



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

## Issued by the Chief Inspector

Name of designated centre:	St Martins House CGH
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	09 April 2024
Centre ID:	OSV-0002508
Fieldwork ID:	MON-0043121

## About the designated centre

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

St Martins House CGH provides residential care and support to four adults with disabilities. The centre comprises a three bedroom detached bungalow in Co. Donegal and is in close proximity to a small town. The service has transport for access to community-based activities and amenities. Two residents have single occupancy bedrooms while the third bedroom accommodates two residents. Communal facilities include a kitchen-dining room, a small sitting room, a utility facility, shared bathroom facilities, an office and staff bathroom. The centre also has a large private parking area to the front and a private garden area to the rear of the property. The service is staffed on a 24/7 basis and the staff team includes a person in charge, a team of staff nurses and healthcare assistants. A waking night-time arrangement is in place.

**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
Tuesday 9 April 2024	12:00hrs to 00:00hrs	Úna McDermott	Lead

## What residents told us and what inspectors observed

This was an unannounced risk inspection which was carried out to assess the provider's compliance with the Health Act (2007) and the Care and Support Regulations (2013).

The inspector found that the governance and management arrangements in place in St Martin's House Community Group Home were not effective in ensuring this service was safe or suitable to the assessed needs of the residents. The inspector found significant concerns relating to the premises provided, the fire safety arrangements in place, risk management, the safeguarding and protection of residents, the management of behaviours of concern, residents' rights and meeting their healthcare needs.

This centre was a small bungalow located in a rural seaside town. Three people lived in this centre full-time. The fourth resident used the service three nights per fortnight over weekend periods as part of a shared-care arrangement. In 2016, it was recognised that this centre was not suitable for the needs of the residents living there and the provider was required to take action relating to the concerns identified. In 2022, the provider submitted a registration notification with the intention to cease the provision of the service at this location by May 2023 as they had identified an alternative house for the residents. Since then, the provider renovated the new house and registered it as a designated centre. It was agreed as suitable to meet the assessed needs of the residents and is ready for the residents to move into. The new house is located in a larger town nearby which is familiar to most of the residents as their day service is located there. However, despite being first identified in 2016, and despite the actions taken in the interim, the residents continued to live in St Martin's House and no specific date to move to the new premises was provided. The delay in the transition to the new house clearly impacted on the residents as they continued to live in unsuitable living accommodation. In addition, a number of monitoring notifications relating to safeguarding concerns were completed by the provider. This related to a resident that was reported to feel upset as they were woken from their sleep by their peer with whom they shared a bedroom.

On arrival, the inspector met with the person in charge, an acting clinical nurse manager, a staff nurse, a healthcare assistant and a nursing student. The registered provider representative visited later that evening. Two residents had left the centre to attend their day service in the larger town nearby. Another shared-care resident was residing at home that day. This meant that there was one resident at the centre. Staff told the inspector that they did not attend a day service. A reason for this was not provided. They were sitting in their wheelchair in the sitting room watching music on the television which they were reported to enjoy. This resident had complex needs and therefore they did not hold a conversation with the inspector. Later, they left the centre as it was a nice day and staff told the inspector that they liked going for drives and for walks. On return, they were taken to their

bedroom so that they could rest. Although the room was bright, and cosy bedding was provided, the space was limited. The resident's wheelchair was reversed through the doorway into their room as there was no space in the room to turn their wheelchair. The inspector could see that there was a shower provided beside the resident's bed in the past. The plug hole, wall tiles and tap fixtures remained and the residents chair was positioned over the plug hole in order to complete a tracking hoist transfer from their wheelchair to their bed. The inspector found that despite the issues with space, the staff completed the procedure in a kind and respectful manner.

A short time later, a second resident returned from their day service. Staff told the inspector that this resident did not communicate verbally and was sensitive to noise and sudden movements. The staff were noted to be familiar with what the resident enjoyed. They were observed laughing and joking with them in a jovial manner. This appeared to put the resident at ease.

This resident shared their bedroom as part of the shared-care arrangement outlined above. Two large adapted beds were provided in this room. The staff were observed moving the resident's bed to one side in order to fit their wheelchair into their room. The resident was facing inwards towards the wall. Therefore, the hoisting technique used meant that the resident was rotated to face forward while in the tracking hoist over the bed. In addition, the inspector found that the arrangements that were in place to protect resident's privacy were not effective. There was a light plastic curtain on an extending arm which was attached to the wall. It did not extend fully and did not cover all of the area around the bed. In addition, closure was blocked by a storage unit. This meant that residents did not have adequate privacy from each other when sharing this twin room. As outlined previously in this report, there were safeguarding issues relating to one resident's ability to sleep at times when they were required to share their room.

The inspector found a combined toilet and shower room which was located off this bedroom. This was closed using a sliding door as there was no room for a typical door to open inwards or outwards. The inspector found that it was not accessible for residents and did not provide sufficient space for safe movement, transfer and comfort during showering and bathing. This toilet/shower room was used by all residents living in the designated centre. This meant that the resident that used a wheelchair and had a single occupancy room, was required to pass through the room of others in order to shower. Another resident, who could walk independently, was required to enter the toilet through a second sliding door from the corridor. On the day of inspection, the inspector found, that in addition to providing a toilet for a resident and a shower space for others, it was used as a storage area for two laundry baskets, hoist slings and wet floor signage.

In general, the inspector found significant concerns in relation to access for the residents using wheelchairs in this designated centre. The kitchen, dining room, utility room and back door were not freely accessible. In addition, due to lack of storage space, residents' wheelchairs were parked beside their beds at times. As described, furniture needed to be moved in order to enter and exit a bedroom and the kitchen. This meant that if residents required emergency evacuation from the

premises, this would prove difficult and only possible via the front door. This will be expanded on under regulation 28 below.

Later, the third resident returned home. This resident was observed moving from room to room independently. However, throughout the time of the inspection, they were shouting loudly, scolding, cursing, singing and slamming doors to express their feelings. The inspector found that there was a significant increase in environmental noise levels which were intense. A home cooked hot meal was prepared and the resident was observed enjoying their food in the kitchen. However, they were sitting at a separate small counter away from the dining room table. Staff told the inspector that this was their preference and that they did not like to have others in the kitchen.

From conversations held with staff and observations made, it was clear that resident living at this centre had a range of complex high-support needs. These included support with moving and handling, personal care, the provision of a quiet living space for some residents and the support with significant behaviours of concern for another. The inspector found that there were significant compatibility concerns in this centre which impacted on the other resident's quiet enjoyment of their home. This was further compounded by busy nature of the service, the requirement for a high number of staff to be present and the lack of space provided.

While staff spoke of residents' rights being protected in the centre it was difficult to see the voice of the resident in the daily operation of the centre and with regard to decisions made. The move to the new premises was continuously delayed. Staff spoken with at the centre said that they were worried about the move and the impact it may have on the residents. When explored, they were unable to provide evidence of the accuracy of this view. On the other hand, speech and language therapy strategies to support residents to understand situations, cope with change and to express their voice were not implemented by staff. This meant that although staff said that they were advocating for the residents, they did not demonstrate how they had established the residents' will and preference in light of the fact that recommendations of a speech and language therapist were not actioned. In addition, they had not assessed the potential for significant improvement in the resident's quality of life should they move to their new house given the living conditions in which they currently resided.

The significant concerns outlined above will be expanded on throughout this report. Primarily, the governance and management arrangements at the centre did not ensure that the premises provided met with the needs of the residents and there were serious concerns in relation to fire safety. In addition, the inspector was not assured that risks were managed effectively, that residents were safeguarded from abuse, that behaviour support arrangements were working, that residents' rights were promoted and that their healthcare needs were met. Furthermore, from observations made, from a review of the documentation, discussions with provider representatives and discussions with the staff team it was clear that there was a defined operational culture in the service. This was based on concerns in relation to the move to the new house. Although these concerns were presented in a well meaning way, they lacked supporting evidence. Therefore, the operational culture at

the time of inspection impacted on the progression of the provider's plan and this required urgent review.

The next two sections of this report present these findings and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in

## Capacity and capability

As outlined, the inspector found that the governance and management arrangements in place in St Martin's House Community Group Home were not effective in ensuring this service was safe or suitable to the assessed needs of the residents. In addition, significant improvement was required in relation to the premises provided, the fire safety arrangements in place, risk management, the safeguarding and protection of residents, the management of behaviours of concern, residents' rights and their healthcare needs.

The provider was aware of the issues arising at this centre and had taken action to address the concerns identified as outlined above. However, nearly eight years had passed since this was first identified and the matters remained unresolved. This had a significant impact on the day-to-day lived experiences of residents at this centre.

Although there was a defined management structure in place in the centre, this had changed recently, as the person appointed to the role of person in charge was on leave. The assistant director of nursing stepped into the role on 01/03/24. An acting clinical nurse manager 2 (CNMII) was recruited recently and they supported the governance role.

The staff team consisted of staff nurses and healthcare assistants who had specific roles and levels of accountability. However, the inspector found that they governance arrangements were not effective. There was a lack of adequate oversight of the quality and safety of the service provided and lack of oversight of the systems and processes in place to underpin the provision of the service. These matters will be expanded on under the regulations below.

The next section of this report will describe the care and support that people receive and if it was of good quality and ensured that people were safe.

## Regulation 23: Governance and management

The inspector was not assured that the governance and management arrangements were effective at the time of inspection. This related to lack of effective oversight of the quality and safety of the service provided and oversight of the systems and



processes in place to underpin the provision of the service. For example,

- The oversight of information held at the centre required review to ensure that all information was up to date, reviewed regularly and that clear guidance on recommendations made were available to staff.
- There were concerns in relation to the systems in place to support residents with their multi-disciplinary healthcare needs and the implementation of recommendations made.
- There were concerns in relation to the effectiveness of the positive behaviours support arrangements in place.
- There were concerns in relation to the effectiveness safeguarding and protection arrangements used
- There were concerns in relation to the promotion of a rights based approach at this centre
- There were ongoing concerns in relation to the premises provided which were yet to be addressed despite the availability of alternative accommodation. Evidence provided showed that the move to the new house was supported by the professionals working with the residents. For example; an audit completed by the infection prevention and control (IPC) team on 26/10/2022 advised that the size and layout of the property was unsuitable and a move to the new house was required without delay.
- There were concerns in relation to risk management systems used
- There were concerns in relation to the lack of fire safety management systems and the arrangements for the safe evacuation of the centre

Judgment: Not compliant

## Quality and safety

The residents living at this centre had high-support needs and some required support with complex behaviours of concern. This meant that robust systems and arrangements were required in order to ensure that the residents were provided with a good quality service that was in line with their assessed needs and that kept them safe. The inspector was not assured that this was the case and this will be expanded on in this section of the report and in the regulations below.

The inspector found that some arrangements were in place in order to provide for residents healthcare needs. These included access to a general practitioner (GP), the support of allied health professionals such as social work, psychology and speech and language therapy and access to a consultant psychiatrist. However, while supports were provided not all requests and recommendations made by these professionals were acknowledged, supported and actioned by the staff team.

The inspector was not assured that systems in place to support residents with behaviours of concern were effective. The resident had access to a behaviour

support specialist and had a comprehensive positive behaviour support plan which was reviewed recently. In addition, staff told the inspector that an appointment with a consultant psychiatrist took place in December 2023. However, no report from this visit was available and it was clear that the behaviours support arrangements in place were not working as they continued to engaged in significant behaviours of concern. Their behaviours were compounded by their restricted living environment and impacted on the day-to-day lived experience of their peers. Furthermore, the lack of application of the speech and language recommendations meant that a person-centred and collaboration approach was not in place.

The inspector was not assured that residents were adequately protected from abuse. There were compatibility issues in this centre, however, they were not assessed. Although some responsive measures were in place they were not effective. Residents continued to share sleeping accommodation and there were ongoing risks related to disturbed sleep and the impact of this on the resident concerned. In addition, the documentation to guide staff on the resident's file was out of date. The updated documentation provided acknowledge the move to the new house as a solution. However, as outlined, this was yet to occur.

The inspector was not assured that residents' right to privacy and dignity was respected in relation to their personal living space, their personal communication arrangements, their interpersonal relationships with each other and their personal and intimate care arrangements. Evidence of their participation and consent to decisions about their care and support was not provided. Although residents were referred to the national advocacy service they did not have an independent advocate at the time of inspection.

The provider had some systems in place for the assessment and management of risk including risk management policies, a service level risk register and individual risk assessments. However, the inspector was not assured that that there was adequate oversight of the centre level systems in place. Not all risks were identified, assessed or had control measures in place. Those that were identified were not always completed in full, correctly risk rated, assigned action owners or regularly updated.

The provider had some arrangements in place to detect, contain and extinguish fires. However, a clear evacuation pathway throughout the building was not provided for the residents that used wheelchairs. For example, a resident's bed had to be moved in order for a safe evacuation to occur and the details of this step were not included on the person emergency evacuation plan (PEEP). In addition, due to lack of storage facilities wheelchairs were stored beside resident's beds. Although audits and checks were completed, they did not identify the damage to an intumescent strip on a fire door which could impact on its effectiveness.

In summary, the residents at this designated centre had a diverse range of high-support needs and were living in a premise that was unsafe and unsuitable for their assessed needs. Although the provider was aware of this, and had identified a new property, they failed to complete the move to the new property at the time of inspection. Until that time, the provider had a regulatory responsibility to provide a

good quality and safe service for the residents in a suitable premises.

## Regulation 17: Premises

The inspector found that the premises provided was not suitable to the assessed needs of the residents living there. The Chief Inspector first engaged with the provider in relation to suitability of the premises in 2016. In 2023, the provider informed the Authority that, in order to address the concerns in relation to the suitability of the premises, they had renovated a designated centre in a neighbouring town. Although this premises was agreed as more suitable to the residents needs, the residents were yet to move in and there were ongoing delays in relation to the plan to achieve this. Concerns in relation to the current premises included;

- A resident with a single occupancy bedroom had the remains of a showering space beside their bed including plug hole, wall tiles and tap fixtures.
- Two residents were required to share a bedroom which had insufficient space for safe movement, transfer and comfort. Adequate storage for clothing and personal possessions was not provided.
- All residents were provided with a shared toilet and shower room which was not accessible as it was structurally limited and had equipment stored there. One resident was required to access this by going through the bedroom of others.
- The internal corridor was narrow and damage observed was reported to be caused by resident's wheelchairs. The skirting boards and some architrave's were chipped and coming away from the wall. The paint was flaking in places. The doors had visible scuff marks and plastic protection sheets were fitted to the bottom of the doors. A vertical steel protection strip was fitted to a corner wall at the entrance.
- The kitchen was not accessible for residents with wheelchairs unless furniture was moved to one side. The units were damaged and access to the oven and a cupboard was blocked by a bin.
- The utility room was not accessible for residents with wheelchairs and they could not exit the property though the back door.
- Sufficient storage areas for wheelchair and other mobility appliances was not provided.
- The gazebo was reported as condemned due to water damage to the floor which was breaking away in parts.
- The paintwork on the outside of the property was flaking from the walls.

Judgment: Not compliant

## Regulation 26: Risk management procedures

There provider did not ensure that the systems in place for the assessment, management and ongoing review of risk were effective. For example;

- Escalated risks in relation to the premises provided were not addressed at the time of inspection
- Not all areas of risk were identified by the provider as such and not risk assessed. For example, a resident that was reported to eat quickly and that required reminding to slow down did not have an associated risk assessment in place and were observed to be eating alone as they were reported not to like having others in the kitchen.
- Not all individual risk assessment were completed in full, adequately rated or regularly updated.
- Where associated care plans were in place for high risk situations, they were incomplete, with no recommendations and no actions documented. For example, a care plan in relation to moving and handling risks in the limited space provided.

Judgment: Not compliant

## Regulation 28: Fire precautions

The inspector was not assured that the fire safety arrangements in place met with the assessed needs of the residents, the layout of the centre and were effective. For example;

- Due to lack of space, a clear evacuation pathway for residents using wheelchairs was not provided through all areas of the house. Residents that used wheelchairs did not have access to their bedroom, kitchen, utility room and backdoor without furniture being moved aside.
- Due to the lack of storage space, residents had wheelchairs stored beside their beds at times
- As outlined, in order to exit a bedroom for some residents, the bed needed to be moved to one side. This was documented on the residents personal emergency evacuation plan (PEEP). However, the process was not clear as it did not specify which resident should evacuate first.
- Although fire drills were taking place, they did not specify which exit was used. Staff spoken with confirmed that the exit pathway used was through the front door and evacuations were not completed using the back door due to lack of access.
- Although audits and checks were taking place they did not identify the damage to an intumescent strip on a fire door which made impact on its effectiveness.

Judgment: Not compliant

## Regulation 6: Health care

The provider failed to ensure that appropriate healthcare was provided for each resident in accordance with their personal plan. While concerted efforts were made by the provider, they were not effective. For example;

- Not all health and wellbeing plans were implemented into practice. A review of two speech and language therapy assessments found that specific recommendations to support non-verbal residents were not actioned. Staff spoken with told the inspector that there was no plan in place for this to happen
- A review of communications between senior members of the psychology and social work team and the senior lead of disability services found that the allied health professionals were not in a position to progress their work with residents without collaborative working in order to ensure a successful transition.
- Where access to consultant-led care was provided, staff informed the inspector that a consultant psychiatrist requested a review with a resident one month after their transition to their new house. As this had not occurred, the review was postponed and there was no evident of an alternative review arrangement provided.

Judgment: Not compliant

## Regulation 7: Positive behavioural support

The inspector was not assured that systems in place to support residents with behaviours of concern were effective. A resident was observed shouting, cursing, scolding loudly and slamming doors which was reported as their typical presentation. For example;

- the resident had access to a behaviour support specialist and had a comprehensive positive behaviour support plan which was reviewed on 11/02/2024. This documented environmental concerns that may trigger reactive behaviours as described. However, the resident was yet to move to their new house.
- the resident's speech and language therapist (SALT) provided guidelines on the use of visual tools. This would avert behavioural issues as the resident would be assisted to communicate their understanding of situations and express their feelings. These support strategies were not in use and the additional support of the SALT as offered was not sought.
- the information provided to guide staff with positive behaviour support was not clear. The resident had a nursing support plan which did not link with the

guidelines on their positive behaviour support plan.

Judgment: Not compliant

### Regulation 8: Protection

The inspector was not assured that residents were adequately protected from abuse. Although some responsive measures were in place they were not effective. For example;

- the provider was aware of compatibility concerns between residents, however, compatibility assessment relating to the current concerns were not completed
- a resident who was reported to be hypersensitive to noise and environmental stimuli was subject to ongoing safeguarding risks at night-time as they shared a bedroom as described. This impacted on the resident as they were reported to be upset at times when they were woken from their sleep.
- the safeguarding guidance for staff on a resident's file was out of date.
- the updated guidance provided showed that the concern was closed by the safeguarding and protection team based on a concrete plan to move to a new house with their own bedrooms by 29/02/2024. This had not occurred and the safeguarding and protection team were not aware of this

Judgment: Not compliant

### Regulation 9: Residents' rights

The inspector was not assured that residents' right to privacy and dignity was respected in relation to their personal living space, their personal communication arrangements, their interpersonal relationships with each other and their personal and intimate care arrangements. Evidence of their participation and consent to decisions about their care and support was not provided. For example;

- Two residents with high-support needs shared a room as outlined. A light curtain provided did not provide adequate privacy or dignity as it could not be closed fully due to the space limitations in the bedroom. In addition, the inspector observed that a resident did not have adequate space for moving and handling tasks to be completed respectfully.
- Three residents did not have adequate access to their shower room and due to space limitations they did not have access to the kitchen, utility room or the back door.
- Due to compatibility issues in the centre, residents did not quiet enjoyment of their home when their peer was present.

- Although referrals to advocacy were completed, residents did not have the support of an advocate at the time of inspection and at a time when it could assist with decisions in relation to the transition to the new centre

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for St Martins House CGH OSV-0002508

Inspection ID: MON-0043121

Date of inspection: 09/04/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• A property has been identified in a nearby location for the resident to relocate to whilst a new accommodation is being built within their current locality. Date for Completion: 06-06-2024</li> <li>• There are current safeguarding plans and risk assessments in place mitigating the issues identified in relation to risk management and safeguarding which had been identified by the service. These will continue to be reviewed and monitored until the relocation of residents to new accommodation.</li> <li>• A review has been completed on 2 of the 4 residents care plans. A review has commenced on the other 2 care plans Date for Completion: 17-05-2024</li> <li>• All recommendations from the Speech and language Therapist have been implemented to support the residents in their transition. These have been read and signed by all staff. Date Completed: 29-04-2024</li> <li>• The Clinical Nurse Specialist in Positive Behaviour Support has commenced a review on Positive Behaviour Support Plans with the review to be completed by 06/06/24. Date for Completion:06/06/24</li> <li>• A review has been completed of all Safeguarding Plans and these have been updated. Date Completed: 08-05-2024</li> <li>• All staff have completed Human Rights training Modules and all will be requested to complete these again. Date for Completion: 31-07-2024</li> <li>• A review has commenced of all residents individual risks. Date Completed:08-05-2024</li> <li>• A review has commenced on all centres risks. Date Completed: 08-05-2024</li> <li>• Personal Emergency Evacuation Plans have reviewed and updated to include step by step information on how to safely evacuate residents. Date Completed: 17-04-2024</li> </ul>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• A property has been identified in a nearby location for the resident to relocate to whilst a new accommodation is being built within their current locality. Date for Completion: 06-06-2024</li> <li>• There are current safeguarding plans and risk assessments in place mitigating the issues identified in relation to risk management and safeguarding which had been identified by the service. These will continue to be reviewed and monitored until the relocation of residents to new accommodation.</li> <li>• The provider will not be completing any further remedial work as the residents will be moving to their new location on or before the 06/06/2024. Date for Completion 06-06-2024</li> </ul>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• A review of individual risks for each resident has commenced which includes the risks associated with eating quickly. Date Completed : 08-05-2024</li> <li>• A review has commenced on all centres risks. Date Completed: 08-05-2024</li> <li>• The care plan in relation to Manual Handling risk has been reviewed and updated. Date Completed: 24-04-2024</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Personal Emergency Evacuation Plans have been reviewed and updated to include step by step information on how to safely evacuate residents. Date Completed 26-04-2024</li> <li>• The fire drill documentation has been discussed with staff to ensure that the exit used is identified and documented as part of the practice evacuation. Date Completed 29-04-2024</li> <li>• A review has been completed on the audits to ensure effectiveness Date Completed 08-05-2024</li> <li>• The Annual Health and Safety Audit will be completed. Date for Completion 20-05-2024</li> </ul>	

Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• A schedule of meetings has been developed to support the resident's transition to the new house. The first meeting took place on the 29-04-2024.</li> <li>• The transition meetings are attended by the Multi-Disciplinary Team including all allied professionals involved with the residents</li> <li>• A review has been completed on 2 of the 4 residents care plans and the review has commenced on the other 2 care plans Date for Completion: 17-05-2024</li> <li>• A review has commenced of residents individual risks. Date Completed: 08-05-24</li> <li>• All recommendations from the Speech and language Therapist have been implemented to support the residents in their transition. These have been read and signed by all staff. Date Completed: 29-04-2024</li> </ul>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• A review has been completed of the care plan to ensure that the relevant reports including Positive Behaviour Support are linked to the care plan. Date Completed 03-05-2024</li> <li>• The Clinical Nurse Specialist in Positive Behaviour Support has commenced a review on each residents Positive Behaviour Support Plans.</li> <li>• A review has been completed on 2 of the 4 care plans and the review has commenced on the other 2 care plans Date for Completion: 31-05-2024</li> <li>• A review has commenced of residents individual risks. Date for Completion: 31-05-2024</li> </ul>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• It is anticipated that the current safeguarding concerns will be mitigated when residents relocate to their new house. Date for Completion: 06-06-2024</li> <li>• A review has been completed of all Safeguarding Plans and have been updated. Date</li> </ul>	

Completed: 08-05-2024

- Safeguarding is reviewed on an ongoing basis and also at the quarterly safeguarding meetings which are attended by the Safeguarding Protection Team. The current safeguarding plans are discussed including the delay in relocating to the new house.

Date Completed: 19-02-2024

- Safeguarding Protection Team are invited to attend the MDT meetings to support the residents in the move. Date Completed 08-05-2024

- A review of compatibility will be carried out by MDT following residents relocation to their new house. Date for Completion 31-08-2024

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Pending resident's relocation to their new home staff will ensure privacy and dignity as much as possible to the residents in the shared bedroom as per support and safeguarding plan in place.

- Each resident will have their own bedroom with ensuite in the new house which will provide privacy and dignity to all residents. Date for Completion 06-06-2024

- A review of compatibility will be carried out by Multi-Disciplinary Team following relocation to their new house. Date for Completion 31-08-2024

- It is anticipated that the current safeguarding concerns will be mitigated when resident relocate to their new house.

- Safeguarding is reviewed on an ongoing basis and also at the quarterly safeguarding meetings which are attended by the Safeguarding Protection Team. The current safeguarding plans are discussed including the delay in the move to the new house. Date Completed: 19-02-2024

- All staff have completed Human Rights training Modules and all will be requested to complete these again. Date for Completion: 31-07-2024

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	06/06/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	06/06/2024
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.	Not Compliant	Orange	31/07/2024
Regulation 26(2)	The registered	Not Compliant	Orange	08/05/2024

	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.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	20/05/2024
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.	Not Compliant	Orange	20/05/2024
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	17/05/2024
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is	Not Compliant	Orange	17/05/2024

	provided by the registered provider or by arrangement with the Executive.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	31/05/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/08/2024
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	31/08/2024