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:	Belltree
Name of provider:	Resilience Healthcare Limited
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	01 August 2023
Centre ID:	OSV-0005635
Fieldwork ID:	MON-0031702

About the designated centre

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

This designated centre is located in a mature residential area on the outskirts of the city. The premises is a two-storey detached house where residents have access to a choice of sitting rooms, a kitchen and dining area, utility room and, their own bedroom. Two of these bedrooms have en-suite facilities. There is a pleasant garden and paved area to the rear of the property. A residential service is provided and residents have access to an external day service or, receive an integrated type service from their home. A maximum of four residents can be accommodated. The designated centre is open seven days a week and the model of support is social. The house is always staffed and there are a minimum of two staff members on duty at all times. The management and oversight of the service is delegated to the person in charge supported by a team leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Tuesday 1 August 2023	09:45hrs to 17:15hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken to monitor the provider's compliance with the regulations and the standards. The provider had submitted an application seeking renewal of the centre's registration. The inspector found a well-managed service where the provider had sustained the improvement found at the time of the last inspection completed in November 2022. The provider was innovative in the support and care approach that it had adopted in response to the needs of the residents. The findings of this inspection reflected that approach. The provider was sensitive to the individuality and the needs of each resident and respectful of those needs. There was good evidence that residents were consulted with, given choice and had reasonable freedom to exercise their choices. However, while a good service and a much improved service there were still times when interactions between residents were not positive.

This inspection was announced so while all four residents had plans for the day they were still in the house and awaiting the arrival of the inspector. All of residents welcomed the inspector to their home and were curious about what the inspector was going to do for the day. Each resident in turn chatted easily about their plans for the day and their life in general. For example, one resident was excitedly looking forward to an imminent trip away with family and also spoke of their enjoyment of a concert and overnight stay they had enjoyed with the support of a staff member. A resident spoke with pride of the different opportunities they had to experience work. The first thing one resident brought to the attention of the inspector was their altered family role and their pride in becoming an uncle. While each resident's circumstances were different the importance to them of family and other significant relationships was evident from the photographs they choose to display in their bedrooms. Residents were supported to maintain these relationships.

One resident had recently received a new bed and told the inspector that it was much more comfortable than their previous one. Staff used an audio monitor at times as part of the resident's plan of support. The resident said they had no issue with this and laughed heartily as he told the inspector that he enjoyed how another resident spoke into the monitor at times. There was good awareness and oversight of the restrictions that were in place and a commitment to safely reduce these in collaboration with residents.

The inspector saw that the provider had completed the modifications to the house that it said it would to enhance the privacy available to residents. For example, the provider had removed the glass partition between two communal rooms and erected a solid wall meaning that residents could have privacy and could do different things without disturbing each other. There was much evidence in both rooms of different recreational activities such as musical instruments, art work and a recently acquired projector. The provider had also inserted an additional door giving a resident their own living area. The resident told the inspector that they enjoyed the peace and quiet this afforded and confirmed they had access to a call-bell if they needed

assistance for the staff team. The resident said that the only thing they did not like about the house were the occasions of elevated noise levels.

Once each resident had had the opportunity to meet and chat with the inspector they left the house in two groups of two in two different vehicles with their support staff. A staff member spoken with said that residents were happy to travel together but also liked their own space and would do different things once they reached their chosen destinations.

In addition to what the residents said to the inspector there was also feedback on file from residents and their representatives. For example, with support from staff residents had completed a questionnaire for the Health Information and Quality Authority (HIQA). Feedback had also been sought to inform the providers own annual review of the service. No feedback received had raised any concerns about this cohort of residents living together. There was feedback that indicated ongoing dissatisfaction with regard to a complaint that had been made and the provider did need to revisit this.

Residents listed the broad range of opportunities they had to be meaningfully engaged and occupied, said they had good choice and control, liked the staff team and could and would talk to the person in charge and the team leader if they were unhappy. The feedback provided by one resident reflected the improvements made in this service. The resident said that they were happy, that things were better now and they liked having a team of regular staff. Another resident said that everything was fine as long as everyone living in the house followed the agreed "house rules".

However, while the frequency and intensity of behaviours that challenged had improved there was still a risk for negative peer to peer interactions. The pattern to these incidents was evident in the notifications that were diligently submitted to the Chief Inspector by the person in charge.

This inspection was largely facilitated by the person in charge and the team leader. They could both clearly describe and demonstrate to the inspector how they planned, delivered and maintained oversight of the services, support and care provided for each resident. The person in charge acknowledged the support received from the wider organisation such as the resolution of staffing deficits. Consistent staffing was pivotal to ensuring a consistent approach.

The provider had also invested in delivering a programme of staff training some of which was specific to the needs of the residents living in this service. The person in charge advised that training on promoting residents' rights had also been completed. The person in charge described how these different training programmes complemented each other and the staff team was described as very open to learning. The reported impact of this training was a better awareness and sensitivity to behaviours, their possible origin and how to respond to them including listening to residents and not placing any demands on residents.

In summary, this was a much improved service. The provider generally met the requirements of the regulations but some action was required for some areas to be fully compliant. Despite the concerted efforts made by the provider and the local

management team the risk for negative peer to peer incidents was not adequately resolved.

The next two sections of this report will describe the governance and management systems in place and how these ensured and assured the quality and safety of the support and services provided to residents.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced. The provider demonstrated a much improved and a good level of compliance with the regulations.

The day-to-day management and oversight of the service was delegated to the person in charge supported by a team leader. It was evident in their interactions with the inspector that they worked well together and were both deeply committed to improving the quality and safety of the support provided to each resident. For example, they could clearly describe to the inspector how they screened and reviewed incidents that occurred and how learning was shared with staff individually and collectively. There were systems in place for the informal and formal supervision and performance management of staff.

Additional monitoring systems included regular and ongoing discussion with residents and the completion on schedule of the quality and safety reviews required by the regulations to be completed at least on a the six-monthly basis.

The regional manager who was line manager to the person in charge was also present on site and available as needed to the inspector. The person in charge confirmed that they had excellent access and support from their line manager and from the multi-disciplinary team (MDT). It was evident from these inspection findings that shared commitment and collaborative working facilitated the improvements achieved in this service. For example, the provider had resolved the staffing challenges found on previous inspections and there was now minimal reliance on staffing agencies. This meant that there was better opportunity to monitor and support staff, develop the staff team skill-mix and ensure consistency of support for residents.

The provider had policy and procedure on the receipt and management of complaints. The procedures set out for complainants what was available in terms of internal and external review if they were not satisfied with the management or outcome of their complaint. The inspector reviewed records of complaints that had been received, what was done in response and the complainant's satisfaction with these actions. However, feedback received as part of the annual review indicated that there was a complainant that was dissatisfied and the reason for this feedback

required further review.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete and valid application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience required for the role. The person in charge could clearly describe and demonstrate to the inspector how they monitored the quality and safety of the support and care provided to each resident. It was evident from these inspection findings that the person in charge (who had another area of responsibility) was consistently engaged in the administration and operational management of this service.

Judgment: Compliant

Regulation 15: Staffing

The provider had resolved the staffing deficits and challenges that had been evidenced on previous inspections. The team leader planned and maintained the staff duty rota and confirmed that consistent staffing arrangements had been established since early 2023. The staff duty rota reflected the staffing levels and arrangements described to and observed by the inspector. For example, there was a minimum of three staff members on duty each day up to approximately 21:00hrs. The staff duty rota also reflected consistency of staffing and minimal reliance on agency staffing arrangements. In relation to the adequacy of these staffing levels and arrangements the regional manager confirmed that the provider's funding body had agreed to fund a request for additional staffing. This will be discussed again in relation to safeguarding.

Judgment: Compliant

Regulation 16: Training and staff development

A collective matrix and individual training records were available for the inspector to review. The training matrix corresponded with the staff duty rota and included the agency staff member who worked regularly in the service. The matrix indicated that mandatory and required training such as in safeguarding, responding to behaviour that challenged and medicines management was all in date. There was outstanding fire safety training and this is addressed in Regulation 28: Fire precautions. The MDT provided training specific to the needs of the service to staff. For example, in relation to specific behaviour support strategies. The person in charge and the team leader described appropriate and responsive systems of supervision. The inspector reviewed the records of monthly staff meetings where matters such as these behaviour support strategies were discussed.

Judgment: Compliant

Regulation 21: Records

The provider had in place the records required by the regulations and the associated schedules. For example, records of the use of any restrictive interventions, a record of any alleged or suspected abuse, a record of the personal possessions of each resident, a record of the meals provided to each resident and, any complaint received and its management.

Judgment: Compliant

Regulation 22: Insurance

With its application seeking renewal of the registration of this centre the provider submitted evidence that it had a contract of insurance in place against injury to residents and other risks.

Judgment: Compliant

Regulation 23: Governance and management

The provider had put in place a governance structure that was working effectively to ensure the appropriateness, quality and safety of the service. The inspector found clarity on the working of this governance structure and clarity on individual roles, responsibilities and reporting relationships. The centre presented as adequately resourced including a request made by the provider for additional staffing resources.

The provider had quality assurance systems and it had improved its application of these. For example, the six-monthly quality and safety reviews were completed on schedule. These and the annual service review provided for consultation with residents, their representatives and staff members. Plans were put in place to address any concerns arising from these reviews and the progress of those plans was monitored. Over the course of three HIQA inspections the provider has significantly improved its level of compliance with the regulations and standards.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The contract of care provided to the resident was specific to the service provided. The contract set out the facilities and services to be provided and the arrangements in place for any charges that the resident was responsible for. The contract was signed by a representative of the provider and the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all of the required information such as details of the management structure, the number and range of needs that could be accommodated, how to make a complaint and the arrangements for receiving visitors.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on records reviewed by the inspector in the centre there were arrangements in place that ensured the Chief Inspector was notified of events such as any injury sustained by a resident, any alleged or suspected abuse and, any occasion a restrictive practice was used.

Judgment: Compliant

Regulation 34: Complaints procedure

Feedback received as part of the providers annual service review indicated that there was a complainant who was not satisfied with the outcome of a complaint they had made. The person in charge confirmed that this was not a recent complaint. Given that the complainant was not satisfied, their complaint and the reason for their dissatisfaction required further review.

Judgment: Substantially compliant

Quality and safety

The care and support provided was highly individualised to the needs of each resident. Management of the service included oversight of day-to-day practice to ensure that the standard of care and support provided was good, safe and consistent with the agreed plans of support. Residents presented as happy and fulfilled in their home and with life in general. However, there was a residual risk for and a pattern of negative peer-to-peer interactions that required further review and intervention.

Each resident had a personal plan based on their assessed needs. Residents had good input into their plan and had good opportunity to discuss their personal plan with the staff team, with local management and with the MDT. Residents could discuss what they liked about the support they received, the goals and objectives that they wished to pursue but also the aspects of their plan that they did not like. For example, if restrictions had been put in place for the resident's safety.

The use and review of these restrictions was logged and there was strong awareness of their impact on resident rights. The inspector found that management of the service had a good understanding of and systems were in place that sought to achieve a reasonable and safe balance between residents' expressed wishes and preferences and their safety.

The person in charge maintained an active risk register that included for example the risks that required the introduction and ongoing use of such restrictions. There was a good link between incidents that occurred and the review of these risk assessments. New risk assessments were put in place as needed when new risks were identified.

An ongoing risk in the centre that continued to require active and consistent intervention and oversight by management was the risk for negative interactions between peers. The provider had many measures in place to protect residents. For example, all staff had completed safeguarding training. The person in charge had developed strong links with the local safeguarding and protection team and other persons who had a duty to supervise the care and support provided to residents. A regular staff team had been established and the provider had adopted a specific trauma based approach to the support and care provided. Residents could and did

report concerns. Their concerns were listened to and investigated. However, while incremental improvement had been achieved there was a distinct pattern to the incidents reported to the Chief Inspector.

While these incidents impacted on the quality and safety of the service there was much evidence that residents liked living in this house and enjoyed a good quality of life closely connected to the wider community, family and friends.

Overall, there were adequate arrangements for reviewing fire safety arrangements. For example, there was documentary evidence that equipment such as the fire detection and alarm system and emergency lighting was regularly inspected and tested. Staff and residents participated in regular simulated evacuation drills. There were no reported obstacles to effective evacuation. However, a number of staff were overdue formal fire safety training.

Regulation 10: Communication

Residents had good verbal communication ability but there were communication differences that had to be considered so that residents and staff communicated effectively. This was recognised and set out in records seen for example in relation to behaviour support strategies. Staff did use a range of tools such as social stories to support effective communication. A visual staff rota was also on display showing residents what staff members were on duty and which staff member would be directly supporting them.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions on visits. If privacy was needed or requested the person in charge confirmed that this was provided.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to access and enjoy their personal monies. Each resident had their own bank account. The autonomy that each resident had over their personal spending was based on their understanding of monies and expenditure. Staff did maintain oversight and records of transactions including receipts for purchases made were retained. Residents were encouraged and supported to

participate in the oversight of their personal monies. Residents were provided with adequate personal storage space and participated in some aspects of the completion of their personal laundry. It was evident that residents were very proud of their personal appearance and this was something that was very important to them.

Judgment: Compliant

Regulation 13: General welfare and development

One resident availed of an off-site day service while the remaining three residents received a wrap-around type service where their opportunity for activities, learning and development was facilitated from their home. Each resident had an agreed daily planner and a plan for progressing the personal goals and objectives that they had identified. The range of programmes that residents accessed and the opportunities that they had were broad and reflected their interests and abilities. For example, residents were supported to develop their love of music, singing and dancing and to attend concerts of their choosing. One resident hoped to make their own compact disc (CD). A resident had access to a local tennis club where they played tennis for wheelchair users. Residents were supported to enjoy the experience of work and volunteered for locally based charities. Residents clearly enjoyed these roles based on their discussions with the inspector. Staff described how they had supported one resident to prepare for the interview they had to complete for one role. Residents were supported to maintain the friendships and relationships that were important to them.

Judgment: Compliant

Regulation 17: Premises

Overall the premises presented well and while there were a few minor maintenance issues the house was well-maintained. The provider had completed modifications that provided better segregation of the available recreational spaces. Each resident had their own bedroom and these were personalised to reflect the choices and preferences of each resident. The main entrance ensured accessibility and there was also a ramped entrance-exit to the rear of the house. The inspector did discuss the possibility of reviewing the opening and closing devices of some internal doors to promote the independence of one resident who was a wheelchair user.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained all of the required information and presented that information in a way that enhanced its accessibility to residents. The guide informed residents for example of how to make a complaint, the arrangements for receiving visitors and the terms and conditions related to residing in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge maintained an active risk register. The risks identified and the controls in place reflected the assessed needs of the residents. The inspector saw that risk assessments were reviewed when there was a change in needs or following an incident. The person in charge and the team leader could clearly describe how they reviewed and responded to incidents that occurred and provided feedback to staff on an individual and collective basis. Records seen indicated that resident's representatives were informed of incidents that occurred. The inspector saw that risk, incidents including safeguarding incidents and the learning from incidents were discussed at the monthly staff meetings. There were systems in place that ensured risks, controls such as restrictive practices, incidents and there management were also overseen by the wider organisation such as health and safety personnel and the MDT.

Judgment: Compliant

Regulation 28: Fire precautions

The team leader confirmed that on employment all staff were familiarised with the centres fire safety and evacuation procedures. However, a number of staff were overdue formal refresher fire safety training. Residual manual locks on exit doors required review particularly where a proprietary key box was not in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan based on their assessed needs and their expressed wishes and preferences. Residents had good input into decisions about their care and support. Each resident had a nominated key-worker and residents also met and spoke directly with the MDT where they could voice what it was they

liked and did not like about their plan. The completeness of the plan was audited monthly and the plan was reviewed annually and as needed. The plan was focused on keeping residents safe and well but also on ensuring it promoted their general welfare and development.

Judgment: Compliant

Regulation 6: Health care

Staff monitored resident health and wellbeing and sought advice and care for residents as needed.The person in charge ensured that residents had access to the services that they needed some of which were available from within the organisation. There was evidence that residents had access as needed to their general practitioner (GP), occupational therapy, speech and language therapy and the dietitian. There was very regular access to and input from the behaviour support team. No resident was actively attending mental health services. In that context the person in charge committed to explore the indication for one prescribed medicine.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support practice was informed with input from the MDT. This input was provided at a frequency that reflected the needs of the service. The MDT visited the house and met with the staff team to develop their understanding of the approach adopted and how to implement interventions in practice. The MDT met with residents, discussed their needs and supports with them including any restrictions in place for their safety. The person in charge and the team leader monitored the consistency of the support provided for example when reviewing incidents that did occur. The approach was therapeutic with reactive interventions such as physical interventions for use only in response to imminent risk.

Judgment: Compliant

Regulation 8: Protection

There was much evidence as to how the provider sought to protect residents from harm and abuse including abuse from a peer. However, behaviour and the impact on peers continued to be an area that required active management, vigilance and oversight. Despite plans and interventions incidents still occurred and the

notifications submitted to the Chief Inspector indicated a particular pattern of peer to peer interactions between two residents. This required further exploration by the provider. Staffing levels while good did not always facilitate the supervision that was needed and the provider had requested additional resources. The inspector was advised that approval had been very recently received for additional staffing resources but these were not yet in place.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Based on what the inspector observed, discussed and read there was in this designated centre a strong regard and respect for the rights, will and preferences of each resident. Residents had the freedom to express their choices and preferences and they received appropriate support in this regard. There were some restrictions in place on residents choices but residents were consulted with in relation to these and any possible reduction in their use. Residents had good input into decisions about their support and care and had direct access to the MDT. Staff and residents regularly sat down, discussed and agreed together the general routines and operation of the house. All discussions the inspector had with staff with regard to each resident, their needs, care and support were respectful and professional.

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	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Belltree OSV-0005635

Inspection ID: MON-0031702

Date of inspection: 01/08/2023

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The person in charge is going to contact the family in question and follow up on the feedback from the Annual Review, which indicated that there may be some outstanding actions to ensure full satisfaction in moving forward from a previous complaint.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Formal refresher fire safety training is booked for all team members in person for September 13th. Residual manual locks on exit doors will be highlighted as an action with the property team and either replaced, or break glass key boxes put in place.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Behaviour and the impact on peers will continue to be an area that will get focus, active management, vigilance and oversight. The particular pattern of peer to peer interactions between two residents will continue to be further explored by the provider. Staffing	

levels will increase in September in line with the recent ratio support approval from the HSE. This additional staffing capacity and supervision is expected to reduce incidents.
The person in charge is committed to explore the health care needs of residents and presribed medications to also address any arising needs, which may support a further enhancement in protection.
Alongside the residents annual AON review, the service users choice and preference can be considered in relation to their placement, and/ or future potential placements.

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 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2023
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	30/09/2023
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the	Substantially Compliant	Yellow	31/10/2023

	complaints procedure.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2023