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:	Brompton - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	09 September 2021
Centre ID:	OSV-0003069
Fieldwork ID:	MON-0026223

About the designated centre

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

Brompton is a community based home for adult ladies with an intellectual disability. The centre is situated in Co. Dublin within walking distance of a local village which has amenities such as shops, cafes, restaurants, and a shopping centre. The premises consists of a two-storey building with four bedrooms, two bathrooms, a kitchen-dining room, a living room and a self contained one-bedroomed apartment. Four residents live in the main part of the house and one resident in the apartment. Staff encourage residents to be active members in their communities and to sustain good relationships with their family and friends. The staff team comprises a person in charge, and social care workers. Staffing resources are arranged in the centre in line with residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 September 2021	09:15hrs to 17:05hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

Residents spoken with by the inspector generally provided positive feedback about living in this designated centre. Staff members present and the person in charge engaged with residents in a positive and respectful manner throughout the inspection. However, there had been some occasions where residents could not engage in activities outside of the house unless all residents agreed due to some deficits in staffing arrangements and the changing needs of residents.

The inspector met with four of the five residents living in this centre. The house consisted of four bedrooms upstairs, a self-contained apartment and a combined kitchen dining area downstairs. A living room led off the main communal space with sliding doors for additional privacy. On arrival to the house, the inspector found residents were knowledgeable about current COVID-19 monitoring systems, with residents taking their own temperature in the morning. Some residents shared how their day to day lives had changed due to the implementation of government restrictions; residents were no longer attending day services and explained that they were supported to engage in activities in their home and the community. However, residents informed the inspector that they were due to return to work placements and day services in the coming week and that they were excited to return.

One resident spoke to the inspector about a health appointment they had to attend the following day and it was clear that the resident was informed regarding the purpose of the appointment. They spoke about COVID-19 and how it had impacted their life and how staff helped them to keep busy during that time. Another resident proudly showed the inspector around their apartment, which was adjoined to the house. The resident pointed out items of importance to the inspector, particularly their interest in 1916 history and the centenary. They told the inspector about the fire evacuation procedures and what they would do in the event of a fire. They talked about how important it was for them to do things for themselves and about how they liked to take responsibility for keeping their apartment clean and tidy.

Residents were supported to engage in activities of interest to them, such as attending beauticians, growing vegetables, shopping, and household projects. Residents were encouraged and supported to engage in household tasks as a way of promoting their independence. During the current health pandemic, when community activities were restricted, residents were supported to engage in online activities such as dance classes, yoga and bingo.

Staff who spoke with the inspectors were motivated to ensure residents were happy, safe and engaged in jobs, courses and activities they enjoyed. Throughout the inspection, residents were observed to receive support and assistance in a kind, caring, respectful manner. Each resident who spoke with the inspector was complimentary towards the staff team. However, from listening to residents and staff, it was clear that residents could not always engage in activities of their choice due to the staffing arrangements and competing needs of residents. It was noted in

a number of team meetings and supervision sessions that staff were concerned about the impact of changing needs in the house and the current high level of non-permanent staff being used. For example, not having enough drivers on shift. In addition, staff were aware that not all residents were having their needs met and requested that the respite service be used at times to elevate these concerns.

Later on, when the residents were busy planning their day with the activities staff member, the inspector used this time to review documentation relating to the care and support of the residents at a different location so residents could use the limited communal space in the house for activities. Records reviewed included notes of residents' meetings that took place in the centre on a monthly basis. Such meetings were facilitated by staff and were used to give residents information on issues such as complaints, safeguarding and advocacy.

As this inspection was announced in advance, the provider was sent specific questionnaires for residents to complete in advance of this inspection. Such questionnaires covered areas such as food, visitors, rights, activities, care and support, staffing and complaints. Three completed questionnaires were available for the inspector to review, most of which had been completed with staff support. From reading these, the inspector noted that the three questionnaires contained positive responses in all areas. Specific comments included in the questionnaires included "I like having my own bedroom" and "I am happy with my daily life".

Meal times appeared to be a relaxed experience in the centre. The inspector observed one resident having their breakfast at the start of the inspection and another resident having a cup of coffee and relaxing after putting their washing on. In their questionnaires, residents said they were happy with the choice of meals and the flexibility when they could have their meals.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

This inspection was announced on 11 August 2021 and aimed to assess the improvement made by the provider in key areas since the previous inspection of November 2020, such as the governance and monitoring of the care and quality of the centre and staffing. The outcome of which would inform a decision on the application made by the registered provider to renew the registration of this centre. The inspectorate received unsolicited information the day before the inspection concerning staffing levels in the centre and the negative impact this had on the ability of the centre to meet the needs of residents. On reviewing the staff arrangements, the inspector confirmed some of the information relating to the unsolicited information.

Under regulations, the provider must ensure appropriate staffing numbers and skill mix in place to support residents. Based on the overall findings of this inspection, the inspector was not satisfied that the provider was discharging these requirements. As part of this application, the provider submitted a statement of purpose for the designated centre. This is an important governance document that should set out key information relating to the running of the centre as required by the regulations. Amongst this information is details of the staffing arrangements in place to support residents. Upon review by the inspector, it was noted that the statement of purpose dated, July 2021, declared a whole time equivalence (WTE) of 5.5 social care workers. This was not accurate with the centre's workforce as only 3 WTE social workers were employed in the centre. From reviewing the rosters and speaking to key personnel, it was clear that the centre relied heavily on relief and agency workers to meet the assessed needs of residents. As a result, there was a high staff turnover weekly, which did not promote continuity of care. Maintaining continuity of staff is essential to ensure familiarity with residents and the operations of the centre.

The inspector acknowledged that the provider had recognised the requirement to increase staffing levels in line with residents' changing needs and some safeguarding concerns in the centre. This had resulted in the need to increase the whole time equivalent numbers in the centre by two. The provider had introduced a waking night shift and additional staff support key times during the day. However, these measures were in place nearly a year whereby the provider was covering the required shifts with relief or agency staff. The inspection in November 2020 found that the recruitment process had not commenced to fill these vacancies, this was also found to be the case on this inspection.

The inspector reviewed training records relating to staff members and noted training in various areas was not generally provided to all staff members who worked in the centre. A health professional had voiced their concerns to the provider regarding the lack of specific training and knowledge regarding dementia-specific training. As a result, the provider had addressed these concerns by ensuring all permanent staff had received this training or were in the process of completing the training. However, the inspector found that relief staff who made up the largest cohort of staff in the centre were not identified for this training.

The inspector reviewed the centre's governance, management, and oversight, and it was found that while progress was made since the previous inspection, further improvements were required. For example, an annual review had been completed and an onsite six-month unannounced visit on behalf of the provider. However, the providers' quality assurance mechanisms needed review, as staffing was not one of the areas on which the provider's monitoring systems focused to identify trends, concerns, or adherence with the submitted compliance plan.

The inspector found that the centre was managed by a suitably qualified, skilled and experienced person in charge. The person in charge was found to have a good knowledge of the care and support requirements for residents living in the centre and was in a full-time post. It was evident that the person in charge had regularly escalated and highlighted staffing issues to the person participating in management

and other members of the senior management team. It was evident that the staffing levels in place at the time of the inspection were not appropriate to ensure that residents were provided with a good quality of service.

Registration Regulation 5: Application for registration or renewal of registration

The provider had effective systems in place to ensure they complied with the requirements to renew their application and had submitted all required documentation in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be suitably skilled, qualified and experienced to fulfil the role. They were engaged in the governance, operational management and administration of the centre and were present in the centre on a regular and consistent basis.

They managed more than one designated centre and have systems in place to ensure they were maintaining oversight of both centres.

Judgment: Compliant

Regulation 15: Staffing

While there was a small core staff team in place, one full-time staff member and four part-time staff, from the documents reviewed and conversations held, many different individual staff had worked in the centre in the previous six months. The inspector reviewed a sample of rosters and found 17 different relief and agency staff had worked in the centre over a five-week period. Three shifts also could not be covered within this time frame, and a number of shifts only had relief staff working together without the presence of permanent staff. The person in charge was not responsible for organising relief staff or the number of different staff used, which also created difficulties when staff presented for a shift without having had a comprehensive induction. The inspector found that some relief staff only received an induction to the service and residents through a half-hour handover.

On review of the rosters, an average of 223 hours were rostered on a weekly basis, of which 117 were covered by permanent staff, leaving a deficit of 106 hours. The inspector was informed that an agency staff was covering 40 hours for a fixed-term

activities post until December 2021, but due to the needs in the centre would often have to support the care needs of residents. There was no clear plan on whether the required additional staff were planned to be recruited. Minutes from a multi-disciplinary meeting dated July 2020 claimed that a resident would be cared for by familiar staff due to their changing needs, which was not evident.

Judgment: Not compliant

Regulation 16: Training and staff development

The training files of relief staff were not available to the inspector to review in an accessible format, and the person in charge did not have oversight of the completed training of relief staff.

Due to the assessed needs of residents, there was a requirement for dementia-specific training. However, relief and agency staff had not received this training, nor was there a plan in place to address this training gap. Also, the waking night shift was mostly covered by relief or agency staff, resulting in a lone working situation without any dementia specific training.

The person in charge confirmed that at times, relief staff presented for work without fire safety or safeguarding training. In addition there were gaps in mandatory training for agency staff. The inspector brought to the attention of senior management at the feedback meeting that the processes to review training for all staff that worked in the centre required improvement and information made available to the person in charge prior to staff commencing work in the centre.

Judgment: Not compliant

Regulation 23: Governance and management

It was evident that the designated centre was not resourced to ensure that the delivery of care was appropriate to residents' needs, consistent or effectively monitored. The inspector found that the provider did not complete its action as per the submitted compliance plan in response to the previous inspection's finding from November 2020, "The Provider will ensure that there are regular staff provided to the centre for continuity of care." There were no systems in place to monitor or review the staffing arrangements, and staffing did not form part of any quality improvement plan.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in July 2021 and contained the majority of the information set out in Schedule 1. A copy had been submitted to the Chief Inspector as part of the application to renew registration of the centre. The staffing arrangements set out in this document was not accurate and required review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was knowledgeable of their responsibility to give notice of incidents that occurred in the centre. It was found that all incidents that required notification had been submitted to the chief inspector within the appropriate time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

In their questionnaires, residents indicated that if they were unhappy about anything they would speak to a staff member or the complaints officer. Two residents who had used the complaints process indicated they were happy with how their complaint was dealt with and with the reply they got from the complaints officer.

Judgment: Compliant

Quality and safety

The inspector found that overall, the centre provided a homely and pleasant environment for residents. It was evident that the person in charge and staff met with during the inspection were aware of residents' needs and knowledgeable in the care practices required to meet those needs. The inspector found good areas of practice in the care plan processes and health action plans. The inspector found that improvements were warranted to fire precautions and the protection of residents.

The inspector reviewed personal care plans that outlined the residents' personal, social care, and health needs. Residents had taken part in their person-centred planning meetings and identified goals they would like to achieve. The plans were subject to annual review; in addition, each resident had a key worker with whom they had regular meetings. These meetings reviewed many aspects of each individual's life, including the progression or adjustments of goals. For example, some residents worked on using their ATM card, shopping online, and a couch to a 3km fitness program.

Also contained with residents' personal plans were personal emergency evacuation plans (PEEPs). These outlined the supports residents needed to evacuate the centre in the event of a fire and were noted to have been reviewed in 2021. The fire evacuation procedures were on display in the designated centre while fire drills were being carried out regularly in the centre, with low evacuation times recorded. It was noted that records of such drills did not reflect night-time situations when staffing levels would be at their lowest.

Residents had their healthcare needs assessed and care plans developed in line with their needs. Residents were provided with health action plans which included a comprehensive assessment of their healthcare needs and identified supports required to meet those needs. There was evidence that residents accessed public health initiatives such as the national screening programmes, as dictated by their needs. Where a resident had refused medical treatments or services, the person in charge informed the inspector that the resident's choice was taken into account and refusals were documented and brought to the resident's medical practitioner's attention.

The inspector reviewed the infection, prevention and control measures and found that appropriate practices in this area were being followed during this inspection. For example, regular cleaning of the centre was carried out daily, and symptom monitoring of residents and staff were carried out twice a day. Since the onset of the pandemic, there had been no confirmed case of COVID-19 impacting a resident in this centre.

There were policies and procedures relating to safeguarding and protection in the centre. Allegations and suspicions of abuse were reported and followed up in line with organisational and national policy. The inspector found that there had been a satisfactory level of scrutiny by the registered provider of all alleged incidents to guarantee that safeguarding arrangements in place ensured all residents' safety and welfare. The inspector reviewed a sample of documentation relating to alleged safeguarding incidents that had taken place over the last twelve months. The inspector found that overall, the incidents had been reviewed in an effective manner. For example, the provider had implemented a number of additional control measures to support residents overseen by the multi-disciplinary team. Some safeguarding measures were reliant on increased supervision from staff. The inspector found during times of low staff numbers, some residents were negatively impacted as they did not have free access to all areas of their home.

Regulation 17: Premises

The registration of this centre had been renewed in January 2019 with an additional restrictive condition linked to the provider complying with this regulation in relation to the use of multi-occupancy rooms no later than 30 November 2020. The provider had notified the Chief Inspector in October 2020 that they wished to remove this restrictive condition as all residents now had their own bedrooms. The provider had implemented a waking night shift due to a safeguarding concern, and the previous sleepover room had become a bedroom for one resident. Residents were now afforded their own private space, which were decorated to suit their personal taste and preferences.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. Staff were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day. There were satisfactory contingency arrangements in place for the centre during the current health pandemic. Residents were provided with easy-to-read documents regarding COVID-19 matters to support their understanding of the current health pandemic including matters such as as wearing PPE, good hand hygiene and COVID-19 testing and vaccination processes.

Judgment: Compliant

Regulation 28: Fire precautions

It was observed that the designated centre was equipped with appropriate fire safety systems, including a fire alarm, emergency lighting, fire containment measures, fire extinguishers and a fire blanket. Such systems were being serviced at the required intervals by external contractors to ensure that they were in proper working order. There were suitable fire containment measures in place, and the provider had installed self-close devices on doors to further improve containment arrangements. The inspector noted that one fire door did not close correctly during the inspection, and this was rectified by maintenance later in the day. Improvement was required to the fire evacuation drills to ensure they simulated night-time

conditions.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that all residents had an assessment of need and a personal plan in place that was subject to regular review. Assessments of need clearly identified levels of support required. All residents also had a condensed version of the assessment of needs document in the event they had to be supported in one of the isolation hubs for COVID-19 so information could be readily transferred with residents.

Residents had social goals in place that were realistic and individualised. One resident had a retirement plan that identified their interests and hobbies. Another resident aimed to take part in online Zumba classes and use the washing machine independently. Goals in place had action plans to support residents to achieve them. Each resident had an annual personal planning meeting with their keyworker, family and other members from the mutli-disciplinary team where their plan of care and goals were reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available to residents having regard to their personal plans. Plans were regularly reviewed in line with the residents assessed needs and required supports. They had assessments in place, and specific health management plans and health monitoring plans were developed and reviewed as required. For example, monthly weights had increased to weekly to better track weight loss, and this information helped inform the dietitian's plan of care. Each resident also had a hospital passport which contained important information for them to bring with them, should they require admission to the hospital. Appointments with allied health professionals were logged, and the advice and guidance from these professionals were then updated into residents' personal plans.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had put in place safeguarding measures to ensure that staff providing intimate personal care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. The inspector found improvement was required in the documentation of measures when personal care was refused or declined. Such guidance is important to help ensure residents' bodily integrity and dignity is maintained while also helping to safeguard residents. The inspector was assured that staff spoken with on the day of inspection; however, knew the appropriate procedures.

Some safeguarding measures were relevant on increased supervision from staff. The inspector found during times of low staff numbers, some residents were negatively impacted as they did not have free access to all areas of their home.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Brompton - Community Residential Service OSV-0003069

Inspection ID: MON-0026223

Date of inspection: 09/09/2021

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 15: Staffing</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 15: Staffing:
• The Service Manager met with the Director of HR and it was agreed to advertise for permanent night staff for this centre.

• The posts have been advertised and interviews will be held on Friday 22nd October 2021.

• Successful staff will receive a comprehensive induction and complete all mandatory training for the centre. They will also complete dementia training.

• Should there be gaps in the roster the regular house staff will cover some of those shifts, if not the provider will make every effort to provider regular relief.

• Day service support hours are currently covered by a regular agency staff.

• Regular waking night staff will also implement safeguarding plans in place for some residents.</td></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
• The PIC will keep training records of regular relief and agency staff in the centre.</td></tr>
</table>

• The provider will ensure that there is a training log for all relief staff attending the centre and that all training is up to date.
• PIC has ensured that regular relief and agency staff have completed on line dementia training.

• The provider had shared a link to Service Dementia training with regular agencies that are used.

• The Provider has requested up to date training records for all agency staff.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The Service Manager met with the Director of HR and it was agreed to advertise for permanent night staff for this centre.

• The posts have been advertised and interviews will be held on Friday 22nd October 2021

• Successful staff will receive a comprehensive induction and complete all mandatory training for the centre. They will also complete dementia training.

• Should there be gaps in the roster the regular house staff will cover some of those shifts, if not the provider will make every effort to provide regular relief.

Day service support hours are currently covered by a regular agency staff.

• Regular waking night staff will also implement safeguarding plans in place for some residents.

• The provider visits and annual review will continue to review the staffing levels and consistency of staff in the centre.

• The PIC will ensure that use of agency and relief staff is on her risk register.

The registered provider has effective arrangements in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents. These include informal discussion with PIC or PPIM in the centre. Staff supervision, the staff grievance process, the complaints process, protected disclosure. There are a number of service policies to guide staff in these processes. Staff are encouraged to raise concerns. And to escalate same if they feel they are not heard.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The PIC and Service Manager will review the Statement of Purpose to ensure that it reflects the current day and night staff supports in the centre.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The PIC has completed two early morning fire drills in the centre when all residents were in bed.
• Regular day time drill will continue to be completed.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• An MDT will be arranged to review safeguarding plans for some residents and ensure that there are no restrictions to their freedom in their home.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	15/12/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	15/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Not Compliant	Orange	15/12/2021

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	15/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	15/12/2021
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	19/10/2021
Regulation 28(3)(d)	The registered provider shall make adequate	Substantially Compliant	Yellow	19/10/2021

	arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/10/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/12/2021