



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

Issued by the Chief Inspector

Name of designated centre:	No.3 Stonecrop
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	22 March 2022
Centre ID:	OSV-0005146
Fieldwork ID:	MON-0032786

About the designated centre

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

No.3 Stonecrop provides residential supports for a maximum of five female adults. Support is provided to people diagnosed with a mild, moderate or severe intellectual disability, including those with autism. Each resident of No.3 Stonecrop requires support in activities of daily living. The focus in the centre is meeting the individual needs of each person within a homely environment. The centre is a semi-detached, two storey house in an inner suburb of Cork city. Each resident has their own bedroom. There is a communal kitchen and living room area in the house. There are also garden areas to the front and rear of the property. The model of support is social care with staff supporting residents in the morning and evenings. Additional support can be provided during the day in the designated centre if residents are unable to attend their day services. Residents are supported at night by one staff sleeping in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 22 March 2022	08:40hrs to 17:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector met with the four residents who were living in the designated centre on the day of the inspection. The inspector was introduced at times during the day that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment (PPE).

This was an unannounced inspection. As the inspector arrived at the house, one resident was being collected by a transport vehicle to go to their day service. The resident acknowledged the inspector as they left the house but informed the inspector that they could not stay to talk at that time. Staff from the day service vehicle were observed to greet the resident warmly before checking their temperature prior to them getting on the bus.

On entering the house the inspector had their temperature checked by a staff member before being introduced to one resident who was in the kitchen. The resident explained that they were going to their day service and were expecting their transport to pick them up at a particular time. The resident outlined that they were very happy with their bedroom and had enjoyed decorating it with personal items with the assistance of staff. They were very proud of their appearance. They were observed by the inspector to smile and welcome the positive comments staff made to them about this. The resident spoke of the activities they had enjoyed with peers over the recent holiday weekend. They had visited a local town, had a meal in a restaurant and enjoyed some shopping to name some of the activities listed during the conversation. The resident spoke about how they had recently being offered two jobs in the community and explained how one job was for a few hours on a week day and the other would be in a retail store at the weekends. While they had not yet commenced either job, they told the inspector that they were very happy that they would be getting paid for their work. They spoke of how their family representatives had moved to a new family home during 2021 which was nearer to the designated centre. The resident visited their family home regularly. They also liked to talk on the phone either through regular calls or using video applications to speak with important people in their lives. They liked to spend time in their bedroom or in the upstairs "chill out" room listening to music on their headphones. On their return from the day service in the afternoon, they spoke with the inspector again about their day. They had enjoyed spending time with their peers and explained that they were happy to be able to go to their day service a few days a week. They had a busy schedule on the day of the inspection as they informed the inspector that they had to get ready to attend a scheduled appointment with their general practitioner later in the evening.

Another resident was introduced to the inspector in the sitting room where they were assisted by staff to watch a preferred movie. The resident had individual support from a dedicated staff for two hours in the morning, prior to them going to their day service every week day. The staff was observed to offer the resident choice regarding their breakfast and another staff explained that the resident

preferred to be able to eat their breakfast on their own. On the morning of the inspection, the resident was supported to have their breakfast in the sitting room as per their choice. Later on, the resident proudly showed the inspector their bright coat that they had on, as they prepared to go out for a walk before they were collected to go to their day service. The resident and their support staff enjoyed a walk in a local park area before returning to the designated centre. Staff informed the inspector that the resident really enjoyed being able to go out for daily walks with staff and on some occasions a peer might also chose to join them in the evenings.

One resident met the inspector as they came downstairs to have their breakfast. The house was less busy at this time which staff informed the inspector suited this resident. Two residents had left for their day service and the third resident was out walking at this time. The resident informed the inspector that they really liked their room and enjoyed watching their DVDs while relaxing. They were observed to require support by holding onto hand rails on either side of the stairs as they descended, for their own safety. They told the inspector that they were looking forward to going to their day service to meet their peers. Staff explained that the resident went to their day service every week day with another peer in the designated centre.

Later in the afternoon, the inspector was able to speak with the fourth resident after they returned from their day service. They wanted to explain that they did not want to keep the bus driver waiting for them when the inspector met the resident briefly at the start of the inspection. The resident sat down on a chair and chatted to the inspector about their friends and how they enjoyed their day service. They spoke of enjoying being able to go to the cinema since the public health restrictions had eased. They had regular contact with relatives and enjoyed over-night stays in a number of locations regularly. They were observed to confirm with staff the plans for the coming week regarding an over-night visit. The resident liked the reduced activity in the house since a peer had recently moved out. They informed the inspector that they found the house quieter at times and there was more space when sitting down to watch a television programme in the evenings. The resident knew what to do and where to go if they had to evacuate the house in an emergency situation and identified staff with whom they would talk to if they had any concerns.

The inspector observed residents to wear masks when getting on transport vehicles and one resident wore a mask when they were speaking with the inspector. Hand hygiene practices among the residents were observed to be routine during the day and residents spoke of how they liked being able to go out and do more community activities in recent months similar to the general public. One resident had recently contracted COVID-19 but the resident was able to self-isolate and none of the other residents contracted the virus during this period. The resident informed the inspector that they had recovered well after their recent illness.

The inspector was informed that one resident had successfully transitioned to another designated centre in February 2022. The pandemic had delayed the process during 2021. The resident had been supported by their family representatives and

staff in both designated centres since September 2021 to visit and spend time in their new home before making the permanent move recently. Staff explained that a party for this resident was planned in the designated centre, to facilitate the group to meet up again in April 2022.

The inspector observed during the inspection the atmosphere in the designated centre to be relaxed, staff were observed to prioritise the supports provided to the residents. For example, on arrival to the designated centre a staff member asked the inspector if they could wait outside for a few minutes to enable one resident to complete their morning routine before they departed for their day service. It was evident during the inspection that the staff were familiar to the residents and how best to support them to be able to enjoy their planned activities for the day ahead. The inspector noted residents interacted with ease and engaged with the staff in different locations in the designated centre throughout the inspection. The inspector observed all interactions between the residents and staff were positive, professional and respectful. All of the residents informed the inspector that they liked having less people in the house in recent months and enjoyed the relaxed atmosphere with the staff team.

The inspector was informed that planned maintenance work, which included painting, had to be rescheduled due to a resident becoming ill with COVID-19. On the day of the inspection a member of the maintenance staff arrived to replace the handrail on the stairs and discussed with staff the rescheduling of the outstanding painting works for the designated centre. The inspector was also informed flooring throughout the designated centre was scheduled to be changed and additional garden maintenance had also been identified. However, while walking around the designated centre the inspector observed additional maintenance issues that also required review. This will be discussed in the quality and safety section of this report.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents. The provider had ensured actions from the previous two inspections had been addressed pertaining to issues that were identified. However, not all adverse events had been reported as required by the regulations. This had been previously actioned in the September 2019 inspection report for this designated centre.

The person in charge was not available to meet with the inspector during the

inspection but was available by phone and did dial into the feedback meeting at the end of the inspection. The social care leader facilitated the inspection in the designated centre. This person had been in their post since August 2021 and it was evident they were very familiar with the assessed needs of the residents. They outlined their duties and responsibilities which included managing the staff rota. They were scheduled to begin the bi-annual supervision of staff during 2022 and were aware of gaps in staff training. There had been a number of changes to the staff team in the previous 12 months but this did not appear to adversely affect the residents. Apart from observations made and speaking with residents during the inspection, there was documented evidence in the annual review that residents were happy with the support and activities they engaged in with staff. The family representatives had also expressed their satisfaction in the annual review and through compliments that had been received in the designated centre since October 2021.

The inspector was informed there were no open complaints at the time of the inspection. However, the complaints log that was given to the inspector to review only commenced in October 2021. This log contained no complaints but did have two compliments recorded. The inspector noted that the annual review that was completed in December 2021 referred to a number of complaints being resolved to the satisfaction of the complainants during 2021. This was discussed during the feedback meeting where the person in charge outlined that this referred to an observation made by a family member, during a phone call with the person in charge, regarding the change of staff during 2021. It was not deemed a complaint. The person in charge advised the inspector that this would be correctly reflected in the annual review. However, no other documentation or complaints log was available in the designated centre for the inspector to review regarding any issues raised by residents or family representatives prior to October 2021.

There was an actual and planned rota in place, with evidence of a flexible staff team supporting residents. For example, one resident was supported to have a dedicated staff every Monday to Thursday morning from 08:00 hrs for two hours prior to them going to their day service. Additional staff provided support on the other mornings during the week as required by the resident. This facilitated other staff on duty to support the remaining three residents as per their wishes. Residents were supported by two staff every evening to enable individual or group activities to be facilitated. Staff informed the inspector that during the public health restrictions residents had been supported by day service staff in the designated centre, or while staying with family representatives. While some residents had returned to full day services, others were attending a few days a week, at the time of the inspection. Staff were aware of the preferences of individuals on their return to the designated centre after attending their respective day services. One liked to go out walking, others liked to spend time listening to music in their bedrooms or in the "Chill out" room located upstairs in the designated centre. On the day of the inspection, the transport vehicle required essential maintenance but this did not hinder the residents' routines. Some of the residents informed the inspector that they enjoyed walking to the local amenities and services which were located nearby. This included the general practitioner where the residents had scheduled appointments on the evening of the inspection. Staff were observed to make enquiries to source an alternative suitable

hire vehicle on the day of the inspection while awaiting the repairs to be completed on the transport vehicle for the designated centre, which had developed engine problems over the recent weekend.

The social care leader explained that planned training for a number of staff in managing behaviours that challenge had to be rescheduled on two occasions since January 2022. While all core staff had completed training in safeguarding and fire safety, the training matrix did not reflect up-to-date information regarding some infection prevention and control training that the provider required staff to complete. This included on-line modules from the Antimicrobial and Infection Control (AMRIC) in hand hygiene and PPE, in addition to the Health Information and Quality Authority (HIQA) national standards for infection prevention and control in community services.

The person in charge was aware of their responsibility to report all adverse events within three working days to HIQA. They had identified an oversight in February 2022 where one such incident that had occurred on 13 September 2021 had not been reported to HIQA, as required by the regulations. This was reported retrospectively on 16 February 2022. An action outlined by the provider to address compliance with regulation 31, following the inspection in September 2019, included that the person in charge was to review the daily report system to ensure that identified incidents requiring notifications were reported. While there was evidence that this was taking place and the adverse incident had been reported on the provider's incident management system at the time of occurrence, the omission to report the adverse incident to HIQA was not realised for five months.

The provider had ensured an annual review and six monthly provider-led audits were completed in the designated centre. The most recent audit was carried out on 4 and 5 October 2021. Actions were identified and progressed in a timely manner, which included review of personal emergency egress plans (PEEP's), healthcare plans and centre specific risks. However, the omission as reported in the previous paragraph was not identified during the provider's audit.

Regulation 15: Staffing

There was a consistent staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre. There was an actual and planned rota which reflected individual and group needs were being met.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured a training schedule was in place with training planned and booked for staff in 2022. However, at the time of the inspection, not all staff had completed refresher training in managing behaviours that challenge. In addition, the training matrix did not include up-to-date information for all IPC training that was required by the provider for staff to complete.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had ensured a directory of residents was established in the designated centre. Additional information was added on the day of the inspection which included the discharge date of one resident from the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had governance, leadership and management arrangements in place in the designated centre. Provider led audits were completed with actions progressed. While a review of incidents had been completed in the October 2021 audit, not all adverse incidents had been reported to HIQA at that time. This will be actioned under regulation 31 :Notifications. There was evidence of consistency of service provision and review of documentation in recent months reflective of the new staff members of the team becoming familiar with the assessed needs of the residents. However, not all maintenance issues had been identified as per the findings of this inspection, this will be actioned under regulation 17 : Premises.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and reflected the services provided in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

While the person in charge had ensured that the Chief Inspector was notified in writing of all quarterly notifications, not all adverse events had been notified as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The staff team had received a number of compliments from relatives regarding the person centred support being shown to their relatives. While no open complaints were reported for the designated centre, the inspector was unable to review a complaints log prior to 15 October 2021.

Judgment: Substantially compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support from a consistent staff team, in recent months, to provide a person-centred service where each resident's individuality was respected. Staff adapted the supports provided to each resident as required and ensured ongoing supports were in place and regularly reviewed to assist residents to access day services, community activities and maintain contact with family representatives. However, further review of general maintenance, laundry services, fire evacuation plans and infection control was required.

The inspector completed a walk around of the designated centre and observed areas where maintenance was required. The inspector observed trailing cables along the garden wall to the rear of the designated centre. These had been present and discussed with the person in charge during the last inspection in June 2020. During the feedback meeting at the end of this inspection, the person in charge informed the inspector that the facilities department had recently reviewed the cables but the function of the cables was still uncertain. This did not address the issue that the cables remained trailing on the day of the inspection. In June 2020, the inspector was also told the function of the cables was uncertain.

While speaking with residents during the inspection, they had given permission for the inspector to visit their bedrooms. One resident accompanied the inspector and

proudly spoke about their personal possessions. The inspector had been informed of planned maintenance that had been interrupted in the weeks prior to the inspection which included painting. There were plans to attend to general maintenance inside the house and in the garden areas in the weeks after this inspection. However, damage was observed to a floor surface in one upstairs bedroom at the doorway which posed a risk of a possible trip or fall to the resident. The social care leader was unaware of this damage at the time. On entry into the shared bathroom upstairs, thick dust was observed on the cover of an extractor fan. This had not been identified on a recent walk through of the designated centre by the person in charge and a member of the management team. The extractor cover was cleaned by the social care leader on the day of the inspection. Other maintenance issues also identified in the same bathroom included damage to the ceiling, rust evident on the shower rail and shower curtain hooks, chipped paint and rust evident on the radiator.

While the provider was aware that the kitchen in the designated centre required updating, at the time of the inspection there were a number of additional issues that required review. The flooring was uneven in one area, damage to surface areas on the counter top was evident and impacted the effective cleaning from an infection prevention and control (IPC) perspective. In addition, the laundry was being attended to in the kitchen. This is not in line with the guideline recommendations to which the provider was basing their IPC practices: Guidelines on Infection Prevention and Control, Community and Disability Services 2012. However, it was identified as a risk and controls were in place, including times of the day when laundry was to be attended to. In addition, the practice observed on the day of the inspection of washing floor cloths and higher surface cleaning cloths together was discussed with staff. They outlined the protocol in place which included placing all used higher surface cloths and all floor cloths in one container labelled "used cloths" and all being washed together. However, this is not consistent with the 2012 guidelines regarding the laundering of cloths and towels used in the kitchen and food preparation area.

The provider had identified a staff member as the COVID-19 lead and practices relating to temperature checks, wearing of appropriate PPE and hand hygiene were observed by the inspector. It was evident that regular cleaning of frequently touched areas were being completed. However, it was not always documented as being completed as required by the providers policy. For example, on 15 and 17 March 2022, not all cleaning duties had been recorded as being completed. In addition, the provider clearly outlined what was required to be done when cleaning floor surfaces. While this had been ticked as being done, additional information of "not mopped" had been added which was part of the required cleaning duties. There was no documented evidence to support that this had been completed by any other staff member on that date.

The IPC contingency plan had been reviewed in December 2021, with isolation units identified if required. There was also planning for four different scenarios in the event of an outbreak occurring in the designated centre. As previously mentioned, one resident had been able to successfully self-isolate in recent times. The inspector reviewed monthly IPC audits which had been completed in the designated centre.

However, there were no observational audits completed to ensure staff were effectively adhering to safe practices in relation to hand hygiene. In addition, the inspector was not assured effective cleaning could be carried out on a number of surfaces in the designated centre. As previously mentioned, the surface of the kitchen counter had evidence of damage, there was damage to the surface of some kitchen units with paint peeling in places. There was also damage evident to the side of the bath near the toilet, in the upstairs shared bathroom, which would not facilitate effective cleaning of the surface. There were no spill kits in the designated centre. Staff outlined the practice they would follow in the event of having to clean an area contaminated with bodily fluids, the inspector was advised during the feedback meeting that the provider was reviewing the requirement to have spill kits in the designated centre. The inspector was also informed that the provider was in the process of reviewing and updating their IPC policy at the time of the inspection.

It was observed by the inspector that the designated centre was provided with all expected fire safety systems including fire extinguishers, a fire alarm and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order, most recently the day before the inspection. Provision had also been made for fire containment in the house in order to prevent the spread of fire and smoke. The residents and staff had completed regular fire drills with actions identified. However, not all residents' PEEPs contained up-to-date information. For example, one resident had not heard the alarm on 5 February 2022 as they had headphones on listening to music. Staff were required to ensure this resident heard the alarm but this was not clearly referred to in the PEEP. Another resident refused to participate in a fire drill on 31 January 2022. The actions identified were measures to be put in place if a similar issue arose in the future. While the resident did take part in a subsequent fire drill on 5 February 2022, the information in their PEEP did not include what measures may be required to support the resident to evacuate in the event they did not wish to evacuate during an emergency. In addition, the inspector noted one resident had their bedroom downstairs with three other resident bedrooms located upstairs. Staff spoken to outlined how they would support residents to evacuate but the order in which residents would be supported was not clearly outlined in the evacuation plan for the designated centre or individual PEEPs. As one resident required additional support on the stairs it was identified that staff would support this person after alerting the other three residents to evacuate, but this was not documented at the time of the inspection. While a minimal staffing drill had taken place on 23 July 2021, this was at a time when only three residents were present in the designated centre. No minimal staffing drill had been completed with four or five residents in the designated centre in the previous 12 months. While the inspector acknowledges that one resident has recently left the designated centre, four residents have been regularly supported at night in the designated centre when only one sleep-over staff was on duty. In addition, weekly fire safety checks were not consistently completed. For example, no weekly fire safety checks had been completed on 17 or 31 December 2021.

The inspector reviewed the personal plans for the four residents. The social care leader was aware that not all plans had been subject to an annual review at the time of the inspection. However, there were scheduled meetings arranged in the

weeks following this inspection to ensure the outstanding inclusive reviews would be completed with residents, family representatives and key workers. The inspector noted that progress documented for some personal goals had not been achieved due to staff changes during 2021. The progress of goals during 2021 and adjustments being made due to the pandemic were not consistently documented in all of the personal plans. However, the inspector was informed that staff had booked an overnight stay in a hotel for one resident in April 2022, as this goal had not been achieved during 2021. Staff spoken too during the inspection outlined their plans to identify goals with each resident in the weeks following the inspection, ensuring they were reflective of the personal interests of the individual resident.

During the June 2020 inspection, the inspector had been informed two residents were possibly transitioning out of this designated centre. As previously mentioned in this report, one resident had successfully transitioned to another designated centre earlier in 2022. However, the other resident continues to be supported in the designated centre. This resident has expressed a wish to live in a more independent setting. While the provider, staff team and family representatives have supported the resident to engage in positive risk taking activities such as shopping independently and using public transport, the inspector was informed during the feedback meeting that the provider does not have a lower support setting available at this time. The inspector did speak with this resident during the day where they outlined how they were happy to engage in activities with their peers and the staff team. It was evident also that they enjoyed their independence, being out in the community and were looking forward to commencing paid employment.

Regulation 10: Communication

Residents' were assisted and supported at all times to communicate in accordance with their needs and wishes. Residents' had their own mobile phones and staff were observed to respond appropriately when a resident chose to use sign language as well as the spoken word when seeking assistance with turning on the television.

Judgment: Compliant

Regulation 11: Visits

The provider had ensured that residents were supported to maintain regular contact with family representatives and friends. Staff also facilitated residents' to visit family homes while adhering to public health guidelines and as per the residents' expressed wishes.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and control of their own personal property, with adequate space provided for the storage of their property as per individual residents' expressed wishes.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured some areas of the designated centre and furnishings had been consistently maintained in a good state of repair.

Judgment: Substantially compliant

Regulation 20: Information for residents

Residents were provided with easy-to-read information regarding the designated centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Staff had ensured one resident was supported as they transitioned to another designated centre in a planned and safe manner.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had implemented measures for the assessment and management of risks in the designated centre. There were no escalated risks in the

centre at the time of the inspection. The risks had been reviewed on 1 March 2022. However, further review was required as some risks related specifically to the resident who no longer lived in the designated centre, at the time of the inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had procedures and protocols in place to ensure standards of the prevention and control of healthcare associated infections were consistent, however, duties completed by staff were not consistently documented. A further review of the following was required to ensure effective IPC measures; the premises to ensure effective cleaning of all areas and laundry facilities. In addition, while IPC audits were being completed monthly, assessment of effective hand hygiene practices of staff was not being completed. Not all staff had completed the required IPC training modules as required by the provider at the time of the inspection, this is actioned under regulation 16: Staff training.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre, including fire alarms and emergency lighting. Regular fire drills had been conducted but a minimal staffing fire drill with all residents had not been completed. All residents had a PEEP that were subject to regular review. However, not all information was documented to support each individual to safely evacuate as per their assessed needs. Staff had not always conducted weekly fire safety checks as per the provider's procedures. In addition, the arrangements to alert residents in a particular order as per their assessed needs for the safe evacuation in the event of an emergency required to be documented.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents health, personal and social care needs were assessed with support plans in place, however, not all plans had been subject to review within the previous 12 months. Progression and adaptations of goals due to the pandemic had not been

consistently documented.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve best possible health with plans of care developed to support the assessed needs of residents. Access to allied healthcare professionals and local general practitioner services was supported when required.

Judgment: Compliant

Regulation 8: Protection

There were active safeguarding plans in place at the time of the inspection. All had been subject to regular review and were deemed to be working effectively for residents. The inspector found staff were very familiar with the individual plans in place. The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' privacy and dignity was respected at all times. Residents were supported to engage in meaningful activities daily and encouraged to make decisions within the designated centre and in relation to their care. The provider is aware of one resident's expressed wishes regarding their living arrangements and they are being supported to actively participate in the community while lower support living arrangements are unavailable.

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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.3 Stonecrop OSV-0005146

Inspection ID: MON-0032786

Date of inspection: 22/03/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will ensure that all staff are booked for refresher trainings within Provider identified refresher timeframe. All staff due training on the management of behaviours that challenge are scheduled to complete this in May.</p> <p>The Person in Charge will include all Provider required IPC trainings to the training matrix and keep this updated should new information or new trainings emerge.</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 that all notifications are reported to the Authority within outlined timeframes. The current system of alerting the Person in Charge in relation to 3 day and quarterly reports will be reviewed with the Team and additional prompts/guidance will be provided on the internal reporting and review systems.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The Provider will ensure that The Complaints/Compliments Log when full will be retained in the Centre for a period of one year following the expiry of the Registration period of the Centre at the date of the last entry in the log. The completed log will then be held in archives for a period of 10 years from the last entry in accordance with Provider retention procedures.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider will ensure that general maintenance is scheduled and carried out in timely fashion. The Person in Charge will ensure all maintenance items are completed including the following works already scheduled or arising from the inspection:-</p> <ul style="list-style-type: none"> • Outside trailing wires to be removed/secured as necessary • Scheduled painting, including bathroom radiator, that was interrupted due to Covid in the Centre is to be resumed as soon as possible. • Damage to floor in upstairs bedroom to be fixed as a priority. • Areas identified on a maintenance walk through related to infection prevention and control including Repair/replace shower rail and curtain and damaged kitchen surfaces and damaged ceiling and bath sides in bathroom are scheduled for completion in Quarter 3 2022. 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The registered provider will ensure that protection is in place against infection.</p> <p>Person in Charge to ensure that infection prevention and control maintenance to be completed within Quarter 3- this includes: repair of uneven floor in kitchen, repair/replacing counter tops in kitchen that had damaged surfaces, replacing curtain rail in bathroom, fixing rust spots on radiators.</p> <p>Other infection prevention and control measures :</p> <ul style="list-style-type: none"> - Dusting of radiators and extractor fans to be added to regular cleaning schedules. - Staff will be reminded to wash used cleaning cloths separately and keep separate 	

before and after washing in accordance with Provider guidance.

- The Person in Charge will ensure that the cleaning schedule is fully completed and signed for and that where items are not complete ensure they are completed and signed for at next available opportunity.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 The registered provider will ensure that adequate precautions are in place regarding fire systems and in particular that

- Person in Charge will review fire drills and evacuations and ensure any learning is added to PEEPS immediately following each fire evacuation drill.
- Person in Charge will ensure that a complete evacuation procedure for the Centre as a whole is in place, with details of who to evacuate first and what areas to evacuate in what order.
- All staff to complete an evacuation simulating night time conditions i.e. minimum number of staff with maximum residents (currently 1:4) and escalate any concern on this to the Fire Safety Officer.
- Ensure fire checks are carried out weekly as a calendar event so that all team members share responsibility to ensure these are completed.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 The Person in Charge will ensure that individual goals and ensure achievements are tracked and recorded for each resident and that changes in goals are documented e.g. goals during the pandemic.

The Person in Charge will ensure that a review current goals is undertaken to ensure they are reflective of the personal interest of the individual resident.

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 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	17/05/2022
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	30/09/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	01/04/2022

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(4)(b)	The registered provider shall 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.	Substantially Compliant	Yellow	29/04/2022
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 confirmed, of abuse of any resident.	Not Compliant	Orange	20/04/2022
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record	Substantially Compliant	Yellow	01/04/2022

	of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	29/04/2022