



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

Issued by the Chief Inspector

| | |
|----------------------------|---------------------------------------|
| Name of designated centre: | DC 16 |
| Name of provider: | St John of God Community Services CLG |
| Address of centre: | Kildare |
| Type of inspection: | Announced |
| Date of inspection: | 19 March 2024 |
| Centre ID: | OSV-0005657 |
| Fieldwork ID: | MON-0034764 |

About the designated centre

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

Residential services in Designated Centre 16 provide supports and services to adults with an intellectual disability which is provided by St. John of God Kildare services. The centre consists of three community houses, two of which are bungalows with apartments attached and the third being a dormer bungalow in a town in Co. Kildare. There is capacity for eleven residents in the centre and is staffed 24/7 by social care workers, healthcare assistants and nursing staff. Residents are supported to attend their day service in the community or avail of home-based day activation programmes. Residents have access to multidisciplinary supports provided by St. John of God, if necessary, such as, psychologist, psychiatrist and social worker. All other therapeutic techniques and supports are accessed, as required, through referral from the resident's general practitioner (GP). Residents have access to service vehicles when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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 19 March 2024 | 10:40hrs to 17:40hrs | Raymond Lynch | Lead |

What residents told us and what inspectors observed

This service comprised of a three detached houses in Co Kildare and at the time of this inspection, there were nine residents living in the centre. The inspector met with all of them and spoke with them at various times throughout the day. Written feedback on the quality and safety of care from both residents and three family representatives was also viewed by the inspector as part of this inspection process. Additionally, one family representative was spoken with over the phone so as to get their feedback on the quality and safety of care provided in the centre.

On arrival to the first house that comprised this centre the inspector was met with by one of the residents. The resident invited the inspector to sign in and to sanitise their hands. They also showed the inspector around their home and invited them to see their room. The house was observed to be warm, welcoming and homely. Additionally, the resident's room was decorated to their individual style and preference to include pictures of their favourite football team, a stereo system and their favourite CDs. When asked were they happy with their home the resident smiled and said yes. The resident then left for work where they met with friends and were supported to engage in activities of interest such as skills development training, gardening and social outings.

Another resident met with did not speak directly to the inspector however, they appeared content and happy in their home. They liked to listen to music of their choosing, relax in the kitchen with staff and play their favourite musical instrument. Staff were observed to be attentive to the needs of the resident and warm and caring in their interactions with them. They ensured the resident had what they needed and in the afternoon, went on an outing with resident. On their return to the centre the resident again wanted to listen to music with staff in the kitchen and this was facilitated by the staff member on duty.

Later in the day the inspector met with a third resident. They lived in a self-contained apartment attached to the house. The resident shook the inspectors hand and appeared very happy and settled in their apartment. They showed the inspector around and their home which was observed to be decorated to their individual style and preference. For example, they had pictures of family members and their favourite singers on their bedroom walls. They also showed the inspector a picture of themselves on a holiday in Euro Disney taken last year and they appeared to have very much enjoyed this holiday.

The inspector met and spoke with two of the residents that lived in the second house comprising this centre. This house had recently been redecorated and appeared warm, inviting and homely. One resident said that they had everything they needed in the house and were very happy there. They said they were happy with their room but did not wish for the inspector to view it. This decision was respected by the inspector.

The other resident appeared very happy and settled in their home and they invited the inspector to view their room. Again, their room was decorated to their individual style and preference and, the resident said that they were going to get some new things for their room at a later date. The resident had recently been on holidays and said that they enjoyed this activity. Both residents appeared to get on very well with staff and staff were observed to be kind, caring and person centred in their interactions with the residents.

In the third house that comprised this centre the inspector met with four of the residents. While none of them spoke directly with the inspector, all were observed to be relaxed and comfortable in their home and comfortable in the company and presence of the staff team. One resident took the inspector by the hand and brought them over to the kettle. Staff explained that this was the residents way of saying they wanted a cup of tea and, staff set about making a cup for all residents. Residents appeared to enjoy their tea and biscuits and when finished, went into the sitting/TV room to relax. The inspector observed that one of the resident in particular liked to relax in the sitting room and look out onto the gardens of the property.

Another resident in this house lived in an apartment area to the rear of the property. They had their own bedroom, sitting room, relaxation room and bathroom. On meeting the resident they shook the inspectors hand and sat down to have a cup of tea. The resident liked sensory activities and had a number of sensory items in their apartment of which they liked to use from time to time. They also had a small aquarium where they had a number of fish they took care of each day. The resident appeared very much at home in their surroundings and staff were found to be attentive to their needs.

From viewing a sample of files and speaking with staff the inspector noted that only one of the residents attended work/day service. The resident was very happy in their work and made their own decision on what days of the week to attend. While there, they engaged in a number of social/recreational and learning activities of their choosing. For residents that did not attend a day service, they planned activities they wanted to participate in each week. This included shopping, outings, dinner/coffee out, walks and trips to the cinema.

The inspector noted that some staff had training in human rights. When one staff was asked how they put that training into practice and promoted the rights of the residents they responded by saying that it was important to respect the choices and decisions of the residents. For example they said that while residents made their own choices each week about what to do or eat, this wasn't set in stone and if they wanted to change their mind on a particular day, this was respected. Additionally, they also said that when some of the residents chose not to return to day services after the COVID-19 pandemic, this decision was also supported and respected by management and staff working in the centre. This resulted in some residents choosing to have a 24/7 wrap-around service provided from their home as opposed to attending a day service and, their right to make this choice had been supported.

The inspector viewed written feedback on the quality and safety of care from one of

the residents. This feedback was both positive and complimentary. For example, the resident reported that the centre was a nice place to live, they liked the food options available to them, they made their own choices, staff knew their likes/dislikes and provided help when needed. They also said that they got on with their peers and had people to support them with decisions impacting their life.

Written feedback on the quality and safety of care from three relatives of the residents was also positive and complimentary. They all reported that they were either satisfied or very satisfied with the service provided. For example, they were very satisfied that there were plans in place to meet the needs of the residents, they felt residents were supported to communicate their needs, staff provided individualised support, the service was safe, residents were treated with dignity and respect, concerns were being dealt with and they always felt welcome to visit the centre. One family member said the service was excellent while another reported that their relative was very well looked after and the staff team were friendly and helpful.

The inspector also spoke with one family representative over the phone to get their feedback on the quality and safety of care. They said that they were so far, very happy with the support provided. They said their relative had a good social life and had enjoyed going on holidays with the house last year. They also reported that the healthcare needs of their relative were being supported and staff ensured that they got to visit home on a very regular basis. They said that they had no complaints about the quality or safety of care, their relative was happy in the service and that staff were committed to making life good for the residents.

While a non compliance was found with regulation 26: risk management and substantial compliance in regulation 16: training and staff development and regulation 28: fire precautions, the inspector observed staff supporting the residents in a professional, person-centred and caring manner at all times over the course of this inspection. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents and feedback from residents and relatives on the quality of care provided in the centre was positive and complimentary.

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 care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by an experienced and person in charge. A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

One staff spoken with had a good knowledge of residents' assessed needs. Additionally, from a sample of training records viewed, the inspector found that staff for the most part, were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The inspector also observed that a number of staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in October 2023.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified nursing professional with an additional qualification in management. The demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision of staff and localised audits.

They also demonstrated a good knowledge of the assessed needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

From a review of a sample of rosters from February 2024 the inspector found that there were adequate staffing arrangements in place to meet the assessed needs of the residents. For example,

- in two of the houses that comprised this centre two staff worked each day and one staff provided live waking night cover
- in the third house that comprised this centre three staff worked each day and one staff provided live waking night cover

The person in charge also explained that staff were being supervised as required by the regulations.

Rosters were also being maintained in the centre clearly showing what staff were on duty each day and night.

From a small sample of files viewed, the person in charge also maintained relevant information and documents as specified in Schedule 2 of the Regulations.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- positive behavioural support
- fire safety
- manual handling
- children's first
- safe administration of medication
- the administration of emergency medication
- infection prevention and control

It was observed however, that from the training matrix provided to the inspector on the day of this inspection, some staff were overdue refresher training in a number of areas to include dysphagia training and the administration of rescue medication. Notwithstanding, they had all been booked onto the required training over the next

two months (this issue was also actioned under regulation 26: risk management procedures) .

Some staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the centre.

It was observed that the person in charge arrangements were soon to change in the centre after this inspection however, the inspector met with the incoming person in charge who was qualified social care professional with an additional qualification in management. They too demonstrated a good knowledge of the assessed needs of the residents.

System were in place for auditing the service and an annual review of the quality and safety of care had been completed for 2023. An unannounced visit to the centre had also been facilitated in October 2023. These audits were summarised into an overall quality enhancement plan identifying areas of non compliance with the regulations along with a timed plan of action to address these issues. For example, the auditing process identified the following:

- goals being identified for residents required review (to include dates/times for achievement)
- fire blankets were to be replaced
- kardexes were to be reviewed by a GP
- staff on duty were to be visually displayed in the centre

All these actions were addressed (or plans were in place to address them) at the time of this inspection.

Additionally, the inspector also noted some issues in relation to the premises. For

example:

- some parts of the centre required redecorating/painting
- some floors in some bathrooms required attention

Again, these issues were highlighted on the quality enhancement plan for the service and plans were in place to address them.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations and the relevant information regarding the change to the person participating in management had been notified to the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, an issue was identified with the process of risk management and fire safety precautions.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to live lives of their choosing and frequent community-based activities. Their communication preferences were also being promoted and respected in the service.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services and mental health support.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. However, some issues were identified with the process of risk management. Adequate fire-fighting equipment was provided for and was being serviced as required by the regulations. However, the fire safety precautions required further review after issues arose on a fire drill in the centre.

The house was found to be clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents.

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home. However, issues were identified with the process of managing risk and fire safety precautions.

Regulation 10: Communication

Residents were being assisted to communicate in accordance with their needs and wishes.

Residents had access to a telephone, television, radio and newspapers.

Easy to read information was also made available to the residents.

From a sample of files viewed, residents had a communication passport in place which provided information on their preferred communication style to include their likes and dislikes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being provided with care and support in line with their assessed needs and wishes.

Post COVID-19, some residents made the decision not to return to day services and

this decision was supported and respected by management and staff.

Some residents had a 24/7 wrap around service in this centre and made their own decisions on what activities and/or social events to participate each week and day (with staff support as required).

One resident made the decision to continue to attend day services/work and on what days they would attend. While there, they engaged in learning/social and recreational activities of their choosing.

Residents also liked to go for drives, walks, have dinner/lunch out, have coffee out, watch rugby and football in the local pub, engage in exercise programmes, go shopping and to go on holidays.

Two residents had gone to EuroDisney last year and the inspector saw pictures of them both enjoying themselves on this holiday.

Residents were also being supported to maintain links with their communities and links with their family members.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom (some en-suite) which were decorated to their individual style and preference.

All three houses were of an adequate size with room available for residents to relax in. Private garden areas were also available to the residents to avail of in times of good weather.

The houses appeared generally well maintained, clean, warm and homely on the day of this inspection.

Some issues were identified with aspects of the premises to include:

- some parts of the centre required redecorating/painting
- some floors in some bathrooms required attention

However, many of the issue were highlighted on the quality enhancement plan for the service and plans were in place to address them.

Judgment: Compliant

Regulation 26: Risk management procedures

While systems were in place to manage and mitigate risk in the centre to include a policy on risk management, aspects of the risk management process required review.

It was observed that some of the control measures being used to mitigate certain risks in the centre required review. For example:

- one resident could spend time alone in their apartment however, the resident had epilepsy and was at risk of falling. The control measures in place to ensure this residents safety when they were alone required review so as to ensure staff could respond adequately and in a timely manner to the resident if they required support or assistance. The inspector met with this resident on the day of the inspection and they reported they were happy in their home. Additionally, prior to the end of this inspection the person in charge had commenced the process of sourcing a falls alarm mechanism that could be used to support the residents safety when spending time alone in their apartment.
- one resident could refuse to engage in medical procedures such as getting their eyes tested. More information was required on how the risks associated with this issue were being controlled and managed.
- on reviewing some falls risk assessments, the inspector observed that access to a physiotherapist review for one resident could have been more timely after a fall.
- some staff required training/refresher training in dysphagia

Judgment: Not compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, in one of the houses that comprised this centre the emergency lighting system and fire alarm system was serviced on four occasions in 2023.

Staff also completed as required checks on all fire equipment in the centre and from a sample of files viewed, had training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

It was observed however, that after a night time fire drill in one of the houses in

October 2023, it took the residents and staff over four minutes to evacuate the building. The inspector also observed that one of the residents went to the bathroom during this fire drill and sat down. Additionally, there was only one staff member on duty at night time in the centre. From a review of residents personal emergency evacuation plans it was also observed that other residents may require some level of prompting/guidance in evacuation the house during fire drills.

While the night time drill on October 2023 had been reviewed by a health and safety officer, a further review was required so as to ensure there were adequate plans in place and resources available to evacuate residents in a timely and safe manner when there was only 1 staff on duty in each of the three houses that comprised this centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- speech and language therapy
- chiropody
- review by neurology where required
- medication reviews

It was also found that where or if required, residents had access to mental health support services to include psychiatry support.

It was observed that one resident had disengaged from an appointment with an optician however, this was addressed under regulation 26: risk management precautions.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were no safeguarding concerns in the centre.

The person in charge also informed the inspector that any safeguarding concern and/or allegation was responded to in line with policy and procedure, reported to the national safeguarding team, reported to the Health Information and Quality Authority and where or if require to An Gardaí.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one and they were also able to identify the safeguarding reporting structures to include the name of the designated safeguarding liaison person.
- easy to read information on safeguarding and information on advocacy was available in the centre
- if required residents could access an independent advocate
- feedback from family members on the service was positive and complimentary with one family member reporting that they had no complaints about the service
- there were no complaints about any aspect of the service on file for this service at the time of this inspection

Additionally, from a small sample of files viewed staff had training in

- safeguarding of vulnerable adults
- children's first.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines, experience new opportunities and engage in activities they liked and enjoyed.

Additionally, residents were consulted with about decisions that impacted them and were involved in their everyday living plans.

Staff were observed to be respectful of the individual communication style and preferences of the residents and ensured supports were in place so as the residents voice was heard and respected.

From a small sample of files viewed, some staff also had training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Not compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for DC 16 OSV-0005657

Inspection ID: MON-0034764

Date of inspection: 19/03/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff who are due refresher training in the areas identified on the Training Matrix are scheduled and will have completed the training by 19th May 2024. | |
| Regulation 26: Risk management procedures | Not Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • The risk management plan for the resident who lives in the apartment has been reviewed. An additional control measure has been identified. An epilepsy alert system has been ordered and we are awaiting delivery of same. This will be set up and put in place for the resident to ensure his safety when he is alone in the apartment. Timeline 7th May 2024. • When a resident refuses to engage in a medical procedure this will be risk assessed. Their GP will be consulted, and recommendations will be reflected in the resident's care plan. Immediate effect. • Person in charge will link with SALT in order to augment communications around the requirement for attending medical appointments and reviews and the importance of attending same. This will allow for informed decision making. • A resident who has a fall will be referred to a Physiotherapist without delay. The fall will be investigated, and the falls action plan will be reviewed and updated in a timely manner and in line with the Falls Prevention Policy. Immediate effect. • Staff who require refresher Dysphagia training are scheduled and will have completed the training by 19th May 2024. | |
| Regulation 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: A night time drill will be repeated in each house. Following review a plan will be put in place to ensure that the staff on duty at night have adequate resources available to safely evacuate the residents. Timeline: 7th May 2024. | |

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|-------------------------|--|-------------------------|-------------|--------------------------|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 19/05/2024 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Not Compliant | Orange | 07/05/2024 |
| Regulation 28(2)(b)(ii) | The registered provider shall make adequate | Substantially Compliant | Yellow | 07/05/2024 |

| | | | | |
|--|--|--|--|--|
| | arrangements for reviewing fire precautions. | | | |
|--|--|--|--|--|