



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

Issued by the Chief Inspector

Name of designated centre:	Hillview A
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	03 April 2024
Centre ID:	OSV-0001515
Fieldwork ID:	MON-0033983

About the designated centre

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

Hillview A is a centre which is run by Peter Bradley Foundation Company Limited. The centre is located in a town in Co. Clare and provides a residential neuro-rehabilitation service for up to four residents, over the age of 18 years and who have an acquired brain injury. The service aims to support recovery after a brain injury so that the person gradually regains skills and lives a meaningful everyday life. The model of support is flexible and individualised with an emphasis on independent living. Supports are provided directly by a team of rehabilitation assistants with day to day management assigned to the team leader and the local service manager who is the person in charge. Staff are on duty both day and night. The service is located near many social and recreational amenities including local shops, services and transport links. The house is purpose built and provides residents with their own bedroom two of which are en-suite. Two residents share an en-suite and there is a further standalone bathroom. Residents have access to a sitting room, adapted kitchen, a dining area and a garden to the rear of the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 April 2024	09:45hrs to 17:05hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health and rehabilitation, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents.

This inspection was carried out to monitor the provider's compliance with regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities, and as part of the registration renewal process. As part of this inspection, the inspector met, spoke with, and observed, the residents who lived in the centre. The inspector also met with the person in charge and staff on duty, and viewed a range of documentation and processes.

The centre was located in a residential area, of a rural town which gave residents good access to a wide range of facilities and amenities. The centre consisted of a single-storey dwelling which provided a full-time residential and rehabilitation service for up to four people with acquired brain injuries. The centre was equipped to meet the needs of the people who lived there and provided them with a safe and homely living environment. It was comfortably furnished, and rooms were personalised. Residents' artwork was displayed in the centre, and a resident showed the inspector furniture that they had made as a carpentry project. Adaptations such as grip rails, accessible bathrooms and hoist facilities were in place to support residents to mobilise as independently and safely as possible. The centre had a dedicated vehicle, which was used for outings or any activities that residents chose. The staffing levels, and availability of transport, ensured that each resident could be individually supported by staff to do activities of their preference.

Although residents were out and about at various times during the day, the inspector had the opportunity to meet with all four residents during the course of the day. On the inspector's arrival at the centre, it was found that residents started the day at their own pace and got up at times that suited them. One resident was still in bed and another got up at their own pace and had a late breakfast while others got up earlier and had gone out.

All residents were happy to talk about their lives there. All residents knew the purpose of the inspection. Residents who spoke with the inspector said they were very happy with all aspects of living in the centre. These residents said that they were well supported by staff, who provided them with good care, and that they made their own choices around their lives. A resident told the inspector about social activities and hobby classes that they were involved in. Residents talked about having good social involvement with friends and also with residents in a neighbouring centre, who they often joined with for social events, including movie nights, quiz nights and themed meals. A resident who enjoyed gardening and carpentry, brought the inspector to the garden to see the plants and raised bed that

they tended. They also showed an outdoor shed that they used as a tool store. Other activities that residents enjoyed on an individualised basis, included art therapy, supporting a football team, following Munster rugby and attending matches, being part of support groups, and going out for coffee and shopping in the local community.

Residents knew who was in charge in the centre, and they said that they trusted the staff. They told the inspector that they would tell any concerns to staff and were confident that any issues would be addressed.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service offered to residents.

Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there. However, improvement to some audits, staff recruitment records and complaints management were required, although these issues did not impact significantly on the quality of service being provided to residents at the time of inspection.

There was a clear organisational structure in place to manage the centre. There was a full-time person in charge who was based in the centre, and who worked closely with staff and with the wider management team. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there. It was clear that the person in charge was very involved in the running of the service and that the residents knew her. Arrangements were in place to support staff when the person in charge was not on duty. There were also arrangements to manage the centre when the person in charge was absent.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided for residents. Auditing of the service was being carried out in line with the provider's audit schedule. Unannounced audits of the service were carried out twice each year on behalf of the provider. A review of the quality and safety of care and support of residents, which provided for consultation with residents, was also being carried out annually. Findings from audits, reviews and reports formed a quality improvement plan which was being addressed and updated as required. At the time of inspection any identified actions had been addressed as planned. However improvement to audit checks of room temperatures and cold storage units were required.

The provider had a process for management of complaints which included, a complaints procedure displayed in the centre, a procedure for recording and

investigating complaints and a policy to guide practice. Any complaints received in the centre had been investigated and addressed, although this process had not been suitably recorded.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of a suitable, safe, clean and comfortable environment, transport, access to Wi-Fi, television, appropriate insurance cover, and adequate levels of suitably trained staff to support residents with both their leisure and healthcare needs. A range of healthcare services, including speech and language therapy, occupational therapy, and behaviour support were available to support residents as required.

There were adequate numbers of staff present throughout the inspection, and they supported residents to go out to activities that they enjoyed, to attend appointments, and to complete their rehabilitation programmes in the centre. Staff had received training appropriate to their roles, and to the needs of residents. Training in a human rights based approach to care had commenced in the centre. Some staff had completed this training, although it had not been completed by all staff to date. A staff member who had completed the training told the inspector that while they had not introduced any changes in their delivery of care, the training provided reassurance that service currently being delivered to residents prioritised and supported their human rights. Overall, staff were found to have been suitably recruited. However, a complete employment history was not in place on one staff file, although all the other required information was in place for this staff.

Records required by the regulations were kept in the centre and were available to view. Documents viewed by the inspector included audits, staff training records, the complaints register, and fire safety records. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident. Before taking on the role of person in charge, he had worked in the centre in

another role and therefore knew the service and the residents well. The person in charge worked closely with the wider management team, and staff who were based in the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents, and to support their recreational activities. Overall, staff had been suitably recruited, although some improvement to recruitment documentation was required.

The inspector viewed the current planned and actual staffing rosters and found that these were accurate on the day of inspection. Staff who spoke with the inspector were very knowledgeable of each resident's support needs and were very focused on ensuring that person centred care was being delivered.

There were adequate numbers of staff present throughout the inspection, and they supported residents to go out to activities that they enjoyed and to attend appointments. Staff also supported residents to complete their rehabilitation programme activities in the centre.

Overall, there was evidence that staff had been suitably recruited. The inspector viewed the recruitment records of two staff and found that all the required information and documentation had been obtained and was available to view for one of these staff. However, a complete employment history was not in place for the other staff, while all the other required information was available and suitable for this staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that staff had received training appropriate to their roles, and to the needs of residents. The person in charge showed the inspector the current training matrix, which recorded that all staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding. All staff had also received other relevant training, such as food hygiene, epilepsy awareness, diabetes management, infection control and medication management to enable them to support residents' needs and keep them safe. Human rights training had commenced for staff in the centre. Records that the inspector viewed indicated that two staff had completed this training, two were in the process of doing it and some were due to take part in the near future.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured. The inspector read the current insurance policy for the centre and found that it was up-to-date and provided cover to ensure that residents and their property were insured against loss.

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre and to ensure that a high standard of care, support and safety was being provided to residents. However, improvements to some audits were required.

The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan. The inspector viewed the last two six-monthly unannounced audits by the provider, the annual review of the quality and safety of care and support of residents, pharmacy auditing, a bathroom audit which hygiene processes, an annual safeguarding audit and a finance audit. These audits showed a high level of compliance and informed an ongoing quality improvement plan for the centre. The person in charge showed the inspector the quality improvement plan which was detailed and up-to-date, and showed that any identified improvement works were being promptly addressed. However, while most audits were being suitably completed, some audits required review to ensure that they identified areas for improvement. For example, staff were completing room temperature checks in the centre, although there was no reference provided to guide staff as to what was or was not an acceptable temperature. Refrigerator and freezer temperatures were also being checked and recorded by staff. When the inspector viewed records for January, February and March it was found that freezer temperatures were consistently 7C-8C above the recommended temperature. This had not been escalated to the manager and no actions had been taken to resolve it.

An organisational structure with clear lines of authority had been established to manage the centre and this was clearly set out in the statement of purpose.

There was a suitably qualified and experienced person in charge and there were effective arrangements in place to support staff when the person in charge was not on duty. While reviewing the staff roster, the inspector could see that the person in charge was on duty in the centre on weekdays.

The centre was suitably resourced to ensure the effective delivery of care and

support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints process in the centre to enable residents to raise any complaints or concerns. However, some improvement to documentation of complaints was required. The inspector viewed the complaints policy, the procedure which was clearly displayed in the centre, and the complaints register. The inspector saw that the complaints process was also displayed in an easy-to-read format for residents. Two residents told the inspector that they could make a complaint or raise a concern. They said that it would be taken seriously and would be addressed. There had been a low level of complaints in the centre. Overall the complaints process was effective. Complaints were being taken seriously by the management team and were being investigated and resolved. However, while the management of a complaint was clearly explained to the inspector by a senior manager, the steps taken to resolve the complaint had not been clearly recorded in the complaints register as required by the regulations. Furthermore, although the management of the complaint had been completed, it had not been closed off in the complaints register in line with the centre's policy.

Judgment: Substantially compliant

Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a person-centred service. The management team and staff in this service were very focused on maximising the independence, community involvement, general welfare and rehabilitation plans of residents who lived there. The inspector found that residents were supported to enjoy activities and lifestyles of their choice. However, an aspect of fire safety required improvement.

As this was a home-based service, residents could take part in a range of activities in their home, and in the community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as

their assessed clinical and rehabilitation needs. Residents were involved in a range of activities such as shopping, attending support and developmental groups, exercise, attending entertainment and sporting events and going out for something to eat. Contact with family and friends was supported both in the centre and elsewhere in line with residents' preferences. The person in charge had also ensured that where a resident was leaving the centre to live in other accommodation that strong transition planning measures were in place to ensure that the transitioning person would be suitably supported.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished and equipped. All residents had their own bedrooms which were decorated to personalised to each person's liking. The centre was maintained in a clean and hygienic condition throughout.

Residents' nutritional needs were well met. A well equipped and accessible kitchen was available for the storage, preparation and cooking of residents' food. Residents were involved in the shopping, preparation and cooking of their own meals, which they could take at the times that suited them.

Overall, there were good measures in place to safeguard residents, staff and visitors from the risk of fire, but some improvement to the fire evacuation drill process was required. Effective practices included staff training, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the building to limit the spread of fire. However, emergency evacuation drills did not clearly demonstrate whether or not evacuation could be carried out in a timely manner at times of minimum staffing, such as at night time.

Residents' civil, political and religious rights were being well supported. Information was supplied to residents through ongoing interaction with staff and the provider had also provided a written guide for residents with information about the service. Residents communicated with each other and with staff at weekly house meetings, when they made plans and discussed topics of interest to them. While information and opportunities were made available to residents, they could use this information to make informed choices around which options they wished to become involved in and which they wanted to decline. Residents could choose whether or not they wanted to be involved in the voting process, and those who wished to had been supported to vote at a recent referendum.

Regulation 11: Visits

Residents could have visitors in the centre in accordance with their own wishes. The centre was spacious and there was a separate, comfortable room which was available to residents who wished to meet their visitors in private. Residents told the inspector that they were also supported to meet family and friends in other locations. Residents often visited family homes or went out with family members. Residents had access to telephones, and wi-fi was supplied throughout the centre which enabled residents to communicate with their loved ones by social media.

There was an up-to-date visitors policy to guide practice.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community. Each resident also had an individualised planned remedial programme, which was devised to assist each person to increase their living skills and to promote an independent lifestyle.

Individualised personal plans had been developed for residents based on their assessed needs. The inspector viewed the plans of two residents and found that meaningful personal goals had been developed and agreed for the residents. Throughout the day, the inspector could see that suitable support was provided for residents to carry out these plans in accordance with their individual choices and interests, as well as their assessed needs. Residents were involved in housekeeping tasks such as cooking and laundry. A resident told the inspector that whenever possible residents took turns in preparing the main evening meal, with support from staff if required. On the day of inspection, staff had started cooking the evening meal, as all residents were busy doing other things that afternoon. Residents also had opportunities to take part in everyday community activities such as shopping, going to the barber or hairdresser, going out for meals or coffee, and attending various hobbies and support groups that they were involved in.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. During a walk around the centre, the inspector found that the house was well maintained, clean, comfortable and suitably decorated. The centre was a large single storey house in a residential area on the outskirts of a rural town. The location of the centre gave residents very good access to a range of amenities and opportunities nearby. The centre was accessible. There was a well-equipped kitchen and dining area with direct access to the garden. Kitchen worktops had been adapted to a lower level that was accessible to all residents. This ensured that all residents could take part in food preparation and cooking while seated if that suited their needs. The centre was served by an external refuse collection service and there laundry facilities available for residents to use. A resident brought the inspector out to see that garden which was large, well maintained and accessible, and where residents could spend time outdoors and work on outdoor projects.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The inspector spent some time in the centre's well equipped kitchen, where food could be stored and prepared in hygienic conditions. Residents were involved in the shopping, preparation and cooking of their own meals, which they could take at the times that suited them. Two residents explained to the inspector that they planned their daily main meals for the week, and that they were always had meals that they liked and enjoyed. Some residents liked to be involved in grocery shopping while others preferred not to do this, although their choices were included in the shopping list.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that met the requirements of the regulations. The residents' guide was supplied to the Chief Inspector as part of the registration renewal process and was found to include the required information. The inspector could see that other information that was relevant to residents was provided such a photographic information about staff on duty at each shift, the designated safeguarding officer, and an easy read version of the complaints process. The availability of information ensured that residents had access to information that was important and relevant to them.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge ensured that any resident who was transitioning between residential services was well supported. The person in charge showed the inspector a transition plan that had been developed to support a resident who would be moving to other accommodation in the near future. The inspector also saw records of an advocacy service being involved in supporting the resident with the move. The person in charge explained that the persons in charge of both services had been working together to share information about the resident's needs, and that staff from this service would continue to offer support to the residents in the early days of transition to ensure that the change would work well for the resident.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there were effective measures in place to safeguard residents, staff and visitors from the risk of fire. However, emergency evacuation drills required improvement. The person in charge showed the inspector records of fire drills, equipment servicing, personal evacuation plans and staff training. A resident also discussed the fire evacuation process with the inspector.

There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. Records viewed by the inspector showed that these checks were up to date. On a walk through the building the inspector saw that there were fire doors in place to contain and reduce the spread of fire. All staff had attended fire safety training.

Fire evacuation drills involving residents and staff were being carried out frequently, although these drills required improvement. The inspector viewed records of fire drills carried out throughout 2023 and 2024. Most of the fire drills had been completed in a timely manner and all residents had been promptly evacuated to safety. However, evacuation drills had not been carried out to establish how residents would react to an emergency while they were sleeping. Therefore it was not possible to fully ascertain how long it would take to evacuate residents at night time with minimal staffing. A night time evacuation drill carried out in January 2023 had taken over 10 minutes, but there was no record of actions taken to reduce this evacuation time.

A resident discussed the evacuation process with the inspector. They said that they knew the sound of the alarm and that it would definitely wake them if they were asleep. The resident brought the inspector to their room and demonstrated how they would evacuate the house and go to the assembly point. The resident was very sure about the process and said that they had often taken part in fire drills in the house.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were systems in place to support residents' human rights. From discussions with residents and staff, and review of information, it was clear that residents had choice and control in their daily lives, and in relation to how their healthcare, finances and living arrangements were being managed.

Throughout the inspection, the inspector saw that each resident had choice and

control in their daily life. Each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. Residents were seen to get up in the morning and have breakfast at times that they liked. Residents were encouraged and supported to take part in household tasks, clinical recommendations and rehabilitation programmes.

Residents were included in decision making in the centre. The inspector read records of house meetings where a range of topics were discussed, and information was provided to residents. Information provided to residents included information about advocacy and how to access this if required, the complaints process, and safeguarding.

Staff told the inspector of the external advocacy services that were available to residents and a resident had recently availed of this service when they needed it. A representative from an external advocacy service had come to a residents' meeting in the centre to make residents aware of the advocacy process and of their rights to use this service.

Most residents were registered to vote and these residents had voted during a recent referendum. Any resident not registered to vote was due to their personal choice. Residents, who wished to, were supported to practice their religion and attend religious events as they wished. Some residents chose not to be involved in religious activities and this preference was supported.

Residents had comfortable accommodation. Each had their own bedroom and there was ample communal space, which ensured that residents could enjoy privacy or time alone as they wished.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview A OSV-0001515

Inspection ID: MON-0033983

Date of inspection: 03/04/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Person in Charge linked with Quality and standards lead to compile an email to send to Senior management in Human Resources. • HR delegated the task to the Recruitment lead who in turn complied the gaps in employment that were present on the day of the inspection for the staff member identified. A full check off all team members employment gaps is ongoing by the HR Department and will be completed by 28.6.24 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Person in Charge changed the setting on the freezer to bring the temperature back down to recommended -18 to -23 degrees. Completed 6.4.24 • The Temperature log sheet was updated to make the critical information ,clearer to understand. • Discussed the recommended temperatures of safely storing food during team meeting. 15.5.24 • Person in Charge also re-took food safety course on ABI platform Learn Upon.- Completed • Person in Charge re-enrolled team into food safety course and asked that it be completed ASAP - must be completed by 30.6.24 	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • Quality and Safety Lead re-issued new poster around complaints procedure to highlight that complaints can be made to any member of staff. Management going forward will ensure that all complaints are recorded effectively and closed off in a timely manner – this is completed 30.4.24 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Person in Charge to complete unexpected fire drill for night time. By 30.6.24 • Person in charge to record actions taken to issues identified during drills and to in turn implement them into the next drill to insure learnings have impacted the quality and timing of the fire drill – this will be an ongoing action item 	

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	28/06/2024
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	30/06/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in	Substantially Compliant	Yellow	30/06/2024

	so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	30/04/2024