



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

Issued by the Chief Inspector

Name of designated centre:	Skibbereen Residential
Name of provider:	CoAction West Cork CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	25 July 2022
Centre ID:	OSV-0003857
Fieldwork ID:	MON-0032702

About the designated centre

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

The registered provider had a designated centre consisting of two detached houses based on the outskirts of a large town. The service provided both residential and respite care. The first house could accommodate six residents. This house currently had two residents who lived there seven days a week. This house was a seven-day residence that was open all year round except for holiday periods at Christmas, Easter and the summer. The ground floor of this house consisted of a large kitchen and dining room, a spacious lounge, a conservatory and three single bedrooms that each had an en-suite. The ground floor also had a utility / laundry room, a bathroom and a separate toilet. The first floor comprised of four single bedrooms each with an en-suite. One of these bedrooms was a staff sleepover room. The second house provided respite care only. The ground floor of this house contained a large sitting room, a kitchen, a dining room, a shower room and toilet. The first floor contained four single bedrooms and one twin bedroom. One single bedroom was designated as a staff sleepover room. There was also one shower room. The external gardens and environments of both houses were well maintained.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 25 July 2022	10:00hrs to 18:00hrs	Lucia Power	Lead
Monday 25 July 2022	10:00hrs to 18:00hrs	Richard O'Sullivan	Support

What residents told us and what inspectors observed

This was an unannounced inspection, the last inspection of this centre was in January 2021. There were a number of areas that required improvement on this inspection compared to the inspection that was carried out in January 2021. The findings on the day of this inspection demonstrated that the provider needed to have better oversight and governance as there were a number of areas that required improvement to ensure that the provider was meeting its regulatory obligations.

The designated centre comprised two houses, one of the houses is specifically for respite and the other house provides both residential and respite services. On the day of inspection the person in charge advised there may be a slight amendment required to the statement of purpose to accommodate the needs of one resident. The person in charge committed to following up with HIQA (Health Information and Quality Authority).

On arrival at the centre the inspectors were met by a staff member who was going off duty, the staff member advised that all the residents had gone out on their daily activities, some to their day centre and two others had travelled to an another town as one was attending their local doctor in that area. The inspectors did a walk around one of the houses and noted the rooms to be homely and personalised. There were some areas that had damage to the walls and scuff marks. It was also noted that supplies were stored in the storage areas of bedrooms used for respite residents. There were also issues noted in relation to fire doors and this will be discussed under quality and safety.

During the course of the inspection, the inspectors met six residents. Two of the residents had transferred from another centre during COVID-19 due to staffing issues in the that centre. One of these residents told the inspectors that they were happy in their current house and that staff were very good, however the resident expressed they wanted to return to the other centre which was their home and that they would be back there by Christmas. The resident was observed to interact well with staff and appeared happy in their environment. Another resident briefly came back to the house as they were anxious about going to their day service. They were supported by staff and this support was observed to be provided in a calm and unhurried manner. The resident, following this support, expressed joy and happiness about going to their day service and this was evident from their gestures and facial expressions. Later on in the evening the residents returned from their day activities, one resident was seen to engage with staff and was supporting them to prepare the dinner. One resident did not engage with staff or the inspectors but was seen to follow their own routine which was respected. Three of the other residents went into the sitting room and the inspectors spent some time talking with them. From observations and discussion, the residents appeared very happy in their environment, had good interactions with each other and appeared to be very comfortable in their home. Overall the inspectors noted that residents were happy

and interactions with staff were observed to be respectful and personalised.

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

Capacity and capability

The inspectors found that there were improvements required to the overall governance and management of the centre as there was a noted level of non-compliance since the last inspection which was carried out in January 2021. The provider did not adhere to the actions outlined in their last compliance plan and areas such as staff training, premises and fire precautions remained outstanding on the day of this current inspection and required further follow up from the provider.

The person in charge (PIC) on the day of inspection had a large remit within the provider's scope of services and had taken on the role of PIC while arrangements were being reviewed to have a PIC for this centre. The person in this role on the day of inspection demonstrated that they met the criteria as outlined in the regulations, however the provider is required to ensure that the person in charge has effective governance, operational management and administration of the designated centre. The person in charge's time was limited at this centre and although they kept in touch on a regular basis with the social care leader they only got to visit the centre three to four days per month. From a review of the files and paperwork it was noted that oversight had not been maintained in relation to a number of regulations, for example personal plans, contracts of care, and staff training and development.

The person in charge highlighted they did not have effective oversight to monitor the centre due to their current remit. From a review of the compliance plan submitted to HIQA after the inspection in January 2021 the actions in this plan remained outstanding and were not completed as committed to by the provider. It was noted that a risk assessment was in place with identification of the risks associated with the current person in charge not being able to maintain oversight due to their current remit and work load.

Staffing in place in the centre was in line with the assessed needs of residents as outlined in the provider's statement of purpose. The person in charge was reviewing a reconfiguration for the centre so there would be more enhanced supports and the inspectors reviewed this proposal. It was seen that this reviewed the changing needs of residents and incorporated a more individualised approach to their needs. It was also noted that staff received ongoing supervision and support from the social care leader and the person in charge also provided support and supervision to the social care leader.

One of the actions from the previous inspection related to training and staff development. The provider had committed to come into compliance with this regulation by April 2021. However on the day of inspection it was noted that there was still a number of staff who had not completed the required training for the centre. For example 28% of staff required refresher training in fire safety, 21% in first aid, and 28% in medication management. There was no plan in place by the provider on the day of inspection to demonstrate that this training was planned. Given that this was an area for improvement on the last inspection, the provider did not demonstrate their commitment as outlined in their compliance plan response.

The statement of purpose on site on the day of inspection was dated December 2020, however the provider had submitted an updated one to HIQA in February 2022. The regulation cites that the registered provider will make a copy of the statement of purpose available to residents and their representatives. However on the day of inspection the most recent version was not available. The statement of purpose required improvement as not all areas as cited under Schedule 1 were included. The provider is also required to ensure that the certificate of registration is visible in the centre. On the day of inspection it was noted that the certification was behind another document in the kitchen area and that it was not the current certificate of registration. The provider's obligations in relation to this certificate is outlined under section 56 of the Health Act 2007 (as amended). The person in charge committed to ensuring this would be in place after the inspection.

The provider had carried out unannounced visits and an annual review of the centre. It reviewed areas such as restrictive practices, notifications, consultation with residents, incidents and also noted difficulties in securing a dedicated person in charge for the centre.

Regulation 14: Persons in charge

The person in charge on the day of inspection had a large remit and was involved in the management of a number of services within the providers scope of services. However the provider had not ensured that the person in charge could provide effective oversight and operational administration of the centre. This finding was evident as the PIC did not have the allocated time to ensure the oversight of regulations regarding contracts of care, personal plans and training or to ensure adherence to best practice such as the protection of residents' files. The person in charge acknowledged that their time was limited to ensure effective oversight and this concurred with the findings on this inspection and slippage in compliance with the regulations in the centre since the previous inspection.

Judgment: Substantially compliant

Regulation 15: Staffing

The registered provider ensured that the number and skill mix of staff was in line with the assessed needs of residents, there was also evidence of a continuity of care and support for residents. Supervisions were taking place for staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff are required to have access to appropriate training, this was an area for improvement after the inspection in January 2021 and the provider committed to coming into compliance with this regulation. However on the day of inspection there was still training outstanding for staff and there was no plan in place for this expired training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider did have in place a directory of residents, however not all information as specified in Schedule 3 of the regulations was included.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider did not ensure there was effective oversight in place to manage this centre. Due to lack of oversight there were areas of non-compliance found which demonstrated slippage in the regulations from the last inspection carried out in 2021.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider had in place contracts for the provision of services, however they required review as fees charged in some did not correlate with what the resident

was paying, some contracts has passed the review date, were generic in nature and did not contain all the information as cited in section 4 of the regulation. This was also a finding in some of the providers other centres that were recently inspected.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had in place a statement of purpose, however the one in the centre was dated December 2020 and did not contain all the updated or relevant information as cited in the regulation

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had notified in writing to the chief inspector any adverse incidents that had occurred in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had policies and procedures in place as cited in Schedule 5 of the regulations, however not all of these had been reviewed at intervals not exceeding three years, or within the provider's own time frames.

Judgment: Substantially compliant

Quality and safety

On the day of this inspection it was noted that a number of improvements were required especially regarding oversight of residents' individualised assessments and personal plans and the promotion of their personal rights.

The inspectors reviewed six resident files and noted that there were individualised risk assessments in place. There were healthcare plans in place to support the

health needs of residents. These were noted to be reviewed on a regular basis and updated in accordance with the residents' needs.

However, there was no review of the person centred plans which is required to take place with the participation and consultation of residents. The provider had put in place a wellness plan as a measure in the absence of annual planning meetings and reviews. While these plans incorporated such things as spiritual needs, self-care, environment and "things I would like to try", there was no evidence of consultation with residents, how their goals were being identified and follow up in areas of realisation of their personal goals. The inspectors were advised that staff were waiting for the day centres to reactivate the person centred planning meeting. However there was no evidence on the day of the inspection to support that residents' goals had been reviewed in over a year or reviewed in line with the lifting of restrictions. Some of the plans reviewed on the day of inspection were plans that were for a previous centre that residents resided in and did not reflect their changing circumstances.

There were a number of issues found with the fire doors on the day of inspection, for example one fire door was not closing correctly due to floor damage, and four other fire doors did not close correctly. Therefore they were not effective in the containment of fire in the event of one breaking out. These doors were shown to the person in charge on the day of inspection. Weekly audits of fire doors had not been consistently completed by staff. It was noted that the last check was carried out in May 2022. The inspectors queried if the provider had an assessment in relation to the potential risk of a door not being fire proof; this door was from the kitchen to the utility room. The provider followed up with correspondence to HIQA after the inspection confirming that an assessment was due to be carried out and repairs were being undertaken on the highlighted doors.

The inspectors noted that residents' files were stored in the kitchen area which is accessible to a number of people. This information contained personal and sensitive information in relation to the residents. It was also noted that residents' files were stored in unlocked units, one unit on the ground floor and the other unit on the landing area based on the first floor. This information also related to the personal and sensitive needs of residents. The inspectors noted a cabinet that was unlocked and this contained out of date medication, it was also in a place that could be accessible to a number of people as it was on the main hallway on the ground floor.

It was also noted that a resident who avails of respite was the named person on the bills for electricity and telephone. There was no evidence that the resident had given their consent in relation to this or that consultation had taken place with them. It was further noted that the fees charged did not concur with what was in the contracts of care. The contracts of care were generic in nature and a number of them required updating as they had passed their review date as cited by the provider in the contracts.

The provider had ensured that safeguarding plans were in place for residents and where required behavioural support plans were reviewed and implemented.

Regulation 12: Personal possessions

Not all residents had adequate space to store their personal clothing and property. It was noted on the day of inspection, that storage space for respite residents was reduced due to the presence of items such as incontinence wear, games and another residents' belongings. However, for full-time residents it was noted that there was adequate storage space available.

Judgment: Substantially compliant

Regulation 17: Premises

The premises of the designated centre was laid out to meet the needs of residents, was homely and individualised. However some areas of the building required maintenance, such as marks to flooring, chipped paintwork and missing tile grouting in bathroom areas.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured that identification of risk was reviewed and that the assessment and management was updated in accordance with their policy and procedures. The provider had also ensured that all areas of identification as cited in the regulation were reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

Staff were observed to be wearing the appropriate face coverings as per the current guidance. Staff and resident temperature checks were in place. The provider had ample supplies of hand sanitizer and areas were noted to be clean and reviewed on a regular basis. The provider had in place a COVID-19 contingency plan and also had individualised risk assessments for residents in the event of a suspected or confirmed case of COVID-19

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured there were fire management systems in place, however not all fire doors were closing effectively due to damage. The provider was also required to assess if a fire door was required from the kitchen to the utility room. Not all checks related to fire door closures were taking place weekly as per the provider's own guidance. There was evidence of fire drills and personal evacuation plans for residents. These fire drills demonstrated that residents were evacuated in a timely manner and personal evacuation plans were updated to review changing needs. The provider had given assurance on the day of inspection that a competent person was reviewing the doors and also carrying out further assessments and that these would be addressed as a priority.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge did not ensure that personal plans were the subject of review on an annual basis and that this was done with the consultation and participation of residents. There were plans in place that referred to a previous placement and these were not updated or reviewed to take into account the changing circumstances of residents.

Judgment: Not compliant

Regulation 6: Health care

The person in charge ensured that residents had access to allied health care professionals and supported to access healthcare in their local community. There was evidence of clear healthcare plans that were updated and reviewed to take into account the changing health care needs of residents. It was also noted that residents were supported to be involved in the management of their own health and well being.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that where restrictive practices were in place, that these were reviewed on a regular basis to ensure their effectiveness and they were the least restrictive option available. Also where residents required support due to behaviours of concern, behaviour support plans were in place which were reviewed and updated in line with changing needs.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that residents was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that each residents' privacy and dignity was protected in relation to their personal information and living space. Residents' personal and sensitive information was stored in communal areas. In addition, there was no evidence to support whether a respite resident had been consulted with in regards to them being the named person on the centre's electricity and telephone bills, which had been the case for a number of years.

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
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Skibbereen Residential OSV-0003857

Inspection ID: MON-0032702

Date of inspection: 25/07/2022

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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: <ul style="list-style-type: none">• The Person in Charge will allocate additional time on a weekly basis in order to ensure effective oversight and management of the designated centre.• The social Care Leader in the Designated Centre will take on the role of Person in Charge in Quarter 4 of 2023.• In the interim, the provider has secured funding in order to recruit a Person in Charge. Recruitment for this post will commence at the end of August 2022 and the appointed person will be the Person in Charge until Quarter 4 of 2023.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <p>A robust organisation wide system of training management is currently under development to ensure compliance with regulation 16.</p> <p>The staff who require fire training will complete by end August 2022.</p> <p>Medication management and first aid training will be completed by all staff by end quarter 3 2022.</p>	

Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The directory of residents in situ will be reviewed in line with the information outlined in Schedule 3 to ensure all information is recorded.</p>	
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"> • The provider ensures that The Person in Charge will allocate additional time on a weekly basis in order to ensure effective oversight and management of the Designated Centre. • The social Care Leader in the Designated Centre will take on the role of Person in Charge in Quarter 4 of 2023. • In the interim, the provider has secured funding in order to recruit a Person in Charge. Recruitment for this post will commence in the near future and the appointed person will be the Person in Charge until Quarter 4 of 2023. 	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The provider will conduct a review of the current Contracts of Care and ensure the contracts of care contain the required information as outlined in regulation. • The provider will ensure the contracts of care are specific and representative of the service provided. 	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The current Statement of Purpose which was reviewed in February 2022 is in place in the designated centre- completed 15/08/2022. • Statements of Purpose have been identified at an organizational level as requiring improvement. The Statement of Purpose for Skibbereen Residential will be updated to ensure all appropriate information is present and that it is a current reflection of the Designated Centre. 	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>While soft copies of policies updated within the review period were available on the server, hard copies had not been placed in the folders.</p> <p>A review of policy folders will take place in order to ensure that the most up to date policies are in place in the folder.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Adequate storage will be made available to the residents that require it. As some of the storage in the respite rooms had other items stored in them, these will be removed and stored elsewhere in order to ensure adequate storage for residents.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A maintenance person has recently been appointed within the organisation. There is a referral system in place for the designated centre for work that is required to be</p>	

completed. A maintenance plan is currently being devised and actions are being prioritized.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The maintenance person has rectified the issue with the fire door that was highlighted in the report. Completed: 03/08/2022
- Systems have been put in place in order for staff to ensure they are completing weekly checks on the fire doors. Completed: 02/08/2022
- The organisation is currently in the process of hiring a fire engineer to review all fire systems, protocols, policies and systems.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The Person in Charge held a meeting on 09/08/2022 with the local management team in order to discuss and plan the priority of person centred planning for the residents. In order to ensure compliance with regulation, work is underway to ensure that all residents, should they so wish, have a current person centred plan. The Person in Charge and the Quality, Risk and Development manager will meet with lead staff in the area to discuss the Person Centred Plan, the importance of quality within the plans and the necessity to evidence the progression of identified goals and the regular timely review of plans. Completion date: 30/11/2022

Parallel to the process outlined above, the following work is also underway;

- The organisation is currently undertaking a Person Centred Planning review to establish a baseline of plans in the centre.
- Person Centred Planning training in conjunction with Assisted Decision Making training will be rolled out to the designated centre.
- Management and senior staff have received person centred planning leadership training.
- A review of the suite of documentation and it's effectiveness is currently underway.
- The Quality Risk and Development Manager is currently developing audit tools for the designated centre that will underpin and enhance current plans.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• The issues highlighted in the report regarding personal information in the kitchen area and in unlocked areas was addressed on the day of inspection and rectified on that day.• The organisation have made a number of attempts to have the resident whose name is on bills taken off but the staff are finding difficulty in doing so. The organisation will continue to highlight this to the company and outline that the resident cannot remain named on the bill.	

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 12(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	30/09/2022
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	31/12/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Substantially Compliant	Yellow	31/10/2022

	refresher training, as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	31/10/2022
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	31/12/2022
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'	Not Compliant	Orange	31/12/2022

	needs, consistent and effectively monitored.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	31/12/2022
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Orange	31/12/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire	Substantially Compliant	Yellow	31/08/2022

	fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
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	30/09/2022
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	30/09/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/08/2022
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Not Compliant	Orange	30/11/2022
Regulation 05(6)(b)	The person in charge shall ensure that the	Not Compliant	Orange	30/11/2022

	<p>personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.</p>			
Regulation 05(6)(c)	<p>The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.</p>	Not Compliant	Orange	30/11/2022
Regulation 05(6)(d)	<p>The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances,</p>	Not Compliant	Orange	31/10/2022

	which review shall take into account changes in circumstances and new developments.			
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Not Compliant	Orange	30/11/2022
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Not Compliant	Orange	30/11/2022
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	31/12/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not	Not Compliant	Orange	31/08/2022

	limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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