

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area B
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	06 September 2022 and 07 September 2022
Centre ID:	OSV-0004085
Fieldwork ID:	MON-0028936

About the designated centre

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

This centre comprises of three houses in close proximity to each other on the outskirts of a large town with easy access to local amenities. It provides services to residents with moderate to severe intellectual disability. Five residents live in one house, three in another and both of these provide full time seven day a week support to residents. In the third house two residents live there on alternate weeks so there is only ever one individual in the house at a time, this is a part-time residential home with one:one staff support when residents are present. The centre strives to promote positive community awareness through daily presence and participation in the local community. Two houses are single storey and the other is a two storey house with only one bedroom downstairs. The bathrooms in each of these three houses are also suitable to support residents with impaired mobility. The aim of the provider is to provide a welcoming, safe and supportive environment that people can regard as home. Residents are supported by a team of social care workers and in one house also care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 6 September 2022	09:30hrs to 17:30hrs	Ivan Cormican	Lead
Wednesday 7 September 2022	10:15hrs to 11:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that they were actively involved in the running of their home and decisions about their lives and care. They were also involved in their local area and they were supported to engage in activities which they enjoyed. Although, care was generally maintained to a good standard several areas of care including personal possessions, welfare and development, personal planning, medications and fire safety did require some adjustment to ensure that they met all requirements of the regulations. These issues will be discussed in the quality and safety section of this report.

This was an announced inspection to monitor the care and support which was offered to residents and to assist in the renewal of the registration of this centre. The inspector met with nine of the residents who used this service and nine questionnaires were returned as part of this inspection process. Seven of the nine residents who were using this service on the day of inspection spoke directly with the inspector and each resident spoke highly of the service and also of the staff who supported them. The questionnaires revealed a high level of satisfaction with the service and indicated that residents were well supported to get out and about in their local community.

The centre comprised three separate houses which were located in three separate suburban areas of a large town in the midlands. Three residents resided in one house, five in another and two residents availed of a shared residential arrangement in the remaining house. In this final house, one resident availed of a residential service eight nights in the fortnight and the other resident availed of this service six nights in the fortnight. Each resident had their own bedroom for the duration of their stay. The inspector met with one resident who used this service and they clearly explained how much they enjoyed using this service and they appeared to have a good rapport with the person in charge and the staff member who supported them. They chatted about their home which was nearby and how they planned to go shopping later that day. They also talked about how they liked going to the gym and pool and that they were a member of a local leisure club.

The inspector attended all houses in the centre and on the morning of inspection, the inspector met with three residents who shared a home together. These residents were preparing to go to day services and each resident was relaxed and they chatted freely with the inspector about their lives and interests. One resident explained how they enjoyed gardening and they were proud of the growing boxes which they had planted over the summer. Another resident showed the inspector their bedroom and they displayed pictures of their family and also their favourite country music star. The resident also pointed out pictures of them attending their local fire station where they sometimes visited and helped out. It was clear that this resident had a very close connection to their family and they proudly explained how their family was involved in the community where they were from. This resident also had their own phone and they liked to keep in regular contact with their family. The

resident was well supported in connecting with loved ones. For example, a family member no longer lived in Ireland and there was a clock on the wall which was set to the time in the country where they lived which indicated that person centred care was promoted.

The remaining house was home to five residents and the inspector met with all residents but spoke directly to three. Upon entering this house the inspector found that there was a very jovial atmosphere. Two residents had their karaoke machine in operation and were preparing to sing-along to ABBA's greatest hits. Both residents gave the inspector a warm welcome and they commenced a sing-along to their favourite Irish songs. Both residents were happy to show the inspector their home and they were very proud of their individual bedrooms. There were various pictures on display of residents enjoying community events and there were also pictures of them helping to paint a mural on the centre's garden wall.

Across all three houses, residents clearly highlighted their satisfaction with the service and they complemented staff who were supporting them on the days of inspection. Residents explained how well staff supported them and residents were observed coming and going throughout the inspection. One resident discussed with the inspector how they were going to do some grocery shopping with a staff member and how they planned to purchase something nice for the whole house to have after dinner. One resident sat for an extensive period of time and they discussed how staff had supported them to go on a hotel break with another resident and how their sister had also attended. They described how they went out for meals and they enjoyed a glass of wine and music in the bar of the hotel where they stayed.

Each of the three houses which comprised the designated centre were very homely in nature and each resident who met with the inspector were happy with, and proud of their individual home. One of the houses was particularly large and spacious but all properties were warm and comfortably furnished. Residents also had access to transport and the location of the centre meant that residents could walk to local services and also access public transport links such as trains, buses and taxis.

The inspector found that residents received a good service and that their rights and inclusion in decisions about their care were generally promoted. This inspection identified that some areas of care required some adjustments to ensure that all requirements of the regulations were met; however, overall residents enjoyed living in this service and they were supported by a staff team who promoted their wellbeing and welfare.

Capacity and capability

The inspector found that the governance and management arrangements which were implemented in this centre ensured that the quality and safety of care was generally maintained to a good standard and that residents' rights were actively

promoted. In addition, as mentioned earlier in this report, this was an announced inspection to assist in the renewal of the registration of this centre. At the time of inspection, the provider had been issued with the registration details of the centre and they were aware of the requirement to submit their application within the required timelines.

This was an announced inspection which was facilitated by the centre's person in charge. They were found to have an indepth knowledge of the service, including the resident's individual needs and also of the resources which were implemented to support these needs. The person in charge held responsibility for the day-to-day operations of the centre and it was clear that they had a good rapport with each resident. They took the time to sit and chat with each resident and it was clear that this was the routine interaction which they would have. The residents discussed their plans with the person in charge and they clearly indicated that they could go to him if they had any concerns or complaints. The person in charge attended the centre on a daily basis which ensured that they were well informed in regards to issues which may impact on the provision of care or the quality of residents' lives. They also conducted regular audits in regards to care practices such as fire safety, medications and health and safety. The person in charge also completed unannounced spot checks of day-to-day practices such as hand hygiene, waste management, personal plans and additional question and answer sessions with staff members in regards to cleaning, hygiene and COVID 19. The inspector found that these arrangements promoted good governance and demonstrated that the provider and the person in charge were actively involved in driving quality within the service.

The provider had completed the centres' annual review which outlined the service which was provided in the previous year and also the quality and safety of care which residents received. The process for completing the annual review also focused on residents' and their representatives' thoughts and opinions on the service. Questionnaires were completed which outlined a high level of satisfaction from both parties and the review also included the provider's observations of actual care and the delivery of the service which also revealed that residents enjoyed their lives and that they were supported by a kind and conscientious staff team. The provider had also completed the centre's six monthly visit which indicated that care was generally held to a good standard with some minor issues highlighted which the person in charge had addressed.

The inspector met with four staff members throughout the course of the inspection and spoke directly with three of the four staff. These three staff were found to have a good understanding of residents' needs and they could also account for resident's individual preferences in regards to care and activities. Regular team meetings and staff supervision sessions were occurring which gave staff an opportunity to raise concerns in regards to care practices and staff who met with the inspector said that they felt supported in their individual roles.

The provider had ensured that staff could meet the assessed needs of residents by implementing a programme of both mandatory and refresher training. Staff had completed training in areas such as fire safety, safeguarding, medications with additional training facilitated in IPC which promoted the health and wellbeing of

residents.

Overall, the inspector found that the provider had implemented oversight arrangements which actively promoted the welfare and wellbeing of residents. The provider had also ensured that the centre was resourced with a competent staff team which assisted in ensuring that the quality and safety of care was maintained to a good standard.

Regulation 15: Staffing

Designated centres are required to have staffing arrangements in place which meet the assessed needs of residents and assist in supporting residents to have a good quality of life. This centre was well resourced in terms of staffing and the staff who were on duty were pleasant in their approach to care and they had a good understanding of residents' needs. The provider had also ensured that all required documentation as set out in Schedule 2 of the regulations were in place which assisted in the safeguarding of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training is an integral aspect in the operation of a designated centre and it assists in ensuring that staff members are up-to-date in regards to developments in care practices and that they are facilitated to understand and meet the assessed needs of residents. The provider had ensured that all staff members had received training in fire safety, safeguarding and additional training was facilitated to promote infection prevention and control (IPC) in the centre. The person in charge also ensured that staff had opportunities to discuss care practices and personal development through staff team meetings and one-to-one supervision sessions which were occurring.

Judgment: Compliant

Regulation 23: Governance and management

The person in charge had a good understanding of the residents' care needs and also of the resources, services and facilities which were in place to support residents' care. The provider had ensured that the centre was well resourced and that there was sufficient oversight of care to ensure it was maintained to a good standard. The provider had completed all required audits and reviews as set out in the regulations

and a schedule of additional internal audits ensured that the person in charge would identify any issues which would have a significant impact on the provision of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had produced a statement of purpose which which was reviewed formally on an annual basis and it was also freely available in the designated centre to both residents and their representatives. This document was reviewed on the days of inspection and although it set out the aims and objectives of the centre it did not meet all requirements of the regulations. For example, this document did not clearly set out the arrangements for social activities, education, and reviews of the residents' personal plans. In addition, The centre's floor plans, organisational structure and total staffing complement also required further clarity.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge explained that they were exploring the suitability of introducing volunteers to the service and they discussed the potential benefits this may have for residents. The person in charge was also aware of the requirement for volunteers to have their roles and responsibilities clearly set out and also their participation in scheduled supervision sessions.

Judgment: Compliant

Regulation 4: Written policies and procedures

Robust policies and procedures underpin the delivery of care and assist both staff members and the provider in ensuring that the quality and safety of care are maintained to a good standard. The provider of this centre had ensured that all policies and procedures as set out in Schedule 5 of the regulations were in place and also that they were reviewed as required.

Judgment: Compliant

Quality and safety

The inspector found that the centre was a pleasant place in which to live and that residents enjoyed a good quality of life. The inspector also found that they were active members of their local community and that their rights were supported and promoted. Although, care was generally maintained to a good standard several areas of care including personal possessions, welfare and development, personal planning, medications and fire safety required some adjustment to ensure that they met all requirements of the regulations.

It was very clear to the inspector that residents enjoyed a good quality of life and over the course of the inspection residents were observed to go to day services while others had an integrated service and they were out and about in their locality. Residents were also observed to chat freely with staff members about their upcoming plans in regards to shopping, trips away and day-to-day events such as going for coffee or meeting with family members. Residents also attended regular house meetings where they discussed the operation of their home and significant upcoming events in their lives such as birthdays or family celebrations. Advocacy was also freely available to residents if it was required and residents were free to exercise their right to vote.

Residents had comprehensive personal plans in place which clearly set out each resident's individual care needs and also the supports which were implemented to meet those needs. Plans also gave a good insight in regards to resident's individual preferences in terms of care and also the importance of family and community access. The provider introduced a system for supporting residents to identify and achieve personal goals such as going on holidays, city breaks and developing personal interests such as art and gardening. The inspector reviewed a personal plan and saw that a resident attended monthly keyworker sessions where they were updated in regards to their goals. However, some improvement in personal planning was required as the provider failed to demonstrate how this resident was given the opportunity to attend their annual review where some of their goals were chosen.

Each resident had their own bedroom and some residents showed the inspector their individual bedrooms in which they displayed some personal possessions such as music systems, soft furnishings, televisions and music collections. The provider was aware of the importance of assisting residents to maintain possession of these items and detailed logs of each resident's items were maintained in their personal plans. Residents were also supported with their finances and residents had their own accounts in financial institutions. Where residents were assessed as requiring assistance with their finances, staff members maintained detailed records of money spent on their behalf or with residents' permission. Although there were robust records in place for day-to-day spending, some improvements were required. For example, there was no method of recording monetary gifts which a resident received and there was a significant amount of money held in the centre for one resident. In addition, the same resident had received a cheque a number of months prior to the inspection which had not been lodged to their financial account and

again there was no method for recording the receipt of cheques.

Fire safety was taken seriously by the provider and fire safety equipment such as fire alarm systems, emergency lighting and fire doors were installed in each property which made up the designated centre. The action from the last inspection was also completed with fire drill records indicating that residents could be evacuated promptly across all shift patterns. Although fire safety was promoted and the provider ensured that all equipment was serviced as required, the provider failed to ensure that all fire doors with self closing mechanisms closed fully when activated. The inspector found that this compromised fire safety in this centre.

Infection prevention and control was promoted in this centre and staff members had undertaken additional training in hand hygiene, IPC and using personal protective equipment (PPE). A staff member who met with the inspector had a good understanding of the cleaning and hygiene arrangements in the centre and they referenced the colour coded cleaning system which was in place as they spoke. Although all houses in the centre were generally clean and maintained to a good standard, some issues were identified on this inspection, for example, the provider had introduced a cleaning schedule; however, there were clear gaps in it's completion. In addition, one house had a bath in place which had a built in jet wash system but the provider was unable to demonstrate how this jet wash system was cleaned or sanitised in between each use.

The inspector found that this centre was a pleasant place in which to live and that residents who met with the inspector were happy with their home and how the provider was supporting them. Although there were several areas of care which required adjustments, overall the delivery of care was maintained to a good standard.

Regulation 11: Visits

Residents were supported to have visitors in each house if they so wished and there was ample room for residents to receive visitors in private. There were no restrictions placed upon visits and residents who met with the inspector discussed how families regularly popped in to see them. One resident also explained how they had gone on a recent hotel break with their sister, another resident and also a staff member and that they really enjoyed this trip.

Judgment: Compliant

Regulation 12: Personal possessions

Residents have a right to have access to their own personal possessions and staff and the provider ensured that this right was upheld. Residents were supported to

have their own individual bank and post office accounts and staff members maintained complete records of all money which was spent on behalf of each resident. Some improvements were required as there was no recording or oversight of either monetary gifts or cheques which a resident had received.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents had good access to their local communities and they were about and about shopping and going for trips over both days of inspection. A review of personal planning indicated that some residents were supported with their personal interests such as art and gardening and the person in charge indicated that much of resident's personal training needs were facilitated through their respective day service. However, not all residents attended day services and there was no formal assessment in place to assist residents in accessing further education, training or employment.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had produced a residents' guide which outlined the service in general and what services and facilities were in place. This guide was readily available to residents and it was displayed in a user-friendly-format. However, some improvements were required as this document did not meet all requirements of the regulations. For example, further clarity was required in regards to the arrangements for residents' involvement in the running of the centre and also in regards to visits.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had risk management systems in place which aimed to identify elements of care which may impact on individuals or the provision of the service. Individual risk assessments were in place for residents in areas such as behavioural support, falls and choking and the provider had introduced centre based risk assessments in regards to issues such as fire, safeguarding and COVID-19. These risk assessments were found to be robust and assisted in promoting safety within

the centre. The provider also had a system for the recording of and responding to incidents which had occurred and a review of recorded incidents indicated that residents' safety was promoted.

Judgment: Compliant

Regulation 27: Protection against infection

IPC underpins the health and wellbeing of residents and it was clear that the provider was responsive to the threat of COVID-19. Enhanced cleaning regimes were in place and staff had a good understanding of residents' isolation requirements should they contract COVID-19. However, some improvements were required as cleaning schedules were incomplete and the provider was unable to demonstrate how a shared bath would be cleaned and sanitised in between each use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place which were serviced as required and staff had undertaken fire safety training. Each resident had an individual evacuation plan which outlined the supports they required in the event of a fire and completed fire drills showed that residents could be evacuated promptly across all shift patterns. Although fire safety was promoted and the provider ensured that all equipment was serviced as required, the provider failed to ensure that all fire doors with self closing mechanisms would fully close when activated. The inspector found that this compromised fire safety in this centre

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had installed suitable storage for medicinal products and medication prescription sheets and associated administration records were well maintained. A review of these records also indicated that residents received their medications as prescribed. Residents' independence in this area of care was also promoted and residents had been assessed to self medicate. However, some improvements were required as an assessment to assist a resident to self-medicate was not accurate and did not reflect practice in the centre. Furthermore, a suitable risk assessment

had not been introduced to support this resident to manage some aspects of their medications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were reviewed on at least an annual basis and to reflect changes in their care needs or following recommendations by allied health professionals. The provider had also introduced and system to assist residents with their personal goals and they were assisted by key workers in this area of care. Although there were many positive aspects to this area of care, the provider failed to demonstrate how some residents were supported to attend their annual planning meeting where many of their individual goals were chosen.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The rights of residents were actively promoted and there were no restrictive practices in place on the days of inspection. There were two behavioural support plans in place which guided staff in the delivery of this area of care and these plans were found to be comprehensive in nature and they were reviewed as required. A staff member who met with the inspector had detailed knowledge of a resident's behavioural needs and it was clear that were implementing this plan which promoted a good quality of life for this resident.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear that residents' voices were heard in this centre and the ethos of the centre ensured that they were actively involved in decisions about their own care and also in regards to the running and operation of their home. Throughout the inspection the inspector observed staff members chatting freely with residents and they actively sought their opinion and thoughts in regards to meals and activities that they might like to engage in. Residents were also registered to vote and advocacy was readily available should residents require it.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area B OSV-0004085

Inspection ID: MON-0028936

Date of inspection: 06/09/2022 and 07/09/2022

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 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 person in charge will review and update the statement of purpose and function and the residents guide in consultation with the Area Director and Regional Director to clarify staffing complement, floor plans organizational structure. <p>Proposed date for completion: 20/11/2022</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> The person in charge has developed a protocol to guide staff in recording of all monetary gifts/presents and all personal possessions. <p>Completed 10/09/2022</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p>	

- The Person in Charge will conduct formal assessments which will be completed with each resident and their families to identify residents wishes to have access to further education, training and employment.

Proposed date for completion- 31/10/2022

Regulation 20: Information for residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:

- Residents Guide is currently under an organizational review conducted by The Person in Charge and the Area Director. Once completed this will reflect the residents' involvement in the running of the centre and also visiting arrangements within the centre.

Proposed date for completion - 10/11/2022

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- The cleaning schedule has been updated to demonstrate how a shared bath would be cleaned and sanitized in between each use. IPC is a standing agenda on team meetings and incomplete cleaning schedules addressed with the staff team.

Completed 10/09/2022

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge has scheduled a service of all self-closing mechanisms in the centres and all mechanisms are now in working order.

Completed 08/09/2022

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Residents self-administration of medication assessment has reviewed and updated in line with required practice. A risk assessment has been completed to support this resident to manage some aspects of their medications.</p> <p>Completed on 10/09/2022</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge has organised an Annual Planning Review meeting for each resident to assist in choosing, discussing and planning their individual goals.</p> <p>Proposed timeframe for completion 20/11/2022</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	10/09/2022
Regulation 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	31/10/2022
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the	Substantially Compliant	Yellow	10/11/2022

	centre.			
Regulation 20(2)(f)	The guide prepared under paragraph (1) shall include arrangements for visits.	Substantially Compliant	Yellow	10/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	10/09/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	08/09/2022
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences	Substantially Compliant	Yellow	10/09/2022

	and in line with his or her age and the nature of his or her disability.			
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	20/11/2022
Regulation 05(6)(b)	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 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.	Substantially Compliant	Yellow	20/11/2022