



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

Issued by the Chief Inspector

Name of designated centre:	Morenane House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	31 August 2023
Centre ID:	OSV-0001819
Fieldwork ID:	MON-0031919

About the designated centre

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

Morenane House consists of a detached house and two apartments located in a rural area within close driving distance to a nearby town. The centre provides full-time residential support for a maximum of six residents of both genders over the age of 18 with intellectual disability and/or Autism who may have additional needs. Each resident had their own individual bedroom and other rooms in the house and apartments include kitchens, living rooms, a sitting room, a lounge, a conservatory, a utility room, bathrooms and staff rooms. Residents are supported by the person in charge, social care staff and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Thursday 31 August 2023	09:45hrs to 19:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

On the day of the inspection, the atmosphere in the house visited by the inspector was generally calm and sociable. Positive feedback was mostly indicated in completed questionnaires read by the inspector although one did indicate some unhappiness around aspects of the food provided. Residents were seen to be involved in doing household tasks.

This designated centre was made up a main house where four residents lived and two adjoining apartments located to the rear of the house with each apartment providing a home for one resident. As such six residents were living in this centre, all of whom were present for this inspection which had been announced in advance. On the day of the inspection, the main house was visited where all four residents were met. The inspector was informed that the two residents living in the apartments did not want to speak to the inspector nor have him enter their respective apartments. The resident wishes were respected by the inspector but he did very briefly meet one of these residents when they were passing through the main house.

Of the four residents in the main house, some did not communicate verbally or did not engage directly with the inspector while he was present. At one point though one of these residents sat down beside the inspector on a couch and appeared to be interested in his inspector's notebook. Another resident regularly offered to make the inspector a cup of tea and talked about seeing a family member the day following this inspection. This resident also asked both staff and the inspector if he would be back in the centre the next day. The inspector told the resident that he would not. Another resident, with some encouragement from a staff member, indicated that it would be okay for the inspector to come into their bedroom while they were using a tablet device to watch cartoons. The resident seemed very happy at this time.

A high degree of happiness was indicated in completed questionnaires provided to the inspector. As this was an announced inspection, these questionnaires had been sent out to the provider in advance and of the six completed, two were done by residents and the remaining four were done on behalf of residents by relatives, friends or staff. It was seen that the completed questionnaires generally provided positive responses to all areas queried such as visitors, rights and activities. Specific comments made included "overall very happy with the centre" and "every effort has and is being made to ensure a calm, healthy, friendly and happy safe home from home for my son". One questionnaire did appear to make a negative staff comment but the same questionnaire also indicated happiness with staff overall.

The questionnaires also queried respondent happiness around food and mealtimes. While positive responses were mainly recorded in one questionnaire, which was completed by a resident, it was indicated that they were unhappy with the amount of food they got, the temperature of the food and the amount of time that they had

to eat their food. Staff and management expressed surprise at such responses but it was unclear what resident had completed this questionnaire. One staff member spoken with suggested that it was one particular resident but this resident did not interact with the inspector. Another staff member suggested it was a different resident. With the support of staff, the inspector was able to ask this resident some questions with the resident indicating that they liked living in the centre, felt safe and liked the food they got. The inspector also asked if there was anything else the resident wanted to tell or show the inspector and they indicated that there was not.

While in the main house it was seen that meals were prepared there and it was also indicated that some residents helped in preparing meals. Aside from this the inspector was informed that some residents did their own laundry and on the day of inspection some residents were seen doing household tasks like emptying the dishwasher and brushing the floor. The main house was seen to be presented in a clean and homelike manner with new flooring having recently been put down in communal areas. Residents had their own individual bedrooms, two of which were seen by the inspector. There were noted to be nicely presented with space provided to store personal belongings. In one of these bedrooms it was observed though that the floor was noticeably worn while the exterior of the house needed repainting. The inspector was informed that the resident's bedroom floor was to be replaced shortly after the inspection and the provider's maintenance department had recently employed a painter to help with such exterior painting.

Aside from this the atmosphere in the main house was generally calm and sociable while the inspector was present. For example, it was noted that staff and some residents sat together on a garden bench having cake to mark one staff member's last day working in the centre. Staff members on duty were observed and overheard to be pleasant and respectful with residents during the inspection. It was noted though that one resident could, at times, be loud when talking, particularly when more people were in the house. No other resident appeared to react to this and it was indicated that the other residents were used to this. While the inspector was present some residents spent much of their time in the house while others went on outings such as swimming and going to a trip to the beach. It was also indicated that residents ate out, had coffee, did shopping and went to concerts but that there may be some times when some residents might not want to take part in activities.

In summary, while some residents indicated that they did not want to speak with the inspector and some residents did not engage directly with the resident, one resident indicated they liked living in the centre. The questionnaires provided mainly contained positive responses in various areas. Staff members were pleasant and respectful in their interactions with residents.

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.

Capacity and capability

A good level of compliance was found during this inspection. This indicated that appropriate governance arrangements were in place to ensure the centre was appropriately resourced and monitored. Some regulatory actions were identified relating to staffing, maintenance of some specific documentation and notifications.

This designated centre was registered without any restrictive conditions until February 2024. It had last been inspected by the Chief Inspector of Social Services in May 2022 where an overall good level of compliance was found. In July 2023, the provider submitted an application to renew the registration of the centre for a further three years. As part of this application, the provider submitted specific documentation such as the centre's statement of purpose and evidence of insurance. Such documentation was found to be in order. As such the purpose of the current inspection was to inform a registration renewal recommendation and to assess compliance with the regulations in more recent times.

Overall, this inspection found a good level of compliance with the regulations which indicated that there was appropriate governance arrangements provided. Such governance arrangements were evidenced by the monitoring systems in operation and the centre's organisational structure. This structure included the provider's board of directors and the staff working in the centre. In general, it was found that appropriate staffing arrangements were in place to support residents but it was highlighted that there were some staff vacancies and there were times when staffing could be lower. It was indicated though that the required staffing was mostly in place. It was also acknowledged that there were general staffing challenges in the health and social care sector and that the provider was making active efforts to recruit more staff.

Specific documentation, as required by the regulations, for most staff working in the centre was available for review. However, for some agency staff (staff sourced from an agency external to the provider), further assurances were needed that all of the required documents were being maintained. Other documentation reviewed during the inspection indicated that not all notifications had been submitted to the Chief Inspector in the manner required by the regulations. These regulations also require residents to have contracts for the provision of services provided that contain specific information relating to the services to be provided to residents while residing in the centre. A sample of such contracts were reviewed by the inspector and found to be in order.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that an appropriate application to renew the centre had been submitted in a timely manner along with all of the required documentation and

any additional information requested.

Judgment: Compliant

Regulation 15: Staffing

Staffing was generally provided in accordance with the needs of the residents but it was highlighted that there could be occasions, particularly due to short-notice sick leave, where staff levels could be lower. There were also some staff vacancies in the assigned whole-time equivalent staffing complement for the centre although these were filled by relief staff employed by the provider and agency staff. Staff rosters were being maintained in the centre. The inspector reviewed a sample of staff files for staff employed by the provider and noted that they contained all of the required documents such as written references, photo identification and evidence of Garda Síochána (police) vetting. Documentation relating to agency staff working in the centre were also reviewed and is discussed further under Regulation 21 Records.

Judgment: Substantially compliant

Regulation 21: Records

Under this regulation the provider is required to maintain specific documentation relating to all staff working the centre including agency staff. This regulation also requires the provider to make such documentation available to the Chief Inspector for review. In advance of this inspection, the inspector specifically requested that the required documentation for all staff be made available for review during the inspection. While most of the required documentation was available, sufficient assurances were not provided that some documentation relating to agency staff, such as full employment histories and evidence of these agency staff's identification, were being maintained. However, evidence of completed training, Garda vetting and written references were in place and available for the inspector to review.

Judgment: Substantially compliant

Regulation 22: Insurance

Appropriate insurance had been put in place by the provider for this centre.

Judgment: Compliant

Regulation 23: Governance and management

Taking into account the overall findings of the inspection, the centre was appropriately resourced while monitoring systems in operation ensured that the centre was suited to residents' needs. These monitoring systems included audits in areas such as safeguarding and medicines. An annual review had been completed for 2022 which assessed the centre against relevant national standards and provided for consultation with residents and their representatives. Since the previous inspection by the Chief Inspector in May 2022, three six monthly unannounced visits to the centre had been carried out by representatives of the provider. These visits were reflected in written reports which were available for the inspector to review with all three including action plans for responding to any issues identified. There was a clearly defined organisational structure in place which provided for lines of accountability and reporting from staff working in the centre to the provider's board of directors.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Since the May 2022 inspection there had been no new admission to the centre. Residents had contracts for the provisions in place, a sample of which were reviewed by the inspector. These were found to include information on the support and services to be provided to residents in this centre. The sample of contracts reviewed were indicated to as being agreed to by residents or their representatives. These contracts also included details of the fees that residents were to pay.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that had been recently reviewed and contained all of the required information. This included the information in the centre's certificate of registration, the arrangements for dealing with complaints, the arrangements for residents to attend religious services and details of the centre's organisational structure.

Judgment: Compliant

Regulation 31: Notification of incidents

Two instances where there had been an activation of the fire alarm which resulted in an unplanned evacuation had been notified via a quarterly notification rather than three day notifications to the Chief Inspector as required.

Judgment: Not compliant

Quality and safety

Residents were found to be appropriately supported overall. Some regulatory actions were identified though relating to fire safety and restrictive practices.

The residents living in this centre had particular support and care with these needs set out in the residents' individualised personal plans. Such plans are required by the regulations and are important in providing guidance for staff in supporting the needs of residents. A sample of residents' personal plans were reviewed by the inspector and were found to have been recently reviewed while providing clear guidance. Amongst the guidance contained within these plans was information around supporting residents to engage in positive behaviour. Staff members spoken with demonstrated a good knowledge about this with relevant training having been provided in this area.

In general the staff met and observed during this inspection appeared to have a good familiarity with residents' needs and how to support these. It was noted though that some staff spoken with indicated that no resident would refuse to evacuate the centre in the event of a fire. Despite this, fire drills records reviewed indicated that one resident had refused to evacuate the centre in some fire drills in 2023. No reference to this was made in the resident's personal emergency evacuation plan (PEEP). It was noted though that fire safety systems were provided for while the resident in question had evacuated the centre in some recent drills completed based on records reviewed.

The inspector also reviewed records relating to some restrictive practices in use and noted that a clear process was in place when considering and reviewing the use of such practices. Residents were also consulted around these practices but it was observed during the inspection that one particular restriction was sometimes being used in a manner that it was not approved for. Processes were also in place relating to safeguarding and there was evidence that such processes were followed for safeguarding notifications received from this centre since May 2023. The provider's designated officer (person who reviews safeguarding concerns) was also consulted where further advice was needed regarding other instances.

Regulation 10: Communication

Not all residents living in this centre communicated verbally and during the course of this inspection, a staff member was seen encouraging such a resident to write while also using pictures and hand gestures to communicate with the resident in keeping with their needs. Internet access and televisions were present in the centre.

Judgment: Compliant

Regulation 11: Visits

Two residents lived in individual apartments and so were able to receive visitors in private there. Sufficient space was also available in the main house for residents to receive visitors privately. Staff spoken with indicated that residents did receive visitors to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with sufficient facilities to store their personal belongings. Some residents also did their own laundry. Supports to residents was provided in managing their finances but to access most residents' money, that held in their own bank accounts, would require a form to be filled out and approved centrally by the provider. While staff sought to involve residents in this process, it was indicated that this process could take days which could delay residents' access to their own money. It was also indicated that there could be times during the year where the provider would not be able to approve requests for residents' money due to holidays. Pre-planning was indicated as being used to minimise the impact of this. Another resident's money was indicated as being controlled by a family member and it was unclear if the resident had their own bank account. As such it was unclear if the resident had sufficient access to and control over their own finances. Some cash money relating to all residents was kept in the centre but it was noted that in July 2023 €50 belonging to one resident had gone missing. Efforts were made to locate this money but they were unsuccessful and it was unknown how the money went missing. Following this the provider reviewed the process around the storage and security of residents' cash money in this centre and had reimbursed the resident. In addition, on the day of inspection it was seen that appropriate measures were in place to safeguarding residents' cash money that was kept in the centre.

Judgment: Compliant

Regulation 17: Premises

The two apartments that made up this centre were not visited by the inspector at the request of the residents living there. It was seen though that the outside of these apartments were nicely presented. The exterior of the main house continued to need some painting as was highlighted during the May 2022 inspection of this centre. The inside of the house was generally presented in a homely manner with some new flooring having been recently put down in some areas. One resident's bedroom floor was seen to be worn. The main house was seen to be clean on the day of inspection.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information including how to access inspection reports, a summary of the services provided and the arrangements for visiting.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy while systems were in place to record and review incidents. Risk assessments were in place for individual residents with a sample of these reviewed by the inspector. Such risk assessments described risks and outlined control measures to reduce the potential for a risk to occur. While the risk assessments reviewed by the inspector had been recently reviewed it was noted that two risk assessments for one resident did not reference the use of a particular restrictive practice as a control despite the use of this practice being approved for use in response to these risks. A risk assessment was not in place for a resident who had refused to evacuate in some fire drills in 2023.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Records provided indicated that staff had completed fire safety training. Fire safety systems in the main house included a fire alarm, emergency lighting, fire extinguishers, a fire blanket and fire containment measures. Such systems were subject to regular maintenance checks by external contractors to ensure that they were in proper working order. Internal checks on the fire safety systems by staff were also being conducted. Residents had PEEPs that had been recently reviewed and that were intended to outline the supports residents needed to evacuate. Fire drills were carried out regularly in the centre, some of which reflected times when staffing would be at its lowest, with low evacuation times recorded. When reviewing these drill records though it was noted that one resident had refused to evacuate in some drills in 2023. Despite this staff spoken with indicated that no resident in the centre would refuse to evacuate while the resident's PEEP made no reference to this.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Processes were in place for residents' needs to be assessed regularly. Where needs were identified a corresponding support plan was put in place which were contained within residents' overall personal plans. The inspector reviewed a sample of such personal plans and found them to have been recently reviewed while also providing clear guidance for supporting residents' assessed needs. Residents' personal plans were subject to multidisciplinary review while also being available in an accessible format. A person-centred planning process was being followed to identify goals for residents to achieve. Based on the overall findings of this inspection appropriate arrangements were provided to meet the assessed needs of residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Guidance was available in residents' personal plans on how to promote positive behaviour from residents. This was very relevant given the needs of residents living in this centre and staff spoken with demonstrated a good knowledge of such plans. Staff had completed relevant training in de-escalation and intervention. Some restrictive practices were in use in the centre such as the use of keypads, a locked chemical press and, at times, a locked staff office. A clear process was in place and being used for such restrictions to be considered, approved and reviewed with this process having multidisciplinary input. However, it was noted that in accordance with this process, the staff office door in the main house was only approved to be locked when no staff were present in the office. On two occasions during this

inspection it was seen that this office was locked when staff were present in this office. As residents were seen to occasionally enter this office at other times when staff were present, the locking of the staff office door in this manner did restrict residents' access to their environment. For another restriction documentation reviewed suggested that this had been put in place for a resident at the request of their representatives. This restriction had been reviewed and been recently approved for use based on risks related to falls and epilepsy. However, as referenced under Regulation 26 Risk management procedures, relevant risk assessments did not list the use of this restriction as being a control measures. As such it was unclear if this restriction was actually required. The inspector was informed though that the resident wanted this restriction for re-assurance while a document in the resident's personal plan indicated that the resident had consented to its use.

Judgment: Substantially compliant

Regulation 8: Protection

A recent audit on safeguarding by the provider's designated officer indicated that staff had a good knowledge around safeguarding. Staff spoken with during this inspection also demonstrated a good knowledge in this area and outlined how they would respond to any safeguarding concerns if they arose. Records provided indicated that staff had undergone safeguarding training. Information about the designated officer was on display in the centre. Documentation provided indicated appropriate safeguarding processes had been followed for any safeguarding incidents notified to the Chief Inspector since the May 2023 inspection with safeguarding plans also put in place. The provider's designated officer was also consulted where further advice was needed regarding other instances.

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 15: Staffing	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Morenane House OSV-0001819

Inspection ID: MON-0031919

Date of inspection: 31/08/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider wishes to assure the Chief Inspector that there is an on-going recruitment programme in situ to address current staff vacancies. To ensure residents care needs are met relief and regular agency staff are utilised. Furthermore on occasion where staff levels are low, the Person in Charge (supernumerary) steps in as required.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The provider wishes to assure the Chief Inspector that it will seek written assurance from each of the agencies who provide staff that the required documentation as outlined in schedule 2 of the regulations is available, verified and maintained by them. This written assurance will be kept on file with the profile of the agency staff.</p> <p>This will be completed by November 1st 2023.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

<p>The Person in Charge will ensure going forward that all evacuations from the residence will be reported as required. This will be implemented with immediate effect.</p>	
<p>Regulation 17: Premises</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Provider wishes to assure the Chief Inspector that the exterior painting will be completed by May 31st 2024. (due to weather conditions being unsuitable during winter period)</p> <p>The Provider can confirm that the floor in one of the resident's room as highlighted during inspection has since been replaced.</p>	
<p>Regulation 26: Risk management procedures</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Provider can confirm that the 2 risk assessments as identified during the inspection have since been reviewed and updated to reflect current practice.</p> <p>As outlined below under response to regulation 7, the provider can confirm that the audio monitor is no longer in use as a restrictive practice. Furthermore, the Person in Charge has completed a risk assessment for the resident who had refused to evacuate during fire drills.</p>	
<p>Regulation 28: Fire precautions</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Provider can confirm that the Resident's PEEP has since been updated by the Person in Charge. Also as outlined under regulation 26 above, a risk assessment for the resident who refused to evacuate has been completed. The Person in Charge has informed staff of the updated PEEP.</p>	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Provider can confirm that the Person in Charge scheduled a restrictive practice meeting which was held on September 20th to address the issue of the office door and the use of audio monitor for one of the residents. Following the outcome of this meeting the Provider can confirm that the restrictive practice committee decided that the office door will going forward remain locked at all times to reduce the risk of any potential GDPR breaches.</p> <p>The committee also agreed to discontinue as a restrictive practice the use of the audio monitor on the basis that the resident in question can and does choose to have it either turned on or off independently. The Provider can also confirm that the resident was consulted about the monitor and clearly stated that they wanted to keep it.</p>	

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	12/02/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/05/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Substantially Compliant	Yellow	20/09/2023

	suitably decorated.			
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	01/11/2023
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	20/09/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	20/09/2023
Regulation 31(1)(c)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any fire,	Not Compliant	Orange	01/09/2023

	any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	20/09/2023