Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rivergrove
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	12 July 2023
Centre ID:	OSV-0003010
Fieldwork ID:	MON-0031920

About the designated centre

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

Rivergrove is a large four bedroom, two storey detached house located in a village in Co Louth. There is a large garden to the back of the property. The centre is within walking distance of all community amenities and two vehicles are available for residents to travel to other towns and areas. The centre supports four male adults, some of whom have mental health issues and require supports with positive behaviour support. All of the residents are supported by staff in the centre to have meaningful activities during the day. Residents have access to a range of allied health professionals and medical practitioners. The person in charge is suitably qualified and is supported in their role by a house manager. Both of whom have responsibilities for other centres. The skill mix in the centre includes social care workers, nurses and health care assistants. Three staff are on duty during the day and two staff are on duty at night time in order to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 July 2023	09:30hrs to 18:20hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found that while the residents living in the centre had a good quality of life and were supported to lead active lives, the oversight of risk, premises issues and fire safety did not provide assurances that the centre was safe for the residents at the time of this inspection. This resulted in a number of regulations including, fire safety, risk management, governance and management and premises requiring significant improvements.

This inspection was announced and was carried out to inform a registration renewal decision for this designated centre. Actions from an inspection conducted in the centre in April 2022 were also followed up, where it had been identified that significant improvements were required.

On arrival to the centre, a staff member went through some precautions around infection prevention and control (IPC) with the inspector. The inspector met the four residents living in the centre. Some of them were enjoying a lie on when the inspector arrived and staff were supporting other residents with their personal care and their breakfast. The staff were observed to treat the residents with dignity and respect at all times and the residents were observed to be happy in the presence of staff.

The inspector also spoke to staff, the person in charge and the interim regional manager, who visited the centre on the day of the inspection to discuss some of the findings.

The centre is a two storey home located in a busy town in County Louth. Each resident had their own bedroom which were decorated to a good standard, and were personalised to suit their personal preferences. One resident showed the inspector their bedroom which had recently been redecorated. The resident showed the inspector some of their family photos and appeared happy with their room. The resident was preparing to go swimming and helping staff to prepare for this activity.

The centre was generally spacious and for the most part clean, although areas of the centre needed to be upgraded. The kitchen was large, well equipped and clean. The fridge was clean and procedures were in place to mitigate the risk of infection. For example; chopping boards were colour coded, food opened in the fridge was labelled with the date it was opened.

However, there was a considerable amount of work required to the property to ensure that it was homely, safe, in a good state of repair and comfortable for residents. Some of these issues had been highlighted at the last inspection of this centre in April 2022 where the inspector found that the premises were not in compliance with regulations and standards. Subsequent to that inspection a competent person had surveyed the property in September 2022 due to concerns around the downstairs floors. This person had recommended that, all downstairs

floors should be removed due to concerns around the integrity of the floor and the risk of the floors collapsing downstairs.

The registered provider had instigated some remedial repairs to areas of the floor and had instigated a process to seek funding to carry out the repairs. However, the inspector found that the registered provider had not completed a comprehensive risk assessment based on the recommendations of the competent persons report to ensure that the property was safe while they waited for funding. This is discussed in section 1 and section 2 of this report.

The inspector also observed cracks to the external walls of the property at the front and the back of the property. While the front areas had been reported to senior managers according to the person in charge, there was no risk assessment completed around these. This was concerning given that the issues with the flooring related to significant moisture damage.

The residents were actively engaged in activities throughout the day and were observed going grocery shopping, out for lunch, to the barbers and in the evening time some of the residents went swimming and others went for a walk. A review of residents' personal plans also showed that residents had goals in place for the year and some of them had particular activities they liked which were incorporated into their weekly planners and goals. For example; one resident liked swimming and enjoyed either going to swim in the sea or to a local pool each week. A staff member also outlined how they had hired a hot tub for the resident's recent birthday celebrations because the resident enjoyed water activities so much.

Another resident who was from an agricultural background liked to take care of the back garden, grew vegetables and fruit in a large polytunnel and was supported to go to agricultural shows. The inspector observed some photos in the resident's bedroom depicting the resident's enjoyment at these shows.

All of the residents had been on a holiday last year. The staff informed the inspector that this was the first holiday one resident went on, as previous to this their anxieties would have prevented it. There was a picture of the resident enjoying their holiday with a large pint of beer which they really seemed to be enjoying.

The inspector also observed that residents had goals for this year which included another holiday for all of the residents. A staff member went through this plan and explained that because the holiday last year went so well, that the holiday proposed this year would be for a longer period.

Some of the residents required support to make choices about their care and support needs and, communicated this through gestures and non verbal cues. Easy read information was displayed in areas of the home which helped the residents to understand information. Staff pictures were displayed, pictures of meals being provided for the day and residents had easy read versions of their personal plans also.

As part of this inspection, prior to visiting the centre, questionnaires were posted out from the office of the Chief Inspector in order to illicit feedback from residents about

the quality and safety of care in the centre. These had been completed with the support of staff. The feedback provided was positive. Residents said they felt supported, liked the staff team, were encouraged and supported to maintain relationships with family and friends. One resident said they liked the size of the house and that it was near to shops and restaurants. Another resident described how they had been supported to make a complaint about a shower in the centre and said this had been dealt with. Another said they liked when their family members visited them. All of the residents described a range of activities they liked to do such as swimming, bowling, gardening, cooking, eating out, long walks, going to concerts and going to the pub. Some residents said that they liked to spend time on their own and that the size of their home allowed them to have this space.

As part of the registered providers annual review for the centre, they had invited family representatives to complete a survey on the services provided. One family member had completed the survey and said that they were very satisfied with the service provided.

There were no complaints recorded in the centre since the beginning of the year.

Residents were also informed about things that were happening in the centre. Residents meetings were held weekly where they were informed about some of their rights such as the right to feel safe and the right to make a complaint. They were also kept informed about things that concerned their home. For example; the inspector noted in the minutes of the meeting in May 2023 that new garden furniture was being purchased and this was now in place.

Residents were supported to keep in contact with family and were included in their local community. One resident said in their survey that they liked when family got to visit. Another resident had made Christmas decorations which they had brought to a Christmas market to sell.

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

Capacity and capability

Overall, the inspector found that the governance and management arrangements in place in this centre were not adequate and did not provide sufficient oversight for the safety of care of the residents. As a result a number of regulations inspected against required improvements to include; governance and management, risk management, fire safety and the premises.

Such were the concerns around safety, the provider was issued an urgent action plan the day after the inspection whereby the provider was required to submit

assurances to the chief inspector. The assurances required the registered provider to take urgent actions to address concerns relating to risk management issues which included fire safety and safe premises in the centre.

These assurances were provided and included;

- a review of fire safety to ensure a safe evacuation of the centre
- control measures implemented to assure that the floors were safe
- a plan to ensure that the work to the floors was implemented in the next month, and
- a review of the premises by a competent professional to assess the cracks in the exterior walls.

On the day of the inspection the inspector found that the centre was managed effectively on a day to day basis and mechanisms were in place to assure that residents were in receipt of a quality service in that their health and social care needs were being met. Notwithstanding, this, the governance and management arrangements in relation to the management of risk, fire safety and premises were not managed effectively.

Actions highlighted in the quality enhancement plan which included actions from all audits conducted for the centre were not being addressed and there was confusion about whether some issues had been addressed. For example; the quality enhancement plan stated that, an external stair case that was used for fire evacuation purposes required attention however, it was noted in the plan that there was a 'barrier' to this being implemented. In addition, the inspector was informed by the person in charge that, there was no report to support that this issue had been addressed. Towards the end of the inspection the regional director provided a record that indicated that the work had been completed however, the person in charge was not aware of this work been done. Further areas of concern are discussed under the risk management and fire safety section of this report.

The registered provider had completed an annual review and six monthly unannounced quality and safety reviews as required under the regulations. Residents and family representatives feedback was included in the annual review. Following the six monthly unannounced quality and safety review in January 2023 some areas had required improvement. The inspector followed up on some of these actions and some of them had not been addressed. For example; the exterior walls were to be painted and this had not been done, some of the pathways needed to be cleared of moss and algae. The inspector observed one pathway that had not been cleared to the side of the property.

There was a defined management structure in place, a house manager reported to the person in charge, the person in charge reported to the director of care and support, who reported to the regional director. According to the person in charge they met regularly with the director of care and support to discuss issues around the safety and quality of care. However, there were no formal minutes from these meetings and therefore it was difficult to assess who was accountable for actions identified from these meetings and who was following up on actions. This was

particularly concerning given the findings of this inspection. In addition, the person in charge stated that the director of operations, the risk manager and other personnel had conducted visits to the centre, to assess some premises and fire safety issues, and there were no reports/records or correspondences following these visits to ensure that either concerns were being addressed or escalated if required. This required review.

There was sufficient staff on duty to support the residents needs in the centre. There were no staff vacancies at the time of the inspection. The staff spoken with were knowledgeable around the supports residents required. Staff had supervision completed and one staff said that they were able to raise concerns to managers where required.

Staff had been provided with training in infection control, fire safety, safeguarding vulnerable adults, advanced life support, medicine management, positive behaviour support and manual handling to enable them to support the residents in the centre.

The management of records stored in the centre required review, some of the records stored had not been updated to reflect the current practices in the centre and include all records required under Schedule 2 of the regulations.

A review of incidents in the centre informed the inspector that the person in charge had notified the chief inspector where required under the regulations.

The Statement of Purpose for the centre outlined the care and support being provided in the centre however some improvements were required to ensure that it was revised in a timely manner.

There were no volunteers employed in the centre at the time of this inspection.

Regulation 14: Persons in charge

The person in charge is a qualified nurse with considerable experience working in and managing disability services. They are employed on a full time basis but are also responsible for three other designated centres under this provider. They are supported by a house manager to ensure effective oversight of this centre.

The person in charge had a good knowledge of the regulations and very good understanding of the needs of the residents living in this centre.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to support the residents needs in the centre. There were no staff vacancies at the time of the inspection. The staff spoken with were knowledgeable around the supports residents required.

Staff spoken to had supervision completed and said that they were able to raise concerns to managers where required. Staff also had the support of a nurse manager on a 24/7 basis via an out of hours on call system.

A sample of staff personnel files were viewed at an earlier date to this inspection and were found to contain most of the documents required under the regulations including Garda vetting reports. One minor improvement was required in staff references and this had been addressed at the time of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a suite of training in infection control, fire safety, safeguarding vulnerable adults, advanced life support, medicine management, positive behaviour support and manual handling. At the time of the inspection the person in charge informed the inspector that some staff were due to complete refresher training and there was a plan in place to address this.

The registered provider had also instigated new infection prevention and control training modules that needed to be completed to enhance staff;s knowledge. The person in charge was overseeing the completion of all these modules at the time of the inspection.

A sample of supervision records were reviewed at the inspection and included a review of the staffs personal development and the provision to raise concerns. However, as actioned under records, not all supervision records were available in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre which included the details required under the regulations.

Judgment: Compliant

Regulation 21: Records

The management of records stored in the centre required review, some of the records stored had not been updated to reflect the current practices in the centre.

A log for residents personal possessions was also not completed in line with the registered providers own policy. The person in charge informed the inspector that this policy was currently under review with the registered provider.

A record of the information and documents in relation to staff specified in Schedule 2 were not all available for the inspector. For example; some supervision records for staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management arrangements in relation to the management of risk, fire safety and premises were not managed effectively. As a result and urgent action plan was issued to the provider the day after the inspection to seek assurances around risk management in the centre.

Actions highlighted in the quality enhancement plan (which included actions from all audits conducted) for the centre were not being addressed. And there was confusion about whether some issues had been addressed. For example; the quality enhancement plan stated that an external stair case that was used for fire evacuation purposes required attention. However, it was noted in the plan that there was a 'barrier' to this being implemented. On further investigation the inspector was informed by the person in charge that there was no report to support that this issue had been addressed, and near the end of the inspection the regional director provided a record that indicated that the work had been completed. The person in charge was not aware of this work been done. Other areas of concern are discussed under the risk management and fire safety section of this report.

There were no formal minutes from meetings with the person in charge and the director of care and support, therefore it was difficult to assess who was accountable for actions identified from these meetings and who was following up on actions. This was particularly concerning given the findings of this inspection. In addition, the person in charge stated that the director of operations, the risk manager and other personnel had conducted visits to the centre, to assess some premises and fire safety issues, and there were no reports/ records/correspondences following these visits to assure that either concerns (if any) were being addressed or escalated if required. This required review.

At the time of the inspection, funding had not been secured to ensure that the

works to the premises were completed in a timely manner.

The registered provider had completed an annual review and six monthly unannounced quality and safety reviews as required under the regulations. Residents and family representatives feedback was included in the annual review. Following the six monthly unannounced quality and safety review some areas had required improvement. The inspector followed up on some of these actions and some of them had not been addressed. For example; the exterior walls were to be painted and this had not been done, some of the pathways needed to be cleared of moss and algae. The inspector observed on pathway that had not been cleared to the side of the property.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre which had last been reviewed in January 2023. However, it had not been revised to include changes to the management structure, changes to the arrangements for COVID- 19 and did no include all of the arrangements in place for the supervision of any specific therapeutic techniques in the centre.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers employed in the centre at the time of this inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents in the centre informed the inspector that the person in charge had notified the chief inspector where required under the regulations.

Judgment: Compliant

Quality and safety

Overall, the residents enjoyed active lives and were being supported in line with their assessed needs. However, improvements were required in risk management, fire safety and the premises to ensure residents were safe in the centre.

The property was large and spacious and included plenty of outside space for residents to enjoy. The property was for the most part clean, however, a considerable amount of renovations and updates were required to this property. On the exterior, there were cracks in some of the walls, all of the downstairs floors needed to be replaced and the integrity of the floors was potentially unsafe in some areas. While the residents bedrooms were well maintained and decorated in line with the residents preferences, other areas in the house were in need of an update. For example; the sitting room and conservatory. Floors in the staff office needed to be updated. On the day of the inspection, one of the exit doors (which served as a fire evacuation exit) was stuck and would not open and close properly. These issues placed residents at risk of potential injury or harm.

Actions from audits were not being addressed for example an audit in January found that the exterior walls were to be painted and this had not been done. Some of the pathways also needed to be cleared of moss and algae. The inspector observed one pathway that had not been cleared to the side of the property.

Personal plans were in place for all residents. A detailed assessment of need was in place for each resident, which had recently been updated. Detailed support plans were also in place to guide staff practice. These plans were also reviewed regularly to ensure that the care wand support was being delivered and effective. An annual review was also conducted with the resident, the staff team and some allied health care professionals.

Residents health care needs were supported very well in the centre. They had timely access to a range of allied health professionals and were supported by staff to attend all health care appointments. Where required residents had been provided access to national health screening programmes and vaccinations.

There was a policy in place for the management of risk in the centre. However, on the day of the inspection,the inspector found that some risks were not being managed in the centre. As a result an urgent action plan was issued the day after the inspection to seek assurances around how risks in relation to fire safety and premises issues were being managed. Other improvements were also required in the review and management of risks.

The registered provider did not have effective fire safety management systems in place in the centre at the time of the inspection. Improvements were required to fire evacuation procedures, the fire panel and the overall assessment of fire in the centre.

All staff had been provided with training in safeguarding vulnerable adults. Of the staff met, they were aware of the procedures to follow in the event of any concerns

around the well being of residents.

The registered provider had a policy in place to manage residents personal possessions. At the time of this inspection this policy was being reviewed to ensure that it was in line with best practice. The inspector was satisfied from a review of residents personal funds that measures were in place to safeguard their personal money.

Regulation 12: Personal possessions

The registered provider had a policy in place to manage residents personal possessions. At the time of this inspection this policy was being reviewed to ensure that it was in line with best practice.

The inspector reviewed the oversight arrangements in place to ensure that residents personal money was safeguarded. A staff member went through this process with the inspector. Of the records viewed the inspector was satisfied that the person in charge and staff team had measures in place to safeguard residents finances. For example; any money withdrawn from the residents bank accounts was recorded and signed by two staff for accuracy. Where residents money was spent, the receipts were maintained and logged and balance checks were conducted and signed by two staff.

Judgment: Compliant

Regulation 13: General welfare and development

The general welfare and development of residents was promoted and supported in this centre. Residents were supported to keep in regular contact with family and friends.

From a review of records resident active lives and had goals developed that were in line with their personal preferences. For example; residents who had a specific interest in farming was supported to go to agricultural shows that they enjoyed.

Residents were supported to live active lives, were supported to keep in contact with family members and were part of the local community.

Judgment: Compliant

Regulation 17: Premises

The property was large and spacious and included plenty of outside space for residents to enjoy. Since the last inspection bathrooms had been renovated and some remedial work had been done in the kitchen. The property was for the most part clean, however a considerable amount of renovations and updates were required to this property. On the exterior, there were cracks in some of the walls, all of the downstairs floors needed to be replaced and the integrity of the floors was potentially unsafe in some areas.

While the residents bedrooms were well maintained and decorated in line with the residents preferences, other areas in the house were in need of an update. For example; the sitting room and conservatory. Floors in the staff office needed to be updated. On the day of the inspection, one of the exit doors (which served as a fire evacuation exit) was stuck and would not open and close properly. This was fixed by the end of the inspection.

Actions from audits were not being addressed for example an audit in January found that the exterior walls were to be painted and this had not been done. Some of the pathways also needed to be cleared of moss and algae. The inspector observed on pathway that had not been cleared to the side of the property.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents got to choose their meals each week and they enjoyed doing the grocery shopping. Residents had free access around their home and could get snacks when they wanted to. A resident who required support around their food had been referred to a speech and language therapist for review.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider was issued an urgent action plan the day after the inspection to assure that they would take urgent actions to address concerns relating to risk management issues (which included fire safety and safe premises) in the centre.

This included the fact that:

- the registered provider had not completed a risk assessment to assure that the premises were safe given the significant concerns with the flooring downstairs

- there was no records provided that assured the inspector that the premises were safe following the recommendations of an architect in September 2022
- cracks were observed on the walls of the property that had not been risk assessed to assure that the centre was of sound construction
- there was no comprehensive fire risk assessment in place to highlight the controls in place to manage fire safety, particularly given that some outstanding actions following a fire safety review of the centre were recorded as a 'barrier' (with no explanation provided for this) on the registered providers quality enhancement plan for the centre.

Following the inspection assurances were provided in response to an urgent action and included:

- a review of fire safety to ensure a safe evacuation of the centre
- control measures implemented to assure that the floors were safe
- a plan to ensure that the work to the floors was implemented in the next month and
- a review of the premises by a competent professional to assess the cracks in the exterior walls.

In addition to this, the registered providers quality enhancement plan outlined that portable appliance testing (PAT) needed to be carried out on electrical equipment but there was a barrier to this. When the inspector investigated this further, it was unclear on the day of the inspection whether this had been completed in full. For example; some equipment had labels attached confirming it was checked and other equipment had no labels attached.

The person in charge reviewed incidents that occurred in the centre and where required took appropriate actions to mitigate risks. For example; a medicine error (where some medicines were missing) had been reported in the centre and this had been fully investigated by the person in charge and another clinic nurse specialist to see how it occurred. The investigation found no significant concerns but made some recommendations from this which had been implemented to improve practices going forward.

Judgment: Not compliant

Regulation 27: Protection against infection

The actions from the last inspection had been addressed with the exception of the flooring as discussed earlier. Residents isolation plans had been updated. In addition, there was adequate supplies of personal protective equipment which was stored in a clean dry area. Hand sanitising gels were available.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider did not have effective fire safety management systems in place in the centre at the time of the inspection.

As actioned under risk management there was no comprehensive fire risk assessment to manage fire.

The fire evacuation procedure outlined that staff should check the location of the fire if the fire alarm activated. However, the fire panel was not zoned to indicate where the fire was located. In this instance the fire procedure should include an immediate evacuation the centre.

The fire panel was located at a height and there was confusion on the day of the inspection about whether the alarm was zoned or not.

An exit door that could be used for evacuation purposes was not closing or opening properly on the day of the inspection. This was addressed before the end of the inspection.

The registered provider had commissioned a review of fire safety in the centre last year. Some of these actions were still not addressed at the time of the inspection or it was not clear whether they were addressed. For example; an action indicated that an external staircase which served as a fire evacuation exit in the centre required some work. However, it was only confirmed at the end of the inspection that this had been completed.

The registered provider had some fire safety precautions in place. Staff had been provided with training in fire safety. Fire fighting equipment and fire safety measures such as fire extinguishers, fire blankets and emergency lighting were installed. Most of these had been serviced recently. However, it was unclear on the day of the inspection whether all fire extinguishers had been serviced. For example; the extinguisher in the utility room did not have a service date attached and there were no records to verify whether it had been serviced on the day of the inspection.

Personal emergency evacuation plans for each resident to guide staff practice.

Fire drills had been conducted to demonstrate that residents and staff could safely evacuate the centre in a timely manner. One resident who did not like participating in fire drills had being supported by staff to try and overcome this anxiety. The last fire drill conducted indicated that the resident had left the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need that had been recently reviewed and updated. There were comprehensive support plans in place to guide practice. These support plans were reviewed regularly to ensure that the supports in place were effective.

An annual review was conducted with the resident, a family representative and other relevant staff to review the residents care and support needs.

Where required multidisciplinary team meetings were also held when there was a change in the residents presentation to see if further actions were required to support the resident.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs and had required access to a range of allied health care professionals where required.

Support plans were in place to guide staff practice and inform the supports a resident required with their health care needs.

Residents had access to health screening programmes that enabled early detection of potential health care issues. For example; residents who had diabetes were referred for retinal screening.

Residents had the right to refuse specific medical treatment or interventions and the person in charge outlined a plan that was in place to support one resident with their right to refuse getting bloods taken.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported through the provision of positive behaviour support. All staff were trained to respond to and understand residents needs in this area. Staff spoken to were aware of the supports in place for one resident and demonstrated a good understanding of how to respond to the resident. They also outlined some investigations that were ongoing for the resident to try and ascertain why the resident was becoming anxious. For example; the resident was being reviewed by

their medical practitioner and dentist to rule out any other potential causes for their anxiety.

Positive behaviour support plans were in place to guide staff practice. These plans were kept under regular review and residents had access to allied health professionals and medical professionals to support them with their assessed needs.

Multidisciplinary team meetings were also held when there was a change in the residents presentation to see if further actions were required to support the resident.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Education was provided to the residents on their right to feel safe in the centre

Judgment: Compliant

Regulation 9: Residents' rights

The inspector followed up on the action from the last inspection and found that this had been addressed. A resident was no longer impacted by another residents wishes and preferences in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rivergrove OSV-0003010

Inspection ID: MON-0031920

Date of inspection: 12/07/2023

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Records in relation to resident's finance identified have been reviewed and updated. 31.07.23 Supervision Records are available for all staff : 05.08.23	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All outstanding actions on the quality enhancement plan are being addressed. 30.11.23 All DC meetings between PIC and PPIM will have formal minutes recorded. 17.07.23 Should the term barrier be used on the QEPs in the future it will have appropriate explanatory actions to mitigate against the specific risk until the action is completed. 13.07.23	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been reviewed and updated. 31.07.23	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A structural engineer has examined the cracks on the exterior walls of the property & is satisfied that they are historical cracks, a natural part of aging for a building of its years. 25.07.23	

A Business case will be submitted to the funding authority for the painting of the exterior walls of the designated centre. 14.08.23
The complete works to replace the floor in the four rooms will commence on 20.08.23.
Flooring in office will be replaced by 30.11.23
Pathways will be cleared of moss and algae by 31.08.23

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
While awaiting the complete repair of the floors a monitoring inspection is being carried out daily in the designated centre as advised by an Architect. The risk assessment on floors has been amended to reflect this. 17.07.23. Should a concern arise, the specific room will be closed off and further investigation works will be undertaken.
A structural engineer has examined the cracks on the exterior walls of the property & is satisfied that they are historical cracks, a natural part of aging for a building of its years. 25.07.23

Should the term barrier be used on the QEPs in the future it will have appropriate explanatory actions to mitigate against the specific risk until the action is completed. 17.07.23

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Fire Alarm panel will be moved down to lower point on the wall and will be an addressable / zoned panel this will commence when floor repairs are completed. 30.11.23
In the interim the Fire Risk assessment for the Designated Centre has been reviewed the fire evacuation plan has been amended to stated that should the fire alarm sound all persons in the property must evacuate immediately. All staff have been informed of the interim measures until the fire alarm panel is zoned. 13.07.23
Pat & Periodic testing has been completed. 31.07.23
Carpet supplier has confirmed that the fabric meets Fire retardant standards, Certificate in place. 27.07.23
All potential combustible materials have been reduced in the Hallways as per Fire risk report. Completed 13.07.23.
The Fire equipment cert was received on 13.07.23

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)(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.	Not Compliant	Orange	30/11/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/11/2023
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/07/2023
Regulation 21(2)	Records kept in accordance with this section and set	Substantially Compliant	Yellow	05/08/2023

	out in Schedule 2 shall be retained for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	17/07/2023
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	17/07/2023
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	Not Compliant	Red	17/07/2023

	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	30/11/2023
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	31/07/2023