

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

Issued by the Chief Inspector

Name of designated centre:	No 3 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	22 April 2024
Centre ID:	OSV-0005139
Fieldwork ID:	MON-0034619

About the designated centre

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

No 3 Fuchsia Drive consists of a detached bungalow and a separate apartment located behind the bungalow. The centre is located on the outskirts of a large village and provides full-time residential care for a maximum of four residents of either gender, over the age of 18, with intellectual disabilities. Each resident has their own individual bedroom with three resident bedrooms in the bungalow and one in the apartment. Other facilities in the centre include kitchens, living areas and bathrooms. Support to residents is provided by the person in charge, a social care leader, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 22 April 2024	10:15hrs to 18:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The feedback received from residents during this inspection, through observation, documentation reviewed or from speaking with residents, was positive. The residents met appeared comfortable in the presence of staff and management. Such residents were seen to be supported to an appropriate manner during the inspection.

This designated centre was made up of one house with a capacity for three residents and an apartment area for one resident to the rear of the house. At the time of this inspection a resident was living in this apartment while two residents were living in the house. This meant that there was one vacancy in the house which had been the case for some time. The inspector was informed that there had been some consideration to filling the vacant bedroom but that there was no one under active consideration for it at the time of this inspection.

When the inspector arrived to commence the inspection, the two residents living in the house had already left to attend their day services which were operated by the same provider nearby. These two residents attended their day services Monday to Friday but it was indicated that staff had raised the potential of one of these residents reducing their day service or possibly retiring from it. This was not something that the resident themselves had raised but was being explored further at the time of inspection. It was also highlighted that this resident had been previously facilitated to have a later start time for their day services to better suit their needs.

The resident who lived in the apartment was present when the inspection commenced. The inspector was informed that this resident might not want to speak with him and shortly into the inspection it was observed that this resident left the centre to go on an outing with a staff member. The apartment where this resident lived was then seen by the inspector and was observed to be clean, nicely presented and well-furnished. During the day this resident was provided with one-to-one staff support while at night-time the resident received support from staff working in the house. It was seen that the resident's apartment had an intercom system that they could use to call for staff support if needed during the night while the resident also had an alarm on their person if needed.

Given that all three residents were gone from the centre during the initial stages of the inspection, the inspector used this time to review documentation relating to the centre and individual residents. Such documentation included surveys that had been issued to this centre in advance of this announced inspection. These surveys asked questions around the residents' home, the staff support they received, and what residents did every day amongst other topics. Surveys for all three residents had been completed with staff support. It was seen that these completed survey contained positive responses to all topics queried.

Aside from documentation, the inspector also reviewed the house where two of the

residents lived. As with the apartment area, this house was seen to be well-furnished in its general appearance. The house was also seen to be generally clean and it was noted that previous issues with mould in one bathroom, as seen during a previous inspection in April 2023, had been addressed. The inspector did observe though that some ceiling lighting fittings in the house had a noticeable amount of dead flies in them. Despite this, the house was homelike in its appearance overall with residents' bedrooms seen to be personalised while in the kitchen-dining area a number of birthday cards for a resident's recent birthday were on display.

The resident who lived in the apartment returned there in the afternoon and seemed to spend the remainder of the inspection in their apartment. At one point, the person in charge asked the resident if they wished to speak with the inspector. The resident declined so this resident was not met during the course of the inspection. The other two residents returned to their home near the end of the inspection. These residents had been collected from their day services by a staff member who had taken the residents out for a coffee before they returned to this centre. When these residents had returned to the centre, the inspector had an opportunity to spend 30 minutes with them before the inspection ended.

During this time the two residents appeared comfortable in their surroundings and with the staff and management that were present. Both residents were smartly dressed with one resident wearing a suit. It was later noted that this was a suit that the resident had bought as part of their recent birthday celebrations. One of the residents appeared particularly happy while the inspector was present with this resident heard singing at one point. This resident told the inspector how they were trained as a fitter and appeared to know a lot about the different parts of engines while also speaking about certain events in their life and people that they knew.

The inspector had an opportunity to ask the residents some questions about their lives in the centre. In responses to these one of the residents indicated to the inspector that they liked living in this centre. When asked what they liked about living there, the resident said the house and going to their day services. The inspector asked what the resident did at their day services with the resident indicating that they used their tablet device there. A staff member then gave the resident this tablet which the resident used to show the inspector photographs of their recent birthday celebration that had taken place in a hotel in a nearby town in the days before this inspection.

When viewing these photographs the resident pointed out different people who were in the photographs with the resident. These included the resident's relatives, staff members, the resident's friends from day services and the other resident who the resident lived it. This resident appeared very proud of these photographs and pointed out to the inspector the birthday cards that they had received along with some birthday presents. The resident also made sure to point these out to members of management who were present at time. Earlier in the day the inspector had been informed that a lot of planning had gone into celebrating the resident's birthday and based on what the resident showed the inspector, they appeared to have enjoyed the celebrations.

The other resident also talked about attending their day service and indicated that they were currently making a rug there. While this resident did not disclose as much on their views on their life in this centre as their peer, they did appear very happy while the inspector was present. This resident appeared comfortable with their peer and praised their appearance at one point. Staff present during this time were also seen to be very respectful and helpful with both residents. For example, one staff member helped a resident to turn on the television when the resident looked for help with this while another staff member helped to prepare a drink for a resident. Overall, things in the house seemed very sociable and relaxed during the time these two residents were present.

In summary, while some light fittings did need some cleaning out, the premises provided for residents was seen to be well presented. Positive feedback was included within the surveys reviewed. The two residents met during this inspection appeared comfortable and happy.

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 inspection found an overall good level of compliance with the regulations. It was identified though that a restrictive practice in use had not been appropriately notified.

Registered until October 2024, this centre had last been inspected by the Chief Inspector of Social Services in April 2023. That inspection focused on the area of infection prevention and control with a number of areas for improvement identified such as aspects of the cleaning. The same inspection also identified some concerns around aspects of medicines management and safeguarding which prompted further assurances in these areas to be sought outside of the inspection process. Since then in August 2023 the Chief Inspector received some information of concern relating to designated centres operated by the provider in a specific geographical area where this centre was located. This information raised concerns around aspects of these centres' governance. Consequently, the Chief Inspector sought assurances from the provider in this area. The provider's response, received in September 2023, did outline the systems in operation to ensure that effective governance was provided but did identify some actions for the provider to address also.

More recently the provider had submitted an application to renew the registration of the centre for a further three years beyond October 2024. As such the purpose of the current inspection was to assess compliance with relevant regulations in more recent times in order to inform a decision on this application. Overall, this inspection found that residents were well-supported which was reflected in a good level of

compliance with the regulations. It was found that specific regulatory requirements including maintaining a directory of residents, having a recently reviewed statement of purpose and a representative of the provider conducting unannounced visits to the centre every six months were being met. Reports of such visits were provided as part of the inspection process and it was noted that the visits considered relevant matters. It was noted though that these visits reports had sections specifically around notifications submitted to the Chief Inspector but the content of the reports did not accurately reflect the number of notifications submitted.

The unannounced visit reports also had a section of restrictive practice is use in the centre. While there were limited restrictive practices in use in this centre, the reports highlighted that a bed sensor was in use. Any restrictive practice used in a centre must be notified to the Chief Inspector on a quarterly basis but the use of this bed sensor had not been notified appropriately leading up this inspection. Restrictive practices was a standard agenda item, amongst other topics, for staff team meetings in this centre. Notes of these meetings were reviewed during this inspection which indicated that they took place regularly with such notes indicating that the most of the agenda items were recorded as being discussed. It was seen though that not all agenda topics were recorded as being discussed at these meetings. In addition, in submitting the assurance requested in September 2023, it was indicated by the provider that on-call arrangements were to be reiterated during staff meetings but no mention of this was seen in the meeting notes reviewed. The inspector was informed that on-call arrangements were in operation for staff to use if necessary.

It was further indicated to the inspector that such staff were to be formally supervision every six months. The inspector reviewed a sample of supervision records and it was noted that some staff had not been supervised at this frequency. For example, one staff member had been supervised between once between October 2022 and April 2024.. It was noted though from the supervision records reviewed indicated that staff had received formal supervision in the weeks leading up to this announced inspection. Training records provided indicated that most staff had completed relevant training in various areas to ensure that they had the necessary skills and knowledge to support residents but some staff were overdue refresher training in some area. It was indicated to the inspector that dates for this refresher training had been booked. Staff rosters reviewed indicated that appropriate staffing arrangements were in place to support the needs of the residents. There also appeared to be a continuity of staff support which is important in promoting consistent care and professional relationships.

Regulation 15: Staffing

Planned and actual staff rosters were being maintained. The rosters reviewed during this inspection indicated that a continuity of staff support was being provided and that the staffing provided was in keeping with the needs of residents and the centre's statement of purpose. Six staff files were reviewed during this inspection.

These were generally found to contain all of the required documents such as written references, employment histories and evidence of Garda Síochána (police) vetting. When reviewing one file on the day of inspection it was noted that it did not contain evidence of a completed qualification. In the days following this inspection it was indicated that a copy of this qualification had been obtained.

Judgment: Compliant

Regulation 16: Training and staff development

Most staff had completed relevant training but one staff was not listed as having completed food safety training while another staff member was listed as not having done first aid training. At the time of inspection, four staff were overdue refresher training in first aid, one staff was overdue refresher fire safety training and two staff were overdue refresher training in de-escalation and intervention.

It was indicated to the inspector staff were to undergo formal supervision every six months in line with providers own process. The supervision records of three staff reviewed indicated that such staff had recently received formal supervision but two staff were indicated as only being supervised once in 2023.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was being maintained. This was made available to the inspector during this inspection and it was seen to include all of the required information. Such information included specific information about the residents, their next-of-kin and the residents' general practitioner.

Judgment: Compliant

Regulation 22: Insurance

Evidence of appropriate insurance arrangements for this centre were submitted as part of the registration renewal application for the centre.

Judgment: Compliant

Regulation 23: Governance and management

An overall good level of compliance was found during this inspection which indicated that the management systems in operation had ensured that residents were well supported. An annual review had been completed which covered the period August 2022 to August 2023. This assessed the centre against relevant standards and provided for consultation with residents and their families. Provider unannounced visits were also being conducted every six months which were reflected in written reports.

While on-call arrangements were in place for the staff, notes of staff meetings reviewed did not indicate that these on-call arrangements had been discussed with staff despite assurances submitted by the provider in September 2023 indicating that they would be. It was also noted though that not all agenda topics for staff meetings were recorded as being discussed at these meetings. For example, some meetings in 2024 did not reference topics such as safeguarding and restrictive practices being discussed.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that had been recently reviewed and contained all of the required information such as details of the staffing arrangements in place.

Judgment: Compliant

Regulation 31: Notification of incidents

Under this regulation the Chief Inspector must be informed of specific events that happen in a designated centre within a specific time period. Amongst the events that must be notified are any use of a restrictive procedures. These must be notified on a quarterly basis. Despite this, a bed sensor for one resident which amounted to an environmental restriction had not been notified since the second quarter of 2023.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Under this regulation, the provider must have specific policies in place and ensure that these are reviewed every three years. During this inspection policy folders in this centre were reviewed. These contained relevant policies but it was unclear if the provider's medicines policy and policy on monitoring and documentation of nutritional intake had been reviewed within the previous three years. The day following this inspection it was indicated that the provider's policy related to nutrition had been updated and was available to all staff digitally with a hard copy due to be circulated. For the provider's medicines policy it was indicated that this too had undergone an update and would be available as a hard copy in the coming weeks. The inspector was also informed that in the interim, the existing medicines policy did not contain any out-of-date information.

Judgment: Compliant

Quality and safety

The needs of residents were found to be well supported during this inspection. Aspects of medicines management documentation required some improvement.

In keeping with the requirements of the regulations, the residents of this centre had individualised personal plans in place. Such plans are intended to set out the assessed needs of residents while also providing guidance for staff in how to meet these needs. During this inspection the inspector reviewed the personal plans of all three residents and noted that the contents of these had been recently reviewed. These plans also provided a reasonable amount of information on how to support residents. A personal outcome measures approach was used as part of the personal planning process to identify goals for residents to achieve. When reviewing documentation related to this process, it was noted that a number of the goals recorded for residents were very similar to goals that had been previously identified for resident or were things that that residents should already expect to be supported with, such as maintaining their health. The inspector was informed though that efforts were made to expand residents' goals each year, such as increasing the duration of residents' holidays. It was also noted that the resident feedback gathered during this section indicated that residents were happy in the centre.

Amongst the information on resident's needs that was contained within residents' personal plans was guidance on how to support the residents' health needs. For example, residents had health care plans in place for areas such as epilepsy and diabetes. Other records reviewed indicated that residents' health needs were regularly monitored while access to relevant health services were also facilitated. In supporting residents' health needs, residents were also helped with the medicines they took with assessments conducted to determine if residents could self-administer their own medicines. When reviewing incident records in the centre it was noted that there had been some medicine errors identified but it was acknowledged that these were self-identified errors that generally involved

documentation error that did not adversely impact any resident. However, when reviewing records about one resident's prescribed medicines the inspector did observe some inconsistencies, particularly relating to the resident's prescribed PRN medicines (medicines only taken as the need arises), while some other areas needed further consideration.

It was observed though that facilities for medicines to be stored securely were provided for within the centre including medicines which required refrigeration. The centre had also been provided with appropriate fire safety systems. These included fire blankets, fire extinguishers, emergency lighting and a fire alarm with provision also made for fire containment. Such fire safety systems were subject to regular maintenance checks by external contractors to ensure that they were in proper working order. Multiple fire evacuation routes were in place for both the apartment area and the house that made up this centre with such routes seen to be unobstructed on the day of inspection. The fire evacuation procedures to be followed were also seen to be on display in the centre while evacuation plans for individual residents and the centre overall were provided for. Such evacuation plans were noted to have been recently reviewed. To ensure that residents were aware of the evacuation procedures for this centre, records provided indicated that fire drills were conducted regularly with low evacuation times recorded.

Regulation 12: Personal possessions

It was indicated to the inspector that the residents of this centre had their own current and deposit bank accounts with residents given support in managing their finances. Residents' bedrooms were also provided with facilities to store their personal belongings and records of their possessions were being maintained. When reviewing such records for one resident it was noted that one of entries for a resident was for a bed and mattress from November 2022 for a cost of €1300. Given the nature and amount of this purchase, the inspector requested evidence of consultation with the resident around this and evidence that an expenditure of this amount had been approved by management.

No evidence of either was provided during the inspection although a record of correspondence was provided indicating that a previous manager of the centre had been informed about the proposed purchase of this bed and mattress in October 2022. It was also indicated verbally that such consultation and approval had taken place. As such, the inspector afforded two opportunities following the inspection to provide documentary evidence of these.

In response, it was indicated that that provider did not have written evidence of approval for this (the provider's policy in this area made express provision for purchases over €300 of resident's money to have approval in writing from a member of management). In terms of resident consultation about this matter it was indicated that there was a photo diary that showed the resident being involved in the choosing of the bed but that no direct reference to the purchase of the bed in

relevant records could be located.

Judgment: Substantially compliant

Regulation 17: Premises

The premises provided for residents to live was seen to be well-presented, well-furnished and homely on the day of inspection. The premises as laid out provided for sufficient space for the three residents living in the centre. Two of these residents lived in the house which also had vacancy at the time of inspection. Due to this vacancy the inspector was unable to say if this house would provide sufficient space if a third resident commenced living in this house.

Judgment: Compliant

Regulation 18: Food and nutrition

Suitable facilities were provided for food to be stored in. Guidance on particular modified consistency diets that residents required were outlined in their personal plans with a staff member observed to follow this when preparing a drink for one resident.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was in place that was presented in an easy-to-read format and contained all of the required information such as a summary of the services and facilities provided.

Judgment: Compliant

Regulation 27: Protection against infection

Issues with mould seen on the previous inspection were not evident during this inspection. Overall the centre was seen to be clean on the day of inspection but some ceiling lighting fittings required cleaning out with a number dead flies clearly

evident in some of these.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were provided along with recently reviewed fire evacuation plans. Fire drills were being conducted regularly at varying times of the day with low evacuation times recorded.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The medicines documents reviewed for one resident were seen to legible and generally did contain much of the required information. However, when reviewing this documentation the following was noted;

- While most PRN medicines for the resident had a corresponding protocol in place that outlined the circumstances when these PRN medicines were to be administered, not all did.
- On the resident's prescription chart, it was not indicated for what purposes one PRN medicine was to be administered for.
- The max dose of one PRN medicine was stated differently in different documents reviewed.
- The resident's prescription chart indicated that the resident's tablet medicines could be crushed if required. While it was indicated that the resident's medicine had never been crushed, it was unclear if all of the resident's prescribed tablet medicines were licensed to be crushed.
- One resident was prescribed to receive half a tablet of a particular medicine. The tablet that was to be halved did not have a line or score down the middle of the tablet to promote an even half split. It was acknowledged that the splitting of the tablet was not done by staff in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, this inspection indicated that appropriate arrangements were in place to support the needs of the residents living in this centre. Residents had individualised

personal plans in place which outlined the supports they needed. Goals were identified for residents and while it was indicated that that efforts were made to expand such goals, a number of the goals recorded for residents were very similar to goals that had been previously identified for residents or were things that that residents should already expect to be supported with. Despite this, it was acknowledged that the resident feedback gathered during this inspection indicated that residents were happy in the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had guidance around supporting their health needs provided while there was regular monitoring and assessments of residents' needs. Residents were supported to avail of health services such as attending a general practitioner, a dentist and an optician while access to health screening services was also facilitated.

Judgment: Compliant

Regulation 7: Positive behavioural support

Guidance was available to encourage residents to engage in positive behaviour. Records provided indicated that staff had completed relevant training. Limited restrictions were observed during this inspection.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified during the inspection and all staff had completed safeguarding training.

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 (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	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 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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

Compliance Plan for No 3 Fuchsia Drive OSV-0005139

Inspection ID: MON-0034619

Date of inspection: 22/04/2024

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 has ensured that staff requiring refresher training have bookings made for all trainings to be updated by 31 August 2024</p> <p>The Person in Charge will ensure that the staff supervisions will be carried out in line with the 2024 schedule [30 June 2024]</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 Person in Charge will ensure at team meeting scheduled for 21st May 2024 that local on-call arrangements are discussed with the staff team.</p> <p>The Person in Charge will ensure that there are written notes for each agenda item discussed at staff team meetings by 21st May 2024</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge will ensure the completeness of all quarterly notification to the Authority including the inclusion of a bed sensor as a restrictive practices</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Person in Charge will ensure that there is written evidence that consultation with residents occurs for all purchases.</p> <p>The Person in Charge will review with the staff team the relevant policy-'Local Procedure for the management of monies that belong to people supported by the Services'.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Registered Provider, through the Person in Charge will ensure that light fittings are cleaned regularly.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The Person in Charge will ensure;</p> <ul style="list-style-type: none"> • That protocols for PRN are in place for all prescribed PRN medications 31st May 2024. • Resident prescription charts will be reviewed to ensure the purpose of prescribed PRN 	

medicines is documented 31st May 2024.

- PRN medication has been reviewed to ensure maximum doses are correct on all documents 30th April 2024
- The Person in Charge has checked with the pharmacy and the medication as prescribed for one resident has been confirmed as being possible to crush. 30th April 2024
- The Person in Charge has consulted with the pharmacy concerning the splitting of one medication and the lack of scoring down the center of the tablet. The pharmacy are to revert with a response. 31st May 2024

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 Person in Charge will ensure that residents personal goal planning and achievement is accurately documented and expanded upon within the review of the Plan.

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	21/05/2024
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	31/08/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2024

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	21/05/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/05/2024
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	Substantially Compliant	Yellow	31/05/2024

	prescribed is administered as prescribed to the resident for whom it is prescribed and to no other 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	30/04/2024
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/09/2024