the additional office space meant that the person in charge could also base themselves in and, work from the centre each week. The person in charge had other areas of responsibility including two other designated centres but was satisfied that the support of the social care worker and, the support and mentoring of their line manager was sufficient to ensure appropriate management and oversight. The inspector noted that the person in charge and the social care worker worked well together and, they were both equally well informed of any matters arising in the centre.

The systems of oversight and review in place were evident. For example, the regular and consistent review of risk and its management, the review of any incidents and accidents, the review of the management of medicines and, the oversight that was maintained of each residents' safety and well-being. Staff supervisions and appraisals were planned for the year and reported to be on schedule. The inspector reviewed minutes of staff meetings that the social care worker and-or the person in

charge chaired. There was comprehensive discussion at these meetings of each resident, any changes in needs or support and, discussion of general operational issues. In addition, the provider was completing the annual and six-monthly reviews of the quality and safety of the service. Both reviews acknowledged the challenge that had arisen to providing a safe, quality service in 2020 and, the action that the provider had taken in response. Responsibility was allocated for the completion within a specific time-fame of any actions arising and, generally actions were satisfactorily progressed. As stated in the opening section of this report, the reviews provided for consultation with residents and their representatives and, the feedback provided was very positive.

Currently there was one resident vacancy in the service and there had been some preliminary discussion about a possible resident transfer from another service. The staffing levels and arrangements were currently adequate to meet the number and assessed needs of the residents and, allowed staff to maximise the opportunities for individualised support in the centre and, in the community. An additional benefit from the improved consistency of staffing was the reduced use of an environmental restriction. However, in the context of the staffing challenges that had arisen in 2020 (as discussed in the opening section of this report), the provider needed to provide assurance as to how it would objectively assess and assure appropriate levels of staffing that met in a safe and quality way, the needs of all residents with the service operating at full occupancy.

COVID-19 presented challenges to the completion of staff training with face-to-face training suspended due to the risk of transmission of the virus. Notwithstanding this, based on the sample of training records reviewed, there was good completion of mandatory, required and additional baseline and refresher training by staff; staff completed the on-line training made available. Training modules reflected the assessed needs of the resident, for example training in understanding dementia, and the risk posed by COVID-19. All staff had completed training that included hand-hygiene, breaking the chain of infection and, the correct use of personal protective equipment (PPE). However, all persons working in the centre were not included on the staff training matrix and, when this was explored further by the inspector there was a gap in attendance at fire safety training. The inspector was advised that there was a memorandum of agreement in place and clarity on reporting and supervision arrangements. However, the provider needed to review and ensure that it had appropriate and effective arrangements for monitoring the completion of training by all persons working in the centre including those not directly employed by the provider.

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and qualifications needed for the role. The person in charge was satisfied that they had the systems and support needed to ensure the effective management of each of their allocated designated centres. The person in charge took responsibility for the

management of the service taking into account their role in the overall governance structure.

Judgment: Compliant

Regulation 15: Staffing

The provider needed to provide assurance as to how it would objectively assess and assure appropriate levels of staffing that met, in a safe and quality way, the needs of all residents with the service operating at full occupancy.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider needed to review and ensure that it had appropriate and effective arrangements for monitoring the completion of training by all persons working in the centre including those not directly employed by the provider.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that this was an effectively managed service. The focus of management and oversight was the safety, quality and appropriateness of the service, support and care provided to each resident.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen by the inspector in the centre, there were adequate arrangements for ensuring that HIQA was notified of prescribed events such as incidents that impacted on resident safety.

Judgment: Compliant

Quality and safety

This was a person-centred service where staff sought to maximise the individuality of the support that was provided. While some improvement was needed, the inspector found that resident well-being and welfare was maintained by a good standard of evidence-based care and support. In this section, the areas where some minor improvement was needed were in personal planning and, in fire safety procedures.

As discussed in the opening section of this report staff spoken with were informed and knowledgeable of each resident, their needs, abilities, choices and, their support and care. The practice observed reflected these discussions with staff and, the individual nature of the service. Staff clearly described the actions taken to ensure that each resident was safe and, enjoyed good health. For example, staff described how they monitored resident well-being and, sought clinical advice and care for residents as needed. Staff said that accessing clinical review had presented some challenges during the pandemic. Staff had continued to seek and advocate for access with success when they were concerned for resident well-being. Based on the records seen and, these discussions with staff, residents had access to the clinicians and services that they needed such as their General Practitioner (GP), dentist, occupational therapy and, speech and language therapy.

There were current prescriptions in place for each medicine in use and, staff maintained a record of each medicine that they administered. There were specific protocols for the administration of medicines needed in emergency situations. Medicines management was the subject of regular audit.

There was a good balance in the support provided between keeping residents well and, promoting the personal and social dimension of their life. Technology had been utilised to ensure that residents remained connected with family and life and, had opportunities to be meaningfully occupied. Residents engaged as they choose with a range of programmes such as art, music and yoga. Staff supported residents to safely enjoy walks in local amenities, visit their local shops and, meet with family and friends.

However, while the personal plan reviewed by the inspector contained much of the support and care described above and, had been recently comprehensively reviewed, it was in need of a general update. For example, while there was evidence of consultation with the behaviour support team, the positive behaviour support plan was last reviewed in 2018. While there was evidence of recent and consistent clinical review and staff described recent changes to the care provided, the health care plans themselves were last reviewed in 2019. Better alignment was needed between the personal plan and the general register of risks, for example in relation to falls prevention and management.

However, the inspector found that there were adequate processes for identifying,

managing and reviewing risk to resident health and safety. The risk assessments reviewed by the inspector reflected the assessed needs of the residents and, the general operation of a designated centre. Any event or incident that occurred such as a trip or fall and its management was reviewed, the risk rating was altered if appropriate, the adequacy of the existing controls was reviewed and, additional controls if needed were implemented. For example there was evidence of occupational therapy review of the environment as part of the falls management plan.

In addition there was evidence of measures that were effective in reducing the risk of the accidental introduction and onward transmission of COVID-19. Practice was guided by a suite of national and local policies and, risk assessments that were regularly reviewed. For example, risk assessments that supported safe visiting with family and, community access for residents. Staff and resident well-being was monitored regularly each day and, there was an enhanced programme of environmental cleaning. The house while welcoming and homely was visibly clean and well-ventilated with hand-sanitising products readily available. Staff were seen to wear a face-mask at all times and assisted residents to stay safe, for example by successfully supporting residents to wear a face-mask, to attend for screening and vaccination.

While some improvement was needed there was evidence of pro-active fire safety arrangements. Staff described how the exits now available from each resident's bedroom were used during simulated evacuation drills. The inspector saw that the premises was fitted with a fire detection and alarm system, emergency lighting and, fire fighting equipment. There were certificates in place attesting to the inspection and testing of these at the required intervals. However, while doors designed to contain fire and its products were provided and, devices designed to close these doors had been ordered, the self-closing devices were yet to be fitted. Staff and residents participated in regular simulated drills that were undertaken to reflect a range of possible scenario's. However, the inspector noted that during a recent drill undertaken to replicate the night-time arrangements in the centre, two staff, rather than the one staff that would be on duty at night, had assisted in the evacuation of the centre.

Regulation 10: Communication

The communication needs and abilities of each resident were assessed and, residents had the support that they needed to communicate effectively. For example, the use of photography and photos as discussed in the opening section of this report. The use of technology such as video applications had increased in response to COVID-19 restrictions. An additional laptop and a smart television had been purchased.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to have continued access to family informed by the process of risk assessment and controls to protect residents. staff and, families from the risk of COVID-19

Judgment: Compliant

Regulation 13: General welfare and development

Staff understood the importance of, and maximised the opportunities for providing individualised support. The staff training programme and, clinical advice ensured that the support and care provided was evidence based. Staff sought to be creative in the daily routine and programme of activity and engagement available to residents and, ultimately residents decided whether they engaged or not. Staff and residents were hopeful of and, exploring possible options for a holiday away from the centre this summer.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre was suited to the stated aims and objectives of the service and, the number and needs of the residents that could be accommodated. The provider kept the state of repair and general decoration of the premises under review and, the premises presented well internally and externally.

Judgment: Compliant

Regulation 26: Risk management procedures

There were adequate processes for identifying, managing and reviewing risk to resident health and safety. Review included assessing the adequacy of the existing contols and, implementing additional controls if needed.

Judgment: Compliant

Regulation 27: Protection against infection

There was evidence of measures that were effective in reducing the risk of the accidental introduction and onward transmission of COVID-19. Practice was guided by a suite of national and local policies and, risk assessments and controls that were regularly reviewed.

Judgment: Compliant

Regulation 28: Fire precautions

Doors designed to contain fire and its products were provided and devices designed to close these doors had been ordered; however, the self-closing devices were yet to be fitted. The inspector noted that during a recent drill undertaken to replicate the night-time arrangements in the centre, two staff, rather than the one staff that would be on duty at night, had assisted in the evacuation of residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

While the personal plan reviewed by the inspector contained much of the support and care described and observed and, had been recently comprehensively reviewed, the plan was in need of a general update. For example, the positive behaviour support plan last reviewed in 2018 and, health care plans were last reviewed in 2019. Better alignment was needed between the personal plan and the general register of risks, for example, in relation to falls prevention and management.

Judgment: Substantially compliant

Regulation 6: Health care

Staff monitored each residents well-being and acted in response to any concerns arising. Staff ensured that residents had access to the services and clinicians that they needed and, provided the care that was recommended at these reviews. Good oversight was kept of the administration of prescribed medicines.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was access to a range of clinical supports such as psychiatry, psychology and, the behaviour support team. While the positive behaviour support plan required review as part of the personal planning process, the support described and observed was therapeutic. There was one sanctioned restrictive practice; the locking of the main kitchen if it was unsupervised by staff. Staff and records seen, described reduced use of this intervention with the consistency of staffing now provided for each day. While there were no concerns arising, the risk posed and, the continued use of the intervention should be included in the review of the positive behaviour support plan.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training and, safeguarding of residents was discussed at each staff meeting. Staff used accessible material to develop each residents understanding of safety and protection and, staff described how residents did raise concerns, for example their unhappiness when the behaviour of peers had impacted on them.

Judgment: Compliant

Regulation 9: Residents' rights

Residents received an individualised service that was based on their assessed needs. Staff, in their communications and in the support that they provided respected the individuality of each resident. Residents though they had communication differences could raise concerns and, were listened to by staff who were familiar with their communication style. Residents were supported by staff if they wished to participate in the internal advocacy forum. Residents were supported to express their personal spiritual beliefs where this was important to them. Residents were seen to have good freedom, choice and control in their home and, in their routines. For example residents had ready access to staff and could lock their personal space if they choose to do so.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Grove OSV-0004889

Inspection ID: MON-0032611

Date of inspection: 16/06/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider shall ensure that • 15(1) the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. This will be addressed by The PIC, PPIM and regional manager will ensure that appropriate levels of staffing are in place that meets the needs of all residents with the service operating at full occupancy. This will be done by; • Completeing a compatability assessment for any individual proposed to live in the DC • Conducting an assessment of need for any individual being admitted to the DC. • Having live risk assessments in place to monitor any associated risks any person admitted to the DC may have. • Developing a transition plan to support any individual being admitted to the DC. The above assessments will help to identify the necessary resources required for the DC to operate at full occupany in a safe and quality manner. To be completed by 31/08/21	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The registered provider shall ensure that	

• 16(1a) Staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

This will be addressed by the PIC linking with the training department to establish effective arrangements for monitoring the completion of training by those not directly employed by the Brothers of Charity such as Community Employment staff, Volunteers and Students.

To be completed by 31/07/21

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider shall ensure that effective fire safety management systems are in place by
28(2a) taking adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.

This will be achieved by completing the upgrade of fire doors to include self closing devices as identified in a recent internal fire audit. Risk assessments to be updated on completion.

Completed 02/07/21

28 (4b) ensure by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

This will be done by scheduling a night time fire drill with minimal support.

To be completed by 31/07/21

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The registered provider shall ensure that 5(8) The person in charge shall ensure that the

personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6)

This will be achieved by providing a new updated plan for one individual reflective of a recent comprehensive review carried out by the PIC and PPIM. This new plan to become a live document and will be aligned with the risk register and Multi D input

To be completed by 31/08/21

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/07/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where	Substantially Compliant	Yellow	31/07/2021

	necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	31/08/2021