



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

Issued by the Chief Inspector

Name of designated centre:	Tara House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	13 December 2022
Centre ID:	OSV-0007805
Fieldwork ID:	MON-0029547

About the designated centre

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

Tara House is located in a small town in Co. Meath and can provide care and support for up to five young adults with disabilities (both male and female). The centre comprises of one large detached property with each resident having their own large bedroom. There is also a fully furnished kitchen/dining area, a sitting room, a sun room/sensory room, five bedrooms (two ensuite), a utility room, a storage room, a staff office and communal bathroom/shower facilities. The house is staffed on a 24/7 basis by a full-time person in charge, two team leaders and a team of support workers. Residents have access to a number of amenities in their local community including shops, hotels, restaurants and leisure facilities. Transport is also provided to residents for holidays and other social outings. The house has its own private garden areas to the front and back of the property with adequate private and on-street parking available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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 13 December 2022	10:00hrs to 18:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, while the inspector found good examples where residents were supported to enjoy a good quality of life in the centre, improvements were required in some of the regulations in order to assure a safe quality service to all of the residents.

This inspection was announced and on arrival to the centre the inspector was informed that in order to prepare residents for the inspection a social story had been completed with them the day before the inspection. This was an important process for some residents who needed this support in order to manage some of their anxieties.

The inspector met four of the residents who were observed to be content in their home. The interactions between staff and residents was also friendly, professional and respectful. Some of the residents found change in routine difficult, the inspector saw a support measure for one resident which included staff completing a social story around upcoming events and a count down calendar to inform the resident how long it would be till the event occurred. The inspector observed staff supporting the resident with this on the day of the inspection.

One resident showed the inspector their bedroom and spoke about some of the interests and hobbies they had. This resident liked routine and to know what was happening next and showed the inspector some picture schedules in their bedroom to support them with this. The resident said that they liked living in the centre and spoke about their interest in football, movies and music.

Another resident was on a planned day off from their day service and was enjoying some relaxation time. This resident had a specific communication plan which used objects of reference to inform them what was happening next. A staff member went through the plan with the inspector and was very knowledgeable about the resident's communication plan.

Staff were also supporting one resident with a specific communication sign language in order to enhance their communication skills. For example, there were visual signs displayed and a plan to practice one new communication sign each week with the resident.

As part of the inspection, the Health Information and Quality Authority (HIQA) had sent a number of questionnaires for residents or their representatives to complete. These questionnaires are designed to collect information about the residents views on the quality and safety of care provided.

All of the residents had completed a questionnaire, some with the support of staff members. Overall, the feedback from these questionnaires was positive. Residents reported that they liked living in the centre, felt safe and found the staff helpful.

One resident commented that the centre was their ' home and they enjoy living there'. Another said they would not recommend any changes to their home and were happy with the 'comfort of their home'. Another resident said they liked keeping in touch with family members through video calls.

All of the residents provided feedback on the complaints process in the centre and said they would report concerns to the person in charge or a staff member. One resident said that they were happy with the outcome of a complaint when they had made one. However, one resident stated that when they raised a complaint, 'the situation had not changed for them'.

Residents meetings were held in the centre along with key working meetings with each resident. This was an opportunity for residents to be included and informed about things that were happening in the centre. This informed the inspector that residents' right to information was being respected in the centre. For example; at residents meetings picture menus were made available so that residents could choose what meals they preferred. At key worker meetings, residents discussed some of their goals and dreams for example, one resident commented that they had enjoyed an overnight stay in a hotel.

In the residents questionnaires, residents gave examples of some of the activities they liked to do which included, doing a computer course, being a member of a football club, cooking their own meals, swimming, going to the cinema, theme parks and playing basketball.

There was a bus available in the centre so as residents could avail of activities further afield. On the day of the inspection, residents were either out for walks or attending other appointments they had.

Residents were supported to keep in contact with family and friends and some went home for weekend trips to visit family. They were also supported to be involved in their community and some residents had tried being a volunteer or had completed work experience.

The house was very clean and decorated to a high standard. Since the last inspection a new door had been installed, equipment had been ordered for the garden, the provider had modified the downstairs area, which allowed a resident better access to the bathroom and two communal rooms had been redecorated, a ramp had been installed.

Each resident had their own bedroom which was decorated in their own individual style. One residents bedroom had been modified to support them with some of their anxieties. However, the minutes of meeting viewed by the inspector highlighted some concerns with the layout and size of this resident's bedroom. This is discussed further in this report.

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 on the quality and safety of the service being

delivered to each resident living in the centre.

Capacity and capability

Overall, the centre was resourced and managed to ensure that residents were in receipt of a safe and quality service. While the inspector found that the provider and person in charge were identifying and responding to issues, some actions had not been fully implemented to ensure that the service provided was a safe quality service for all residents. This meant that some improvements were required in staffing, risk management, residents rights and medicine management practices and complaints.

As stated this inspection was announced, the purpose of the inspection was to inform a registration renewal of the centre and to follow up on actions from a previous inspection conducted in the centre in July 2022 where a number of improvements had been required.

The centre had a defined management structure in place which consisted of an experienced person in charge, in order to maintain oversight of this centre they were supported by two team leaders. The person in charge worked on a full-time basis in the organisation and was also responsible for another designated centre under the remit of this provider. The person in charge provided good leadership and support to their team and demonstrated good knowledge of the needs of the resident living in the centre. They reported to an operations manager who they met regularly to review the care and support being provided.

At the time of the inspection the staffing arrangements were not always in line with the assessed needs of the residents, particularly when unplanned leave occurred. For example, in order to meet the needs of the residents, there was a requirement for a male staff member to be on duty at all times. From a review of the rosters, the inspector found that this had not been the case over the last number of months and there were limited contingencies in place to manage this shortfall. The provider had identified this issue themselves and the inspector was given written assurances on the day of the inspection that more male staff would be employed in the coming days. This would ensure that contingencies were in place to manage this going forward.

The staffing requirement in the centre included two waking night staff. However, the provider had outlined in their statement of purpose that, in the event of staff shortages, one staff would be rostered on night duty and another would be on a sleepover. However, this had not been adequately risk assessed to ensure the needs of the residents could be met and warranted further review.

Staff spoken with said that they felt supported in their role and were able to raise concerns to a manager on a daily basis or via an out of hours on call systems should the need arise. Staff spoken with had a good knowledge of the residents' needs and

spoke about the supports in place to manage some of the residents anxieties and health care needs.

A sample of personnel files reviewed were found to contain the information required under the regulations. There was also up to date Garda vetting in place for those staff.

The training records reviewed found that, staff were provided with 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; first aid, safeguarding vulnerable adults, fire safety, manual handling, managing behaviours of concern and infection prevention and control.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports.

The provider had a policy in place for the management of complaints in the centre. This was displayed in an easy to read version. The procedure included referral to an external advocate should this be required. Since the last inspection one complaint had been logged in the centre. However, the inspector found that there was insufficient records available to demonstrate whether the complaint had been managed to the satisfaction of the complainant. The inspector also noted that one of the actions recommended from the complaint required, a resident to leave their home in the event of a particular incident occurring in the centre. The inspector found that this action was not respecting the rights of the resident. In addition, the same resident had raised a concern about their well being in the centre and this had not been recorded as a complaint nor had any actions been taken to fully address this concern with the resident. While the resident had been referred to an external advocate, the inspector was not assured that interim arrangements were agreed to ensure this resident's well being was being supported.

In addition, one resident noted in their questionnaire that a complaint they had raised in the centre did not change the situation for them.

Registration Regulation 5: Application for registration or renewal of registration

As part of the registered providers application to renew the registration of the centre, they had submitted all of the required documents in a timely manner to the Health Information and Quality Authority.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked on a full-time basis in the organisation and was also responsible for another designated centre under this provider. In order to maintain over sight of the centre they were supported by two team leaders. The person in charge provided good leadership and support to their team. They demonstrated a good knowledge of the needs of the resident living here.

Judgment: Compliant

Regulation 15: Staffing

At the time of the inspection the staffing arrangements were not always in line with the assessed needs of the residents particularly when unplanned leave occurred. The needs of one resident meant that a male staff was required to be on duty at all times. This had not been the case every day over the last number of months which had resulted in one significant incident for a resident. In particular, the contingencies in place to manage a shortfall of male staff was not sufficient. The inspector was given written assurances on the day of the inspection that this was being addressed. This would ensure that contingencies were in place to manage this going forward.

The provider had outlined in their statement of purpose that in the event of staff shortages, one staff would be rostered on night duty and another would be on a sleepover. However, this had not been adequately risk assessed on the day of the inspection and warranted further review to ensure that residents needs could be met in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training records reviewed after the inspection found that staff were provided with 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; first aid, safeguarding vulnerable adults, fire safety, manual handling, managing behaviours of concern and infection prevention and control.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the centre.

Judgment: Compliant

Regulation 22: Insurance

As part of the registered providers application to renew the registration of the centre, they had submitted up to date insurance details for the centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a defined management structure in place which consisted of an experienced person in charge who reported to an operations manager. Both parties met regularly to review the care and support being provided.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports.

Other more regular audits were conducted in areas such as personal plans, fire safety, infection prevention and control (IPC) and medicine management practices. Where improvements were identified from those audits an action plan had been developed to address them. The inspector followed up on some of these actions and found that they had either been completed or were being addressed. For example; an IPC audit identified that there were some small holes in the walls that needed to be repaired and this was due to be completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose set out the facilities and services provided in the centre as required under the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that had occurred in the centre since the last inspection, all incidents had been notified to the Health Information and Quality Authority as required under the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a policy in place for the management of complaints in the centre. This was displayed in an easy to read version in the centre. The procedure included referral to an external advocate should this be required.

Since the last inspection one complaint had been logged in the centre. However, the inspector found that there were insufficient records available in the centre to demonstrate whether a complaint had been managed to the satisfaction of the complainant. The inspector also noted that one of the actions recommended from the complaint required a resident to leave their home in the event of a particular incident occurring in the centre. The inspector found that this action was not respecting the rights of the resident. In addition, the same resident had raised a concern about their well being in the centre and this had not been recorded as a complaint nor had any actions been taken to address fully address this concern with the resident. While the resident had been referred to an external advocate, the inspector was not assured that interim arrangements were agreed to ensure this resident's well being was being supported.

In addition, one resident noted in their questionnaire that a complaint they had raised in the centre did not change the situation for them.

Judgment: Not compliant

Quality and safety

Overall, residents reported that they liked living in the centre and were supported to achieve goals, be involved in their community and maintain links with their family. Some improvements were required in risk management, medicine management

practices and residents rights.

Residents were supported with their health care needs and had required access to a range of allied health care professionals, to include general practitioner(GP), psychiatrist and occupational therapy. Health care plans were in place to support each resident and guide practice and staff spoken with gave examples of how they supported residents with their health care needs.

Residents were also supported to manage their anxieties and where required, had access to the support of a psychiatrist along with a behaviour support specialist. All of the staff had been provided training to guide practice in this area. Where required a behaviour support plan was in place which was regularly reviewed. However, a recent meeting had been held to review one residents care and support needs. At this meeting it had been raised as a concern that the residents bedroom may not be suitable to support some of their needs.

Risk management systems were in place, which included a risk register and individual risk assessments for residents, however, as discussed the inspector found one risk assessment had not been updated to outline the control measures in place to support one resident.

There were systems in place for the management of medicines in the centre. All staff had been provided with training and completed competency assessments to ensure they administered medicines safely. Medicines were safely stored and the records maintained were clear and legible. The registered provider had systems in place to check that, medicines received into the centre were checked for accuracy. This involved staff checking the medicines against the medicine kardex. To do this staff relied on pictures of each medicine being provided on the medicine blister packs. The inspector found that some of these pictures were not included on the medicine packs. This made it difficult for staff to verify if the correct medicines was in the medicine packs. The inspector found that the staff were aware of this and had highlighted the concern to the pharmacist, however, there was no solution to this at the time of the inspection.

While there were a number of examples where residents' rights were respected in the centre. The inspector found that concerns had been raised in relation to the impact of one residents behaviours of concern via complaints, and at a recent mutli disciplinary meeting and via one resident's key working meeting. While some measures had been taken, the inspector was not assured that this had been fully explored to ensure that all residents rights were being upheld in the centre.

The registered provider had systems in place for the management of fire precautions. Since the last inspection the provider had installed a ramp to the back of the property at a fire exit point to ensure that residents could safely evacuate.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The residents themselves said they felt safe and would talk to staff if they had concerns.

Regulation 10: Communication

Since the last inspection one resident had been referred for an assessment by a speech and language therapist and was awaiting an appointment in Jan 2023. In the meantime the staff were supporting the resident with their communication needs through picture schedules, objects of reference and a communication plan that indicated what the residents preference's were.

Three staff had completed training in Lámh (manual sign system used by children and adults with intellectual disability and communication needs in Ireland) and the staff had instigated a programme to enhance the residents communication supports.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, well maintained and designed to meet the needs of the residents.

Since the last inspection, the provider had made changes to the property which included a new door being installed, equipment had been ordered for the garden, the provider had modified the downstairs area which allowed a resident better access to the bathroom, two communal rooms had been redecorated and a ramp had been installed to the back of the property.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were in place, which included a risk register and individual risk assessments for residents. However, a recent meeting had been held to review one residents care and support needs. At this meeting it had been raised as a concern that the residents bedroom may not be suitable to support some of their needs. It was agreed at the meeting that, a consultant employed by the organisation would visit the centre to review this matter. The review had taken place but up to the time of the inspection the recommendations had not been fully implemented. This meant that risk assessments in place did not fully guide how staff were to support a resident to stay safe in all situations.

The registered provider had ensured that the vehicles used to transport residents was roadworthy, regularly serviced and insured. Since the last inspection a risk

assessment had been conducted along with manual handling training for staff to ensure that equipment stored on the transport was done so in a safe manner.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place to protect residents against the risk of infection. Staff had been provided with training in infection prevention control, and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. There were adequate hand-washing facilities and hand sanitising gels available along with enhanced cleaning schedules in place. Staff were observed cleaning touch points on the day of the inspection. The centre was very clean and there had been no outbreaks of COVID-19 in the centre. Contingency plans were in place to manage an outbreak in the centre should this occur.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had systems in place for the management of fire precautions. This included the provision of a fire alarm, fire doors, emergency lighting, fire extinguishers and fire blankets. There were records to indicate that all of this equipment had been serviced by competent professionals. Staff also completed weekly, daily checks on some fire safety measures. All residents had personal emergency evacuation plans which were reviewed regularly and included the supports that residents needed during an evacuation of the centre. The staff in the centre were aware of the supports residents required and fire drills had been conducted to assure a safe evacuation in a timely manner.

Since the last inspection the provider had installed a ramp to the back of the property at a fire exit point to ensure that one resident could safely evacuate the property in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had systems in place to ensure that medicine management

practices were safe in the centre. However, at the time of the inspection the inspector found that some of the pictures of medicines were not included on residents' medicine packages. This made it difficult for staff to verify if the correct medication was dispensed in the medicine packages when they checked this. The inspector found that the staff were aware of this issue and had highlighted the concern to the pharmacist, however, there was no solution to this issues at the time of the inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The actions from the last inspection had been completed as the provider had modified the lay out of the centre to assure that a resident could now access a shower area in a more private and dignified manner.

Judgment: Compliant

Regulation 6: Health care

Resident were supported with their health care needs and had required access to a range of allied health care professionals, to include GP, psychiatrist and occupational therapy. Health care plans were in place to support each resident and guide practice and staff spoken to gave examples of how they supported residents with their health care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their anxieties and where required had access to the support of a psychiatrist along with a behaviour support specialist. All of the staff had been provided training to guide practice in this area. Where required a behaviour support plan was in place which was regularly reviewed.

However, a recent meeting had been held to review one residents care and support needs. At this meeting it had been raised as a concern that the residents bedroom may not be suitable to support some of their needs. This is actioned under the risk management section of this report.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to safeguard residents in the centre.

Staff had been provided with training in safeguarding vulnerable adults and were aware of the different types of abuse; and when and who they should report concerns to. Residents were provided with information at residents meetings on their safety and how to make a complaint or concern if they needed to.

Since the last inspection, the registered provider had reported one safeguarding concern to the Health Information and Quality Authority as required under the regulations. The inspector followed up on this alleged concern and found that the provider had taken steps to safeguard the residents.

Judgment: Compliant

Regulation 9: Residents' rights

While there were a number of examples where residents' rights were respected in the centre. For example; residents were able to choose their daily routines and make their own decisions (with support as and where required).

The inspector found that concerns had been raised in relation to the impact of one residents behaviours of concern via complaints, at a recent multi-disciplinary meeting and via one residents key working meeting. While some measures had been taken, to address this, the inspector was not assured that this had been fully explored to ensure that all residents rights were being upheld in the centre. In addition, one of the actions could require a resident to leave their home in certain situations, this was not respecting this residents' rights.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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	Substantially compliant

Compliance Plan for Tara House OSV-0007805

Inspection ID: MON-0029547

Date of inspection: 13/12/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A review of the staffing arrangements within the centre has been completed by the Person in Charge. The outcome of this review identified that the mix of male and female staff within the centre requires attention. As a result of this, one male staff member will be deployed to the centre. This will ensure there is an adequate balance of male and female staff within the centre, which will be sufficient to meet the needs of all residents.</p> <p>Contingency arrangements are in place to ensure if unplanned staff absences occur, male staff will be available for redeployment from designated centers within the local area.</p> <p>In the event of an unplanned staff absence at night, a robust risk assessment has been completed to ensure that the needs of residents can be met safely by utilizing one waking night staff member and one sleepover staff. This arrangement will only be considered as a contingency arrangement and has not been utilized to date. If utilized, the arrangement will be reviewed the next working day by the Person Charge.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: A review of the management of complaints within the centre has been completed by the Person in charge and the Assistant Director of Services. The following actions have been identified as result of this review-</p> <ul style="list-style-type: none"> • The Person in Charge will ensure that all complaints are logged and actioned in line 	

with The Talbot Groups policies and procedures.

- The Person in Charge and Assistant Director met with the Complainant in question. The complainant confirmed that they were satisfied with the outcome of their complaint, and this was documented appropriately.
- The Person in Charge will meet with all residents to identify if they remain satisfied with their current living arrangements. This will be captured on an ongoing manner through Key Worker sessions. Should residents identify that they wish to transition to alternative living arrangements, a referral to the Talbot Groups Transition committee will be made.
- The complaints process and the complaints appeals procedure will be discussed with all residents during their next key worker session.
- The Person in Charge to ensure that all Complaints are discussed with residents in a meaningful way to establish if they have any feedback.
- The Person in Charge will review the outcome of Key Worker Sessions monthly.
- The management of complaints will be discussed at the next staff team meeting.
- All contingency protocols within the centre will be reviewed to ensure all residents rights are upheld and protected.

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

The Person in Charge will ensure that all recommendations made by the multi disciplinary team and/or external consultants are reflected in residents risk assessments and care planning documentation. All staff will be informed of same to inform their practice.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Person in charge has completed a review of medication management systems within the centre. The following action has been identified as a result:

- The Person in Charge will ensure that all medication has the correct pictures to correspond with the medication being administered. This will be identified during receipt of medication. In the event this is not provided by the dispensing Pharmacy, the PIC/ Community Nurse will ensure appropriate pictures are in place in a timely manner to

guide staff practice when dispensing medication.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A review of how residents rights within the centre are being upheld will be conducted by the Person in Charge and the Assistant Director of Service. This review will focus on ensuring residents rights are protected and upheld.
This will include all contingency protocols within the centre being reviewed to ensure all residents rights are upheld and protected.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2023
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.	Substantially Compliant	Yellow	28/02/2023
Regulation 29(4)(b)	The person in charge shall ensure that the	Substantially Compliant	Yellow	31/01/2023

	designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	31/01/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/01/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Substantially Compliant	Yellow	31/01/2023

	disability has the freedom to exercise choice and control in his or her daily life.			
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