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:	Community Residential Service Limerick Group H
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	01 November 2023
Centre ID:	OSV-0005295
Fieldwork ID:	MON-0033695

About the designated centre

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

Community Residential Service Limerick Group H consists of two semi-detached two storey houses located in a housing estate in a city. The centre provides full time residential care for up to eight female resident over the age of 18 with intellectual disabilities with each house having a capacity for four residents. Each resident has their own bedroom and other rooms in both houses include a kitchens, living rooms, bathrooms and staff rooms. The residents is supported by the person in charge, social care workers and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 1 November 2023	09:05hrs to 17:30hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to inform the decision making with regard to the renewal of the centre's registration. From what the inspector observed, the residents enjoyed a good quality of life and are well cared for in this designated centre. There were seven residents living in this centre at the time of this inspection. The inspector had the opportunity to meet with six of the residents. Overall, there were management systems in place that ensured a safe service was provided. The inspector found that there was good compliance evident with the regulations in this centre with some improvement required in medicines and pharmaceutical services, ,individualised care plans, governance and management and staff training and development.

The community residential services group H consists of two semi-detached houses located close to each other on the suburb of Limerick city. Both houses have a similar internal layout with kitchen/dining area, utility, sitting room, staff office/room, four bedrooms one of which is en-suite and two communal bathrooms. On the day of the inspection the inspector visited both houses.

On arrival to the first house the inspector was greeted by the person in charge. The residents here had left to attend their day services. There were four residents living here on the day of the inspection. The person in charge showed the inspector around the premises which was seen to be well furnished, clean and homely. Each resident had their own bedroom. Two residents shared an en-suite bathroom, the person in charge had a protocol in place and the residents had both agreed to the use of the en-suite. A communal bathroom in this house had been identified for upgrade works to make it more accessible for the residents and this was going to be completed in the coming months as identified in the providers own internal audits. This would eliminate the use of the shared en-suite once completed. Later in the afternoon the residents of this house returned from their day service and were being supported by two staff members. The inspector had the opportunity to met and speak with three residents here, as one resident was visiting their family on the day of the inspection. All residents appeared happy and comfortable in their home. One resident spoke to the inspector about a colouring completion they had recently won and was very proud of their achievement. The inspector seen and heard staff interactions with the residents and they were noted to be kind, caring and respectful.

In the afternoon the inspector visited the second house. There were three residents living here on the day of the inspection with one vacancy. Again it was noted to be well maintained and clean throughout. Residents had items on display, such as art work they had completed and pictures of family and friends. Shortly after the inspector arrived to this house, the three residents returned from their day services. Two of the residents showed the inspector their bedrooms and items that they had displayed in their bedrooms. Both residents spoke about activities they had completed during the day at their day service. Another resident in in this house

greeted the inspector and went to their bedroom to rest this was respected by the inspector. The inspector met a staff member in this house who spoke about the resident's individual needs and how they support the residents living here. There was a calm, relaxed and fun atmosphere noted as the residents and the staff laughed and joked together.

Both houses had enclosed garden areas with seating present. Some of the residents enjoyed gardening and it was seen in one house raised flower beds had been put in place to make it more accessible for residents. On the day of the inspection, both houses were having a deep clean to the outside walls, footpaths and garden patio areas.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Residents completed the questionnaires and stated that they were happy in their home, they enjoyed the choice of food and they knew the staff team who was supporting them. Residents commented that they can choose what they like to do every day and are listened to by staff and management.

The next two sections of the report present the finding of the inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector reviewed the capacity and capability of this centre to provide a safe and effective service for the residents that lived there. The centre was previously inspected in January 2022. There had been a change in the person in charge since the previous inspection with the current person in charge in situ since September 2023. Some improvements were required in staff training and development and governance and management.

A clear management structure was present and as mentioned the inspector met with the person in charge of this centre on the day of the inspection. The inspector was satisfied that the management team maintained a presence in the centre as staff and residents spoke about members of the management team. The person in charge had a remit over one designated centre. An on call management rota was in place to provide staff with additional support if required out of hours, and this was displayed in the office. The person in charge discussed how staff team meetings would take place monthly in the centre, however documentation reviewed on the day did not reflect monthly team meetings. Three team meetings had taken place in 2023.

There was evidence of regular quality assurance audits of the quality and safety of care taking place. Unannounced provider six-monthly audits had been completed in

April and October 2023. These quality assurance audits identified areas for improvement and action plans were developed in response. However, action plans reviewed had no been regularly updated with progress recording and tracking to ensure all actions were being met in the identified time lines. The person in charge was supported with regular management meeting with the centres persons participating in management.

A statement of purpose had been prepared and this document provided all the information set out in schedule 1. The provider had carried out an annual review of the quality and the safety of the centre. This addressed the performance of the service against the relevant National Standards and informed identified actions to effect positive change and updates in the centre. The review also incorporated residents' views and consultation with family and staff, which were used to inform the centre planning.

On the day of the inspection the inspector reviewed the staffing rosters and staffing compliment as per the centres statement of purpose. The centre had one staff vacancy which a candidate had been identified and would be filled in the coming weeks. From a review of the rosters this vacancy was being managed with cover of regular and familiar staff. Staff training records were viewed by the inspector. Staff had received training in areas such as fire safety, safeguarding as well as variety of other disciplines to support the care and needs of the residents living in the centre. Training records viewed by the inspector indicated that training had been completed by all staff and where refresher training was required staff had scheduled dates in place to complete.

The inspector reviewed the staff supervision records for the centre. The staff team in this centre had recently taken part in formal supervision. However, this required review as it did not include all the relief staff working in the designated centre. The inspector reviewed the supervision records and found that prior to the recent supervisions that had taken place, regular staff supervision had not taken place. For example, a staff members records indicated they had received supervision in April 2023 and prior to this was June 2022

A record of all incidents occurring in the centre was maintained, and where required, these were notified to the Chief Inspector within the time lines required in the regulations.

Warm, kind and caring interactions were observed between residents and staff. Staff were observed to be available to residents should they require any support and to make choices about what they wanted to do. Residents were very complimentary towards the staff team and that support they received.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meets its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. From a review of the roster, there was a staff team in place as per the statement of purpose. At the time of the inspection, unplanned and planned leave was being managed through regular relief staff, members of the staff team and regular agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of the training records, it was evident that the staff team had access to appropriate training, including refresher training in areas including safeguarding, infection prevention and control and fire. Staff that required upcoming refresher training had been identified on the training matrix.

A staff supervision system was in place and the staff team in this centre had recently taken part in formal supervision. However, this required review as it did not

include all the relief staff working in the designated centre. The inspector reviewed the supervision records and found that prior to the recent supervisions that had taken place regular staff supervision had not taken place. for example, one staff members records indicated they had received supervision in April 2023 and prior to this was June 2022.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure within the designated centre. The management systems in place ensured that the service being provided was safe, appropriate to the residents' needs and effectively monitored. The person in charge and management of the centre carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. Where areas for improvement were identified within these audits, plans were put in place to address these. However, improvement was required on recording and tracking progress in the identified actions plans to ensure time lines and actions were being met. Additionally, the provider had ensured that the annual review had been completed for the previous year and two six-monthly unannounced visits to the centre.

The centre had monthly team meetings and residents in place, however on review of these meetings, gaps were evident that these had not taken place monthly. Three team meetings had taken place in 2023, and there was no evidence that residents

had meetings in July and August 2023.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of incidents occurring in the centre and the Chief Inspector of Social Services was notified of the required incidents as set out in Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the residents were aware of the complaints process and it was available in an easy-to-read format. This was discussed at the centres residents meetings. There was a complaints policy and a system in place to ensure complaints would be responded to and that a records were maintained.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the residents were in receipt of a good standard of care and support in the centre. They lived in a warm, safe, comfortable home. They were being supported to be active participants in their home and their local community. Care and supports were delivered through a person-centred approach. Residents were very much involved in the day-to-day running of their home, as seen on the day of the inspection residents were asked what they would like to do for the

evening after a planned art class in one house.

Each resident had an individual personal plan in place. Such plans are required by the regulations and are intended to provide guidance for staff in meeting the assessed needs of the residents. The inspector reviewed a sample of these plans and overall noted that they contained a good level of information on how to support the residents. A person-centred planning process was in place to ensure that residents and their families were involved in the review of such plans and these meetings were seen to take place yearly. During this process goals for residents were identified. Residents had individual goals in place such as planning overnight trips, attending local fashion shows, attending concerts and developing communication skills. Some of these goals had been completed with pictures present. However, some improvement was required in the area of ongoing recording of resident's goals. From the documentation reviewed on the day of the inspection it was seen that residents had goals identified, however inconsistencies were present in recording actions and progress for residents to achieve these goals.

From the records reviewed, sleep charts were being maintained hourly for a resident. A support plan was in place which identified the rationale as to the hourly nightly checks in place, however the house did not have an awake night staff present to complete these checks hourly. The inspector spoke with the person in charge. It was identified such checks did not take place hourly and the resident did not require hourly checks to take place. The sleep charts are to record if the resident needed support during the night due to behaviours of concern. However, the documentation in place did not capture this information as it only identified if the resident was asleep or awake each hour. Therefore, this practice required review.

The inspector viewed the contents of the medicine storage press. It was seen that overall arrangements were in place to keep this storage secure, however the medication fridge present in one house required review as it had no lock present. Storage was found to be clean and tidy. The person in charge had ensured a clear system is in place for the receipt and administration of medications. A sample of the medicine records were reviewed which were found to be of a good standard. However, some improvement was required to ensure safe practices were in place relating to medicine management. For example, opened medications not clearly labelled with opening date and labels on some medicine required review to reflect administration being prescribed for a resident. For example, one medicine in place was prescribed for PRN use and the label did not indicate this.

The provider had also recently changed the pharmacy used in the service. This pharmacy was based in a different county to the resident's home. The provider had ensured systems were in place for the receipt and delivery of medications, and a process was in place for residents to receive any medication they may be prescribed at short notice. However, there was no evidence that the provider had consulted with the residents regarding the change of pharmacy or that the residents had a choice regarding this change.

The centre was observed to be very clean and homely. Staff had well maintained

cleaning rosters in place, which included high touch areas. Staff had undertaken training in infection prevention and controls, as well as hand hygiene. The registered provider had a contingency plan in place to address the possibility of an outbreak of COVID-19 or an infectious disease. This provided detailed guidance on how to prepare, clean, manage laundry and staffing arrangements in place.

The person in charge ensured that the residents were provided with a choice of food in line with any dietary or preferred meal choices. The residents' personal plans outlined very clearly resident's food choices, likes and dislikes. The designated centre had adequate facilities to store food hygienically and the inspector observed that all food was stored correctly and labelled when opened. The inspector reviewed the documentation of weekly meal planners, this document in place did not promote choice over treats and takeaway options and required review. For example, each weekly planner identified one treat to be had over one of three identified days and for a take away or eating out option one day over the weekend. The inspector spoke to the person in charge and residents had choice over their meals and days to have meals, the document was in place to promote healthy eating choices bur required review to promote choice.

The centre was equipped with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire doors. Fire safety systems were being serviced at regular intervals by an external contractor to ensure they were in proper working order. Fire drills were being carried out regularly. Each resident had a personal emergency evacuation plan (PEEP) in place which identified a personal evacuation plan. The fire evacuation procedures were on display in the centre and there was an overall centre evacuation plan in place to guide staff. When reviewing other fire safety records in the centre, the inspector reviewed the records of the weekly tests to be carried out of the fire safety equipment, emergency lighting and fire doors. From these records it was evident that gaps were present for example, one check had been completed on the 27th September and not again until the 25th October.

Regulation 10: Communication

The residents were supported to communicate in accordance with their assessed needs. Individual communications needs had been identified and supports were put in place for the residents. The person in charge had adapted documents into an easy-to-read or picture format for the residents. For example, meal plans and activities were on display in picture format.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access to facilities for recreation in accordance with their age, interests and likes. They engaged in a variety of activities in line with their interests. These included activities in the centre, in day services which each resident attended and the wider community. Residents were supported to maintain contact with family as they wished.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were designed and laid out to meet the needs of the residents and was clean, warm and homely. The centre was welcoming and well maintained. Some damage was noted on kitchen counter tops, the provider had an action plan in place to replace these, along with the renovation of a bathroom in one of the houses.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that the residents were provided with a choice of food in line with any dietary or preferred meal choices. The residents' personal plans outlined very clearly resident's food choices. The designated centre had adequate facilities to store food hygienically and the inspector observed that all food was stored correctly and labelled when opened. The inspector reviewed the residents weekly meal planners, this document in place did not promote choice over treats and takeaway options and required review.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide, which was available to the resident and contained the required information as set out by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents was discussed at team meetings and informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for an outbreak of an infectious disease. There was infection control guidance in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for high touch areas, regular cleaning of all areas of the designated centre. Good practices were in place for infection prevention and control including laundry management and a color-coded mop system.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. Staff had received suitable training in fire safety. There were adequate means of escape, including emergency lighting. The centre had suitable fire safety equipment in place, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre. Each resident had a personal emergency evacuation plan in place. Improvements were required in relation to the documentation maintained for weekly checks of fire doors, fire equipment and lighting as documentation present on the day of inspection had gaps present during 2023.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had systems in place for the ordering, receipt, prescribing and administration of medicines. Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Medicine and administration records were complete in line with requirements. Medicines were securely stored in a locked press, however medicines in one house which were stored in a fridge required review as this had no lock present.

Some improvement was required to ensure safe practices were in place relating to medicine management. For example, opened medications not clearly labelled with opening date and labels on some medicine required review to reflect administration being prescribed. For example, one medicine in place was prescribed for PRN use and the label did not indicate this.

The provider had also recently changed the pharmacy used for the residents in this designated centre. There was no evidence available that the residents had been consulted with or had a choice in the new pharmacy being used.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment of the health, personal and social care needs was completed for each resident. The personal plans were also subject to regular review and reflective of individual and person-centred care. The residents had support plans in place to clearly support staff to assist the residents with their personal needs. However, some improvement was required in the area of ongoing recording of resident's goals. From the documentation reviewed on the day of the inspection it was seen that residents had goals identified, however inconsistencies were present in recording actions and progress for residents to achieve these goals.

Some improvement was required with regard to the documentation in place to support a resident during the night. The centre had no night duty in place, yet documentation showed that night checks were being carried out for a resident hourly. This was discussed with the person in charge who confirmed this was not taking place hourly, but staff would record if they heard the resident was awake during the night. A support plan was in place which identified such checks to take place to record if the resident needed support during the night due to behaviours of concern. However, the documentation in place did not capture this information as it only identified if the resident was asleep or awake each hour. Therefore, this practice required review.

Judgment: Substantially compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. The person in charge and staff were found to have up-to-date knowledge on how to protect residents. all staff in place had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and regularly reviewed by the person in charge and designated officer. Each resident had an intimate care plan in place.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Residential Service Limerick Group H OSV-0005295

Inspection ID: MON-0033695

Date of inspection: 01/11/2023

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Registered Provider & PIC has a schedule in place for staff supervision which will include staff assigned to the centre, ensuring all staff will be provided with supervision in line with policy.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider will ensure that progress in completing actions identified through internal audit is reviewed with PPIM and Service Manager and documented. The PIC will ensure that staff team meetings are scheduled in line with policy.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The registered provider and PIC will ensure documentation is reviewed and updated to ensure it reflects that residents choices are promoted.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider and PIC will ensure that all documentation in relation to equipment checks is completed and this will be reviewed for compliance.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The registered provider and PIC will ensure that medication stored in fridge will be locked. The registered provider and PIC will ensure that medication is labelled correctly. The registered provider and PIC has ensured that residents have been consulted with regarding the change to pharmacy supplier.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC will ensure that documentation is reviewed to ensure consistency in documenting progress for residents in achieving their goals. A support plan will be reviewed to ensure clarity regarding what is required to be recorded.	

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2023
Regulation 18(2)(c)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which offers choice at mealtimes.	Substantially Compliant	Yellow	06/11/2023
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	06/11/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate	Substantially Compliant	Yellow	21/11/2023

	arrangements for reviewing fire precautions.			
Regulation 29(1)	The registered provider shall ensure that a pharmacist of the resident's choice, in so far as is practicable. a pharmacist acceptable to the resident, is made available to each resident.	Substantially Compliant	Yellow	27/11/2023
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	06/11/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	06/11/2023

Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	06/11/2023