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:	Ardeevin
Name of provider:	Saint Patrick's Centre (Kilkenny)/trading as Aurora-Enriching Lives, Enriching Communities
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	25 April 2024
Centre ID:	OSV-0005777
Fieldwork ID:	MON-0034580

About the designated centre

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

Ardeevin designated centre is operated by Saint Patrick's Centre (Kilkenny). It provides a community based residential service to up to four adult residents. Ardeevin is a modern and spacious property that provides residents with a high standard living environment which meets their assessed mobility and social care needs. Each resident has their own bedroom. This service provides supports for residents with severe to profound intellectual disabilities and complex needs. The provider identifies that residents living in this centre require high levels of support and has staffing arrangements in place to ensure residents' needs are met. There is a full-time person in charge assigned to the centre, minimum of two staff during the day to support residents in having a full and active life and one waking night staff in place also. The centre is resourced with one transport vehicle to support residents' community based activities.

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
Thursday 25 April 2024	10:00hrs to 16:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an announced inspection of the designated centre completed to support a decision on the renewal of the centre registration. The provider had submitted an application to renew the centre application in advance of this inspection to the Chief Inspector of Social Services.

This centre was last inspected in January 2023, since then there has been a change in the individuals living in this centre and changes to the local management team. The centre is registered for a maximum of four residents and it is currently at full capacity. The inspector met and spent time with all four residents over the course of the inspection in addition to speaking to centre staff and the local management team.

On arrival to the centre one resident greeted the inspector and was happy to have them in their home. Another resident was at the kitchen table finishing breakfast. One resident was relaxing in the living room and were ready to go out to a social appointment. The fourth resident was being supported in their bedroom with personal care.

This centre comprises a large detached bungalow on the outskirts of a small town in Co. Kilkenny. The house has a garden to the rear and on either side that has been set to lawn or large paved areas. There were areas for sitting or relaxing throughout the garden and residents had been involved in painting a colourful wall along one side. Internally each resident had their own bedroom, there were two shared bathrooms, a large sitting room, sun-room and large kitchen-dining room. The house was well maintained and decorated in a manner that reflected the individuals living here.

The inspector observed kind and caring interactions between staff and residents with residents supported to carry out as many tasks as independently as possible. This included bringing laundry to the utility room, placing a plate in the sink, help with peeling potatoes or arranging items in their personal rooms. One resident was supported by staff over the course of the day to operate televisions either in the kitchen or their bedroom. Staff used personalised communication strategies and were familiar with resident communication strategies. The staff team had all received training in human rights and discussed how the information they had learned on this informed their practice and their engagement with residents. This included for example ensuring multiple options for activities were offered to resident's or supporting residents in making choices that were important to them or in developing skills that promoted independence. It was clear over the course of the day that the residents lived in a person centred, warm and caring home.

Residents were supported over the course of the day to engage in their community such as going for a hair cut, or meeting friends for a coffee. One resident was going to visit a local art gallery and another resident was going bowling with a peer. Two

residents were supported to go to a social appointment together which the staff reported they enjoyed. Residents shared through the use of photographs and symbol supported information activities they enjoyed, for example, one resident went to work in a local garage and really enjoyed their time there. Others had enjoyed sound therapy, one resident attended poetry readings and another had attended horse racing. Residents were being supported to try different activities and their enjoyment of these was encouraged and expanded on.

As this inspection had been announced residents had been sent questionnaires in advance to further gather their views on what it was like to live in the centre. All four residents had completed these supported by the staff and/or their families or representatives. The questionnaires stated that the residents liked their home, liked living with each other and were happy and felt safe. They made comments such as 'I like my bedroom as it has a big window and lots of photos', 'I like the food and the choices'. In addition residents stated that 'my fiends are my housemates and we do lots of things together' or 'I like that I know my staff they make me laugh and I feel safe'.

The inspector observed residents being treated with dignity and respect during the inspection. Staff were observed to knock before entering rooms and to offer residents choices in relation to how and where they spent their time. Residents were engaged in the everyday activities of their home. Where some residents had visual impairment they were encouraged to move independently throughout their home. There was information available on the availability of advocacy services.

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

Capacity and capability

Overall findings from this inspection were that the residents were in receipt of a good quality and safe service. The provider was monitoring the quality of care and support they received and working to support residents to gain independence and make choices in their day-to-day lives.

The centre was well run and the provider's systems were proving effective at capturing areas where improvements were required and bringing about these improvements. The inspector found that there had been a gap in some systems of oversight over the preceding year. The provider and person in charge had self-identified that this gap had an impact on the oversight mechanisms in place to monitor care and support. Actions were identified to up-skill staff members in other roles to take on delegated duties and on the day of inspection all audits and

governance mechanisms were now in place.

Regulation 15: Staffing

The provider had ensured that the centre was well resourced and a consistent staff team was in place based on the assessed needs of the residents. The staff team comprises nursing staff and health care assistants and includes the team leader and person in charge.

There was evidence of ongoing review of the assessed needs of the residents and consideration to changes to rostered staff as required to meet these needs. The inspector reviewed a sample of centre rosters and found these were well maintained and clearly indicated the skill mix of staff on duty. Clear correspondence was seen between the person in charge and team leader that related to allocation of staff support and roster queries and this provided evidence of continuous review and oversight.

At times of unplanned or planned leave the gaps on the roster were covered by current staff or relief staff. Residents are supported by three staff by day and one waking staff at night. The provider has an on-call system in place and details of this were available for review.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of training and refresher training in line with the organisation's policies, the centre statement of purpose, and residents' assessed needs. The person in charge and the team leader maintained an action plan arising from audits based on the training records. This ensured training was scheduled when required and current. Training for example had included human rights training and also specific centre training on the management of severe allergy and use of an Epi-pen and the management of percutaneous endoscopic gastrostomy (PEG) tubes.

Staff were also in receipt of regular formal supervision in line with the organisation's policy and informal support was also provided if required through the process of on-the-job mentoring. While previous gaps in supervision over the previous year were found these are reflected under Regulation 23 and the inspector found these were now back on schedule for 2024. Areas where staff were performing well and areas for further development were discussed during supervision sessions.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there was a well defined management structure in place with clearly identified lines of authority and accountability. As stated the person in charge is supported in their role by a team leader position and the provider had allocated some protected time for the completion of tasks by the team leader. This had ensured that audits and other oversight mechanisms were completed as required by the provider.

The provider's systems for oversight and monitoring were also found to be effective in this centre and were picking up areas for improvement in line with the findings of this inspection. An annual review of care and support had been completed for the previous although it did not contain evidence of consultation with residents and their representatives as required by the Regulation. This omission had been identified by the provider and the inspector was assured that a new template had been devised for use this year. Six monthly unannounced provider visits had also been completed as outlined by the Regulation.

Staff meetings were taking place in line with the provider's policy and there were clear systems for communication with the staff team. The person in charge met with other persons in charge employed by the provider on a regular basis and there was evidence of shared learning. The person in charge met with the team leader on a regular scheduled basis and there was a clear work plan in place that focused on completion of the providers' oversight systems and on ensuring that actions were progressed in line with stated time lines. Gaps had been identified by the provider in the preceding year of audit completion and the team leader and person in charge were working to ensure all documentation was now current.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of their requirement to notify the Chief Inspector of certain incidents that may occur in the centre. The inspector reviewed the incident and accident register and found that all that required notifying had been made in line with the time frame of the Regulation.

Judgment: Compliant

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full registration for the renewal of the centre registration within the required time line. This application contained all required documentation and had been reviewed by the inspector in advance of the inspection.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. The provider, person in charge and team leader supported and encouraged residents' opportunities to engage in activities in their home or local community.

From speaking with residents and staff, and from a review of a sample of residents' assessments and daily records the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside of the centre. They were attending activities, work experience, using local services, and taking part in local groups. In addition, residents had meaningful goals documented in their personal plans that they had an active part in developing.

Regulation 12: Personal possessions

The management of resident personal possessions had been an area of focus for the provider with a number of new systems and processes being established. In this centre reviews had been completed of the arrangements in place to support residents to retain control of their personal finances and to ensure that residents' finances were fully safeguarded. These reviews had identified that one resident as yet did not have full autonomy and control of their finances and the provider was actively advocating on their behalf with relevant Government departments.

As an outcome of their oversight systems the provider had identified a number of actions that were required to ensure that residents could access their finances and were aware of and in control of decisions around spending. In this centre significant progress had been made such as statements being available for reconciliation and weekly overviews via resident banking Apps. These actions were now implemented which allowed for full transparency of all accounts.

The inspector found that for all residents the provider had completed money management competency assessments and had put appropriate supports in place. Residents were supported to retain access and control of their belongings. Residents had individual bedrooms that contained ample space for storage of personal belongings. All of a residents' possessions were recorded on an individual asset register and maintenance of inventories of resident personal belongings were completed in line with the providers' policy and procedure.

Judgment: Compliant

Regulation 17: Premises

As stated this centre comprises a large detached bungalow on the outskirts of a small town in Co. Kilkenny. Internally and externally the centre was well presented and in a good state of repair. The minor areas of tiling and worn flooring identified on the previous inspection had been replaced and the centre was found to be well maintained. There was evidence of regular audits completed by the provider of the premises and inspections taking place.

At the previous inspection of this centre the plan to convert a garage area into an en-suite was discussed. While this had not yet been completed the inspector was shown evidence that this was still being considered and had been discussed with the approved housing body on a regular basis. The provider had completed review and upgrade of storage in the garage and in the attached laundry/utility area both of which fall into the centre footprint.

Externally the residents had been involved in the upkeep of their garden and there were numerous flower pots, a water feature and seating areas for residents to enjoy. Internally residents had their own personal items on display in their rooms and throughout their home. Artwork completed by residents was on display and personal photographs were framed and on walls.

Judgment: Compliant

Regulation 18: Food and nutrition

The provider and person in charge had ensured that there were systems in place to ensure that the variety and complexity of the residents' eating, drinking and swallowing needs were appropriately and safely supported. Details were available to the staff team regarding allergies or texture modifications required and the staff team spoke to the inspector about how they ensured all elements of mealtimes were catered for. In addition where a resident used non oral methods for eating and

drinking such as via tube feeding this was also appropriately supported.

There were menu planners available and the systems for the storage of food and drink adhered to best practice guidelines. The inspector saw consultation with residents on choices for mealtimes and that individuals could access meals and snacks at times that suited them. The team leader and person in charge had supported residents to access advice from Dietitians and there were clear nutrition plans in place that took into account individual preferences. Residents were supported to eat out or to have a takeaway on occasion if that was their wish.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were for the most part protected by the policies, procedures and practices relating to risk management in the centre. This was an area identified by the provider and person in charge as requiring review.

The inspector reviewed a sample of both individual and centre specific risks and found that individual risks were regularly reviewed and there was evidence of the risk ratings increasing or decreasing in line with changing needs. All actions for each risk were noted to be clear and detailed in guiding staff practice. The centre risks however, all required review and this was an action for completion. There were systems to ensure vehicles were roadworthy and well maintained.

There were systems in place for responding to emergencies and feedback and learning from incidents was shared amongst the team at team meetings. Changes to practice were identified and implemented in response to incident review and the updating of risk such as changes in the location of medicine storage.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider and person in charge had suitable arrangements in place to detect, contain and extinguish fire in the centre. Suitable equipment was available and these had been serviced and maintained as appropriate. Daily, weekly and monthly checks by the staff team were occurring and any issues identified in these were reported and dealt with.

Regular fire drills were taking place and these were checked to ensure all residents were participating, in addition to assuring that full evacuation using the minimum numbers of staff could be completed. Additional risks were identified such as, lone working in the centre or needing to access residents at different ends of the

building. These risks were assessed and reviewed regularly and the inspector found evidence that they were discussed with the staff team.

All residents had personal evacuation plans in place and there was a centre evacuation plan also in place. A recent drill with minimum staffing levels had taken over nine minutes which was significantly longer than when two staff are present. The person in charge and team leader had reviewed this and identified a number of key actions, these had been put in place, centre guidance amended and a repeat drill scheduled.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were effective systems in place in relation to the prescribing, storage, administration and disposal of medications.

There was a clear system in place for the receipt and return of medicines for residents. Daily checks were completed on both stock levels and on the administration records and any errors identified were immediately acted on. All residents' ability and wish to self administer medication had been fully assessed and medication plans were in place. The team leader completed regular spot checks and audits on staff practice and on medicines present in the centre.

Protocols were in place for the use of 'as required' medications including details on those that were first or second choice for use. Where a resident required fluids thickened as part of health plan then this direction was clearly available. Protocols around the use of rescue medication such as that for allergy or epilepsy were detailed and seen to guide staff practice.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and personal plans and found that they were person-centred and detailed in nature. Residents' abilities, needs, wishes and preferences were highlighted in their plans. There was evidence of a clear link between assessments and plans, and evidence of ongoing review and evaluation of them. Assessments were occurring at least annually and were multidisciplinary including the resident and their representative.

Residents' opportunities to develop and maintain relationships and to hold valued social roles formed part of the development of residents' goals and these were regularly discussed at meetings between residents and their keyworkers. There was

evidence that some residents had been support to get part time volunteer employment or to experience activities they had shown an interest in such as poetry reading. Daily or weekly schedules and options to support choice making were available for all residents. All individuals have a support and action plan in place that guides assessment and directs the provider as to further supports that may be required.

Residents had set personal goals and these these were associated with making choices and positive risk taking. Residents goals were divided into long, medium and short term aims and this supported the staff in working towards the end goal. The inspector found for instance residents had visited the zoo to see the Christmas lights, with another involved in film making or one resident supported to go to a sporting event. Residents goals also included activities at home such as baking, listening to music, owning a pet or watching favourite films or series.

Judgment: Compliant

Regulation 6: Health care

The provider and person in charge ensured that residents were being supported to enjoy best possible health. An annual overview of assessed health needs and supports was in place and this was also used to maintain an overview of appointments and other health related matters.

The inspector found that the provider was recognising residents' current and changing needs and responding appropriately by completing the required assessments and supporting residents to access health and social care professionals in line with their assessed needs. The inspector reviewed occupational therapy reports for example where recommendations for changes to the environment had been completed that enhanced independent movement for residents with visual impairment. Residents had their healthcare needs assessed and were supported to attend medical appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required.

Health related care plans were developed and reviewed as required. The inspector reviewed a number of health related care plans and found them to be detailed and to guide staff practice. Where required plans were linked to risk assessments or infection prevention and control guidance. The inspector observed staff supporting residents taking responsibility for aspects of their own health care with, for example, selecting food and drink in line with safe swallow guidance. On the day of inspection one resident required a new PEG tube to be inserted and this was calmly completed with staff clear on all processes around this. Residents were supported to access national screening programmes in line with their health and age profile, in line with their wishes and preferences.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. These were not found to be a feature for the individuals that lived in this centre. The provider had ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed. Positive behaviour support plans had been in place for those residents who were assessed as requiring them and they were seen to be detailed in guiding staff practice and reviewed regularly and closed when required.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider, when implemented, and in an ongoing review and monitoring basis. This had been an area of particular focus by the provider and there was evidence that a number of restrictions had been reduced or closed since the last inspection. There were systems for recording when a restriction was used out of context or unexpectedly. Residents were supported to understand the reasons why a restrictive practice was considered and their consent was sought.

The team leader and person in charge had developed easy to read documentation that contained photographs of the restriction and there was evidence that these were discussed with residents on an ongoing basis.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre.The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. Safeguarding was a standing topic at staff meetings to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines. There

were no current active safeguarding plans in place in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights and their responsibilities through residents' meetings and discussions with staff and their keyworkers.

Over the course of the inspection the inspector observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Residents responded positively towards how staff respected their wishes and listened to what they had to say. There was evidence of choices being offered every day in a variety of methods such as using touch or visually, in relation to areas such as where and how they spent their time, what they ate and drank and how involved they were in the day-to-day running of the centre. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

Residents had access to information on how to access advocacy services and could freely access information in relation to their rights, their responsibilities, safeguarding, and accessing advocacy supports. There was information available in an easy-to-read or symbol supported format on the centre in relation to a number of areas, and social stories developed for residents in areas such as living with someone else, making a complaint, restrictive practice and fire safety.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ardeevin OSV-0005777

Inspection ID: MON-0034580

Date of inspection: 25/04/2024

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 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Actions on provider level:

1. The provider has moved to an on-line audit system (ViClarity) where a new template for the annual review has now been developed, which includes a section that identifies consultation with people supported and their representatives. This new audit will be fully implemented on ViClarity by 31.05.2024.
2. All PICs in Aurora are reporting to the DOS and ADOS in the PIC Monthly Status Report the number of Provider Audit actions Completed, Overdue and In Progress. The template has been updated and will be implemented for all May 2024 reports.
3. As part of Aurora provider audits the lead & functions auditors escalate a concern identified during an audit to DOS & relevant head of functions and can re-audit to assess progression on actions.

Actions at designated centre level:

1. PIC and TL will continue their ways of working in regards to meeting and having oversight of audit actions outlined on ViClarity

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
1. Person in charge and Team Lead reviewed and updated all centre risk assessments on 02.05.2024

2. Person in charge and Team Lead updated centre risk register on 02.05.2024
3. Person in charge and Team Lead discussed risk management at team meeting 26.04.24
4. TL will deliver On job mentoring in relation to risk management of the centre to all all staff by 30th June 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/05/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	30/05/2024
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	30/05/2024

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			