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:	Kiltartan Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	05 June 2024
Centre ID:	OSV-0005294
Fieldwork ID:	MON-0043811

About the designated centre

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

Kiltartan Services provide residential accommodation to six residents who have a moderate to severe intellectual disability and or autism or mental health difficulties. Support can be provided to individuals who may present with complex needs such as medical, mental health and or sensory needs and who may require assistance with communication. This service can accommodate male and female residents from the age of 18 upwards. The centre is a large detached bungalow which can accommodate four residents, and two self-contained apartments each of which can accommodate one resident. There is a large garden to the front of the centre. The centre is located in a rural area, but is close to several villages. Residents at Kiltartan Services are supported by a staff team which includes a social care leader, nursing staff, and care staff. Staff are based in the centre when residents are present, including at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 June 2024	09:15hrs to 16:15hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations, and to follow-up on the findings of the previous inspection, carried out in July 2022. The inspection was facilitated by the team leader and person in charge. A member of the senior management team also visited during the inspection. The inspector had the opportunity to meet with three staff members who were on duty and with all six residents who lived in the centre.

Residents had lived together for several years, and were supported by a staff team who knew them well. Some attended day services during the weekdays while some residents considered themselves retired and they were supported with an integrated service which facilitated them to remain at home and enjoy various activities throughout the day. The inspector met with residents throughout the day as they were coming and going from community outings or attending their day programme. Some residents communicated that they liked living in the centre and liked attending their workshops, others interacted with the inspector by smiling and showing the inspector around their apartments. All residents appeared happy, content and comfortable in their home as they interacted warmly with the staff members in a familiar way.

Kiltartan services comprises a large, bright and comfortable single storey house situated on a large site in a rural area. The centre is close to a number of villages and a city. The centre was designed to meet the needs of residents and had been extensively refurbished and redecorated during 2022. The house was found to be comfortable and furnished in a homely style. It was generally well maintained, however, some areas of the house showed lack of thorough regular cleaning with a build up of of dust evident, some items of equipment were not visibly clean.The layout and design of the house allowed residents to enjoy a variety of settings including adequate spaces to relax in. Four residents were accommodated in the main house, each had their own spacious bedroom with en suite showering facilities. Two residents were accommodated in their own apartments which were connected to the main house. Residents living in the main house had access to a variety of communal spaces including a large kitchen, dining and sitting room. There was adequate personal storage space and televisions provided in each bedroom. Bedrooms and apartments were personalised and decorated in line with individual preferences. Some bedrooms had been designed to facilitate bed evacuation in the event of fire or other emergency. The house was well-equipped with aids and appliances to support and meet the assessed needs of residents. Overhead ceiling hoists were provided to some bedrooms. Specialised equipment including beds, mattresses, showering equipment and chairs were also provided. Service records reviewed showed that there was a service contract in place, and all equipment was being regularly serviced. All areas of the house were accessible, corridors were wide and clear of obstructions, which promoted the mobility of residents using wheelchairs and specialised chairs. All residents had access to the gardens and outdoor areas. There was a large paved area to the rear with a variety of outdoor

furniture and parasols provided for residents use. Planting of trees and hedging had recently taken place and the area manager spoke of plans in place to complete further landscaping and enhancements to the garden areas. There was a variety of colourful potted flowering plants at the entrance area to the house.

Staff spoken with were very knowledgeable regarding the level of care and support needs of residents including their likes, dislikes and interests. Staff were observed to interact with residents in a caring and respectful manner. On the morning of inspection, there were three staff on duty to meet the support needs of six residents. Some residents had complex care needs, and required support from staff with regards to their manual handling, nutrition, personal and intimate care and managing behaviours. Residents continued to have increasing support needs due to their increasing aging profile. While staff spoken with advised that staffing levels had increased to four staff on duty for a time following the previous inspection, they advised that due to recent staff vacancies and sick leave, staffing levels were now regularly reduced to three.

On the morning of inspection, three residents left at varying times to attend their respective day services. Three residents remained in the house and were supported with their preferred routines throughout the day. Some residents liked to stay in bed until later in the morning. One relaxed in the sun room and completed table top puzzles. During the afternoon, this resident was observed to enjoy having their nails painted while another resident went on an outing to the local village shop to complete some personal shopping. Staff spoken with told the inspector that they strived to support residents attend activities of their choice in the local community depending on staff availability. One resident was assessed as requiring the support of two staff to partake in activities in the community which sometimes posed a challenge when only three staff on duty. Residents continued to enjoy outings, going for walks, eating out, going shopping and attending music sessions. Residents also enjoyed time relaxing at home, listening to music, watching television, completing table top activities and having foot and hand treatments. Some residents were planning and looking forward to celebrating milestone birthdays in the coming months.

Visiting to the centre was being facilitated in line with national guidance. There were no visiting restrictions in place and there was adequate space for residents to meet with visitors in private if they wished. Staff confirmed that visitors were always welcome and family members regularly visited. Some residents were supported to visit family members at home.The person in charge advised that they were planning to host a family gathering for all residents during the summer months and were hoping to have mass celebrated in the centre and have external catering provided.

In summary, the inspector observed that residents were treated with dignity and respect by staff. It appeared that they were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices, however, improvements were required to ensuring adequate staffing resources were provided to meeting the increasing support needs of residents. Some improvements were also required to the documentation to support the the use of restraints, risk

and fire safety management systems.

The next two sections of the report outline 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 residents and service users lives.

Capacity and capability

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was generally well managed. The local management team were committed to promoting the best interests of residents and complying with the requirements of the regulations. There was evidence of good practice in many areas.

While the issues identified in the compliance plan from the previous inspection had largely been addressed, further staffing resources were required in order to meet the assessed and increased needs of residents. Further oversight was also required in relation to general housekeeping and to the documentation to support the use of some restrictive practices, fire safety and risk management.

There was a full-time person in charge who held responsibility for this centre. The person in charge had a regular presence in the centre. They were supported in their role by a team leader, staff team, service coordinator and area manager. There were on-call arrangements in place for out of hours.

Improvements were required to ensure that adequate resources were provided in terms of staffing in order to meet the assessed and increasing needs of residents. There were a number of recent staff vacancies with some shifts being filled by regular agency and relief staff. The person in charge advised that while recruitment to fill the current vacant posts was actively taking place, the provider had not put in place the necessary resources for additional staffing. The local management team had identified that additional staffing was required in order to meet the assessed and increasing needs of residents. The person in charge advised that they had endeavoured to have four staff on duty, however, this was proving difficult given the current staff vacancies and sick leave. From a review of the roster June 2-15th 2024, it was evident that there were only three staff rostered on the majority of days. Staff spoken with confirmed that residents had been facilitated with better choice and more meaningful activities when four staff were available and on duty. Regular staff meetings were taking place and topics such as staff training, health and safety, restrictive practices, safeguarding and fire drills were discussed. At a recent meeting, staff had reported that it was difficult to spend meaningful time with residents in the evenings when only three staff on duty.

Training continued to be provided to staff on an on-going basis. Records reviewed indicated that all staff including relief staff had completed mandatory training.

Additional training had been provided to staff to support them in meeting the specific needs of some residents. The person in charge and team leader had systems in place to ensure that staff training was regularly reviewed and discussed with staff.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2023 was completed and had included consultation with service users families. Priorities and planned improvements for the coming year were set out some of which had been addressed. The provider continued to complete six-monthly reviews of the service. The most recent review was completed the week prior to the inspection and the report was not yet available. The inspector reviewed the previous audit dated December 2023 which had set out areas for improvement including the purchase of a new generator which had been purchased and was waiting installation. The report made reference to staff outlining the necessity for four staff required to ensure the continued provision of quality services for residents.

The local management team continued to regularly review areas such as incidents, health and safety, infection, prevention and control and medication management. These reviews were being completed on a computerised system, however, some audit templates required review as they were limited in scope and didn't always identify improvements required.

Regulation 14: Persons in charge

There was a person in charge who was employed on a full-time basis and who had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Improvements were required to staffing to ensure that the number and skill-mix is appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the centre. This issue had been identified at the previous inspection and was still not satisfactorily addressed.

The local management team had identified that additional staffing was required in order to meet the assessed and increasing needs of some residents. For example, it

had been identified that four staff were required on duty to meet the assessed needs of six residents. On the day of inspection, there were three staff on duty. A review of the staff roster for June 2024 indicated that there were only three staff on duty on the majority of days.

The staff roster reviewed was reflective of staff on duty, the staff member in charge of each shift was clearly set out, however, further review was required to ensure that the roles of each staff member were included.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection prevention and control, medicines management, epilepsy care, feeding, eating, drinking and swallowing guidelines, use of hoists and risk management had been completed by some staff. Staff were currently undertaking training on a human rights based approach. The person in charge had systems in place to oversee staff training and further refresher training was scheduled as required.

Judgment: Compliant

Regulation 23: Governance and management

Improvements were required to ensure that the the centre is adequately resourced to ensure effective delivery of care and support to residents. The person in charge advised that while recruitment to fill current vacant posts was actively taking place, the provider had not put in place the necessary resources for additional staffing. The local management team had identified the need for four staff on duty during the day and evening time, however, the person in charge advised that the extra staff member had not been budgeted for.

While the provider had systems in place for overseeing the quality and safety of the service, improvements were required to some audit templates as they were limited in scope and didn't always identify improvements required. For example, the audit template being used to review infection, prevention and control did not prompt a review of cleaning or cleaning processes and therefore, had not identified the improvements required to cleaning parts of the premises and equipment.

Further oversight and improvements were required to general housekeeping, cleaning, to the documentation to support the use of some restrictive practices, and

to fire safety and risk management systems.

Judgment: Substantially compliant

Quality and safety

The inspector found that the care and support that residents received from the staff team was of a good quality, staff strived to ensure that residents were safe and well supported. However, as discussed under the capacity and capability section of this report, improvements required to staffing arrangements had the potential to impact negatively on the quality and safety of care and support in the centre. Some improvements were also required to the documentation to support the the use of restraints, risk and fire safety management systems as well as more thorough cleaning of the premises.

The inspector reviewed a sample of two residents files. The team leader outlined that files were now uploaded to a computerised information system and that most staff had completed training on the system. The computerised system was still relatively new and staff were still getting familiar with the system.

Residents' health, personal and social care needs were assessed and care plans were developed, where required. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences, and which provided detailed information about how residents communicate their likes, dislikes and how they should be offered choice.

Residents had access to general practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Residents had also been supported to avail of vaccination and national screening programmes. Files reviewed showed that residents had an annual medical review.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans. There were no active safeguarding concerns at the time of inspection. All staff had received training in supporting residents manage their behaviour. Residents who required support had access to psychology services and had positive behaviour support plans in place.

The local management team promoted a restraint free environment and had continued to regularly review restrictive practices in use. Many restrictive practices were no longer in use and the trial removal of other restrictions were in progress. All restrictions in use were logged with risk assessments in place. However, some improvements were required to the documentation to support the the use of restraints in order to comply fully with the national policy.

There were systems in place for the management and review risk in the centre including systems for fire safety management and infection, prevention and control procedures, however, some improvements were required and are discussed under regulations 26, 27 and 28. Staff working in the centre had completed training in fire safety and in various aspects of infection, prevention and control. Identified risk, fire drills, infection, prevention and control were regularly discussed with both staff and residents at regular scheduled meetings.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit family members at home.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk in the centre. The risk register had been recently reviewed, however, it was not reflective of all risks identified in the centre. While the local management team had identified the increasing needs of residents and the additional staffing resources required to mitigate the risk, they had raised these issues with the senior management team, however, they were not reflected in the risk register.

Judgment: Substantially compliant

Regulation 27: Protection against infection

While the provider had adopted many procedures consistent with with the standards for the prevention and control of healthcare-associated infections, some improvements and oversight were required to further enhance infection prevention and control. Staff working in the centre had received training in various aspects of infection prevention and control. There were cleaning schedules, cleaning checklists and a colour coded cleaning system in place. The building had been extensively upgraded in recent times and therefore, surfaces and equipment were conducive to effective cleaning. A designated housekeeping staff was employed five days a week. However, some areas of the house showed lack of thorough regular cleaning with

accumulations of dust, dirt and fluff particles evident, some items of equipment were not visibly clean. The providers audit template being used to review infection, prevention and control did not prompt a review of cleaning or cleaning processes and therefore, had not identified the improvements required to cleaning parts of the premises and equipment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some improvements were required to fire safety management systems in place. Staff had received in-house training on the workings of the fire alarm panel and demonstrated good fire safety awareness and knowledge on the workings of the fire alarm system. Weekly fire safety checks were being carried out. The fire equipment and fire alarm system had been regularly serviced. Regular fire drills continued to take place involving both staff and residents. The local management team outlined how the building had been constructed to provide three separate fire resistant compartments to facilitate horizontal evacuation of the premises in the event of fire. However, there was no layout plan of the building clearly identifying these fire compartments and the specific fire zones contained within each in order to clearly guide staff in the event of fire. The emergency fire action plan dated 25 February 2023 required updating to provide clear guidance for staff regarding the number and layout of fire resistant compartments in the building and guidance on evacuation procedures in the event of fire particularly at night time when one staff on duty.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans reviewed were found to be individualised, clear and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required.

Personal plans were developed in consultation with residents, family members and staff. Review meetings took place annually, at which, residents' personal goals and support needs for the coming year were discussed. The inspector noted that individual goals were clearly set out for 2024. Each resident's personal outcomes were documented in an easy-to-read picture format. There were systems in place to discuss, review and record regular progress on achievement of individual goals. The inspector noted that that personal goals outlined for 2023 had been achieved and some of the goals set out for 2024 had already been achieved while others were

plans in progress.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed.

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents' files indicated that residents had been regularly reviewed by the physiotherapist, occupational therapist, speech and language therapist, psychologist, chiropodist and dentist. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to psychology services and had positive behaviour support plans in place. There was evidence of regular review of positive behaviour support plans in place.

Improvements were required to the documentation to support the the use of restraints in order to comply fully with the national policy. The local management team outlined how they strived to reduce restrictions in use, and all were kept under regular review. Some restrictions were no longer being used and the trial removal of other restrictions were in progress. All restrictions in use were logged and risk assessments had been completed. Restrictive practices in use were reviewed by the organisations restrictive practice committee and the local management team advised that others such as bed rails were reviewed by the best practice committee. However, a clear rationale for the use of each restrictive measure in place, input from multidisciplinary team into the decision taken to use the restriction, a clear protocol for its use and review by the best practice committee was not always clear in the documentation reviewed.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received training in safeguarding. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to communicate in accordance with their needs and to avail of advocacy services. Restrictive practices in use were regularly reviewed. Residents were supported to visit and attend their preferred religious places of interest.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kiltartan Services OSV-0005294

Inspection ID: MON-0043811

Date of inspection: 05/06/2024

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 15: Staffing</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 15: Staffing:
In order to come into compliance with Regulation 15 The Person in Charge has:

1. The Provider has risk funded for additional staff for the remainder of 2024 to be on duty. In line with our Service Level Agreement this will be reviewed by the Person in Charge and Senior Management Team based on the needs of the individual's in the Designated Centre yearly.

2. Recruitment process is ongoing to fill the vacant posts in the Designated Centre with interviews scheduled for 2nd and 3rd July 2024. For short term absences the Person in Charge is filling this with locum and temporary staff with the hope to have four staff on duty daily.

3. Reviewed the rosters with the Team Leader to ensure staff roles are reflected on the rosters.</td></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
In order to come into compliance with Regulation 23:

1. The Provider has risk funded for additional staff for the remainder of 2024 to be on duty. In line with our Service Level Agreement this will be reviewed by the Person in</td></tr>
</table>

Charge and Senior Management Team based on the needs of the individual's in the Designated Centre yearly. Recruitment is ongoing to address current vacancies. Interview's to be held the beginning of July 2024.

2. On 21st June the Person in Charge discussed The Infection Prevention Control Audit template at our Quality and Compliance Management Meeting. At this meeting it was agreed that this template will be reviewed as it is part of a National Document. In the interim a meeting is scheduled with the staff team on the 8th July to discuss the recommendations of this report also and put into place a schedule for the cleaning of premises and equipment to ensure infection, prevention and control measures are been implemented. The Team Leader will audit and monitor housekeeping, cleanliness and infection, prevention and control measures in this Designated Centre on a regular bases.

3. Due to recent reduction on restrictive practices within the Designated Centre the Person in Charge will ensure that a restrictive practice intervention protocol is completed for all restrictions within the Designated Centre.

4. The fire plan layout of the Designated Centre to be reviewed and updated to identify the fire compartments and specific fire zones in the building. This has been requested from the company that service the fire alarm.

5. The Emergency Fire evacuation plan of the Designated Centre was reviewed and updated by the Person in Charge and Team Leader on the 29th June. The fire evacuation plan now provides clearer guidance for staff of the layout of the building and evacuation procedure in the event of a fire.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
In order to come into compliance with Regulation 26:

1. The house Risk Register was reviewed by the Person in Charge and the Team Leader on the 29th June to reflect the increasing needs of the individual's in the Designated Centre and identified the need for additional staffing resources. This has been risk funded for 2024. In line with our Service Level Agreement this will be reviewed by the Person in Charge and Senior Management Team based on the needs of the individual's in the Designated Centre yearly.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
In order to come into compliance with Regulation 27:

1. On 21st June the Person in Charge discussed The Infection Prevention Control Audit template at our Quality and Compliance Management Meeting. At this meeting it was agreed that this template will be reviewed as it is part of a National Document. In the interim a meeting is scheduled with the staff team on the 8th July to discuss the recommendations of this report and also put into place a schedule for the cleaning of premises and equipment to ensure infection, prevention and control measures are been implemented. The Team Leaders will audit and monitor housekeeping, cleanliness and infection, prevention and control measures in this Designated Centre on a regular bases.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In order to come into compliance with Regulation 28 The Person in Charge has arranged for:

1. The fire plan layout of the Designated Centre to be reviewed and updated to identify the fire compartments and specific fire zones in the building. This has been requested from the company that service the fire alarm.

2. The Emergency Fire evacuation plan of the Designated Centre was reviewed and updated by the Person in Charge and Team Leader on the 29th June. The fire evacuation plan now provides clearer guidance for staff of the layout of the building and evacuation procedure in the event of a fire.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
In Order to come into compliance with Regulation 7 The Person in Charge has:

1. Requested guidance from the Best Practice Committee that a restrictive intervention protocol can also be used to document the use of bedrails if required.

2. Due to recent reduction on restrictive practices within the Designated Centre the Person in Charge will ensure that a restrictive practice intervention protocol is complete for all restrictions within the Designated Centre to ensure documentation is clear.

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.	Not Compliant	Orange	30/08/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	08/07/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery	Substantially Compliant	Yellow	30/08/2024

	of care and support in accordance with the statement of purpose.			
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	30/08/2024
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	08/07/2024
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	Substantially Compliant	Yellow	30/07/2024

	associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	08/07/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/07/2024