



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

## Issued by the Chief Inspector

Name of designated centre:	Cluain Farm
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	06 July 2021
Centre ID:	OSV-0005455
Fieldwork ID:	MON-0029978

## About the designated centre

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

Cluain Farm provides full time residential care and support to seven male and female adults. The designated centre is a large rural two storey house, divided into two separate houses and four studio apartments. Residents living at the centre have access to communal facilities such as sitting rooms, kitchen/dining rooms, and spacious grounds. Each resident has their own bedroom which are decorated to their individual style and preference. The centre is located in a rural area, and has three vehicles to support access to the local community. Residents are supported by a staff team on a 24/7 basis with sufficient numbers and skills mix to meet the residents assessed needs.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	7
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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 - 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
Tuesday 6 July 2021	10:00hrs to 17:00hrs	Anna Doyle	Lead
Tuesday 6 July 2021	10:00hrs to 17:00hrs	Sarah Barry	Support

## What residents told us and what inspectors observed

The premises consisted of two houses and four studio apartments. At the time of this inspection one resident lived in a studio apartment and three residents lived in each of the adjoining houses. Overall the premises were clean, and spacious. However, there were a considerable number of updates required in all of the properties that needed to be addressed. This is discussed further under Section 1 and 2 of this report.

The areas that did not need attention had been personalised and in general the property was homely. It was evident that residents were involved in decisions around their home and one resident spoke about some paint colour options they were considering for their bedroom. The residents were also accommodated with space to enable them to practice their skills. One resident for example was an accomplished artist using wood and there was an art room in the centre for this purpose. This residents amazing wood carvings were on display throughout their home. Another resident who was very involved in an advisory group, liked time to write minutes of those meetings to share with the other residents and they had their own office in the centre to do this and other work.

The property was surrounded by gardens and a resident who showed an inspector around one of the houses explained that all of the bedrooms in this house had double doors out to a garden area where they could sit and enjoy the surrounding countryside. This resident talked about being able to go for long walks which they enjoyed and which was particularly important during COVID-19 restrictions. Another resident had taken up 'social farming' and there was a small garden area to the back of the property where they were growing some fruit and vegetables.

One of the studio apartments was also being used to facilitate some activities for residents and on the day of the inspection a massage therapist was in the centre and some residents were availing of this in the studio apartment. This studio apartment also had a magic table (this consists of a series of interactive games that are projected onto a table and can be used to improve cognition, hand eye co-ordination and communication). This was also useful when restrictions were in place around COVID-19 as residents could use this to play games.

Prior to COVID-19 residents were involved in horse-riding and one resident had completed a horse stable management course. One resident had volunteered in a local dog sanctuary and was looking forward to starting back as soon as restrictions allowed.

There were three cars available in the centre so as residents could avail of community activities and on the day of the inspection some of the residents went out shopping or for coffee. Having three cars available also meant that residents could go to their preferred activities everyday. During COVID-19 this was also

particularly useful as residents could travel separately and go for drives or walks.

The resident who lived in the studio apartment was happy to show an inspector around it. It comprised of a small hallway which led to a separate bathroom and a large room which consisted of a double bed, a two seater sofa and a small kitchenette. There were no cooking facilities in the apartment and the resident said they were happy with this as they liked to join other residents for their main meals in one of the adjoining houses. There were large wardrobes also for the resident to store clothes and personal possessions. However, the resident stated that they would like more storage for bedclothes which were currently stored at the top of this wardrobe unit.

Two residents met with an inspector to discuss their views on what it was like to live in the centre. Both of the residents said they were very happy living there and liked the staff team. They spoke about some of the activities they liked to do in the centre and said they got to choose what they wanted to do. One of the residents was involved in an advisory group which met every month to discuss management issues in the wider organisation that affect this designated centre. The residents that attended got to voice their opinions on issues raised.

A number of questionnaires were also completed by residents (some with staff support). Overall the feedback was very positive and residents said they liked the food, felt safe and liked the choice of activities. Some of the residents prior to COVID-19 had membership in a local hotel in order to avail of the swimming pool there. One resident liked to go for long walks in the countryside, another resident liked to go to the zoo. While some of the activities were restricted over the last year due to COVID-19, activities were starting to resume fully for residents.

The provider had also conducted a focus group with two residents in the centre to gather their views on what it was like for them during COVID-19. Some of the feedback was positive with residents stating that they got to do different activities like 'pamper nights' painting, going for long walks, playing bingo and video calling family members. Equally they found some things difficult like wearing masks. Both residents reported that they were very happy to have got the vaccination and were happy with information provided around COVID-19 like information on hand washing.

The staff spoken to knew the residents well and demonstrated a person centred approach to the care provided. One staff member spoke about their role as a keyworker and said that both the staff and the resident had the same interests (such as action movies and rugby) which worked very well when they were going to particular events that the resident liked as they shared these common interests. An inspector also found that contained in each residents plan was a checklist which outlined the personal attributes that a staff member should have if they were accompanying a resident on a certain activity. For example; one resident preferred a male staff to accompany them on walks.

Family questionnaires had also been completed to collect their views on the services provided. Overall they were very satisfied with the care provided and described the

service as 'absolutely brilliant', 'staff are approachable', 'person centred approach' and 'very welcoming'. One family representative said that their family member was encouraged to make choices and become more independent. This was evident from examples observed by inspectors as one resident was currently learning to use public transport and another resident was becoming more independent with their money.

An inspector also spoke to two family representatives over the phone about the services provided. Overall they were very satisfied with the care being provided. They felt that the management team and staff were very transparent and said they were always updated about any changes in their family members care and support needs. Both were very happy with the care provided during the COVID-19 restrictions and said they were able to keep in touch via phone calls, videos and some visits when restrictions were lifted. Both family representatives said that while their family members were happy to be visiting their family home again, they were also very happy when they were returning to the centre. One representative described it as a 'home from home' and said they were always welcome to visit. In fact one resident said when asked where they were from, they responded by saying 'Cluain Farm'. This informed the inspectors that the residents concerned viewed this centre as their home.

Monthly meetings were held with residents individually in the centre, where discussions included planning activities and developing reviewing goals. Some of the plans and information reviewed indicated that residents got to do activities that were important to them.

Residents were also included with maintaining their own home and were involved in some household chores that contributed to a sense of independence for them. Each month a 'core team meeting' was held with residents to discuss goals and supports required. These meetings were contributing to positive outcomes for residents. For example; it was noted in one review that a resident did not want to use a knife for cutting food. The staff team looked into an alternative chopping utensil for the resident which they had ordered. This informed inspectors that residents were supported taking positive risks.

From the information reviewed on the day of the inspection, the inspector found a number of examples of where residents' rights were respected in this centre.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

## Capacity and capability

Overall this centre was well managed on a day to day basis and both the person in charge and staff team demonstrated a person centred approach to the care

provided here. However, there were a number of issues with the premises and the governance arrangements in the centre. Improvements were also required in health care.

This centre is currently being managed by the organisation 'Positive Futures' on behalf of the Health Service Executive (HSE) under Section 64 of the Health Act. The long term plan was that the HSE and the owners of the building would agree a lease for the property and Positive Futures would then submit an application to the Chief Inspector to register the centre as the provider of services. This situation had been ongoing for a number of years and at the time of this inspection the lease had still not been signed, this meant that Positive Futures could not undertake any required structural changes to the property and could not proceed with an application. This has the potential to impact on the quality and safety of the care provided and means that although Positive Futures are identifying issues through audits, they could not have the work completed. This is discussed in more detail in Section 2 of this report.

While there was a defined management structure in place, some of the issues could not be addressed. As there were also issues with the governance and oversight of the centre, the inspectors were not satisfied that the provider ( HSE) and Positive Futures have the appropriate arrangements to affect the necessary changes to the premises in the centre.

Notwithstanding, the inspectors found that the centre was managed by a full time person in charge who provided good leadership and support to their staff team. There was also a deputy service manager in place to support some of the oversight and care provided in the centre. Both the person in charge and the deputy service manager appeared to know the residents well and demonstrated a commitment to improving the residents' lives in the centre.

Staff met said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis. On call was also provided out-of hours should staff require support or advise.

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. During the day there were up to six staff on duty, this meant that residents could be supported on a one to one basis if preferred to do activities. Monday to Friday the person in charge and the deputy service manager were also on duty from 9-5. At night time there were three staff on duty on a sleep over basis. Staff met stated that if any night time events were planned that the staffing levels would be arranged to support this. There was a small number of relief staff employed in the centre, this ensured consistency of care when permanent staff were on leave.

From a sample of training records viewed the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding vulnerable adults, fire safety, manual handling, supporting residents with epilepsy and infection



prevention and control. Some refresher training was due for four staff in positive behaviour support however; there were plans in place to complete this once public health advice permitted this.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Both the annual review and the last six monthly audit report had highlighted a small number of actions which required attention. One being the ongoing issues with the premises as discussed earlier which were still to be resolved. Other areas of improvement identified were followed up by inspectors and they had been completed. For example; the complaints policy was due to be updated and this had been completed.

Other audits were also completed in areas such as; medication management and restrictive practices. These audits were identifying good practices and also areas where improvements were required. In this instance the person in charge had put actions in place to address improvements required. For example; an audit of medication practices found that a number of errors had occurred in the centre. The person in charge had instigated some refresher training for staff in response to this.

A review of incidents that had occurred in the centre over the last year, informed the inspectors that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

The Statement of Purpose for the centre was available on the day of the inspection. However a number of improvements; were required which included; an outline of the purpose and function of each room in the designated centre; the staff full time equivalents employed in the centre; the arrangements for any special therapeutic techniques occurring in the centre and the organisational structure in the centre.

### Regulation 15: Staffing

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents

Judgment: Compliant

### Regulation 16: Training and staff development

From a sample of training records viewed the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding vulnerable adults, fire safety, manual handling, supporting residents with epilepsy and infection

prevention and control.

Some refresher training was due for four staff in positive behaviour support however; there were plans in place to complete this once public health advice permitted this.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management arrangements in the centre were not effective to ensure that the ongoing upgrades required to the premises could be implemented.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

The actions from the last inspection had been completed and a contract of care was in place for each resident which outlined the fees charged and services provided. These contracts had been signed by the resident or their representative.

There were no new admissions to the centre since the last inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose for the centre was available on the day of the inspection. However a number of improvements were required which included; an outline of the purpose and function of each room in the designated centre; the staff full time equivalents in the centre; the arrangements for any special therapeutic techniques occurring in the centre and the organisational structure in the centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of incidents that had occurred in the centre over the last year, informed

the inspectors that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

Judgment: Compliant

## Quality and safety

Overall, the residents appeared to enjoy a good quality of life in this centre. The residents appeared to self direct their own lives and were included in decision around their care and support. However as stated the premises needed significant repairs and upgrades and improvements were required to ensure that residents health care needs were managed.

The premises was for the most part homely, was clean and spacious and residents' bedrooms had been personalised to their individual tastes. Since the last inspection some residents had new wardrobes fitted in their bedrooms, some were planning to paint their bedrooms and were choosing paint colours. However, repairs and updates were required to the premises.

These include but not confined to the following;

- one resident wanted more storage space in their studio apartment
- the sewage tank needed to be replaced
- the fascia boards were rotting in some areas which was causing leaks to the internal part of the building
- the bathrooms in both houses needed to be upgraded.
- one of the radiators in a downstairs bathroom was rusted
- the kitchens in both of the houses were awaiting upgrade
- the attic space of the four adjoining studio apartments had gaps which did not meet fire containment measures
- a ramp had been recommended for a residents in July 2020 and this had not been put in place.

These issues had been identified by Positive Futures through their auditing process but could not progress due to the issues outlined in section 2 of this report.

The inspectors found that personal plans were in place for residents which had an assessment of need completed however, some of these assessments did not include the dates that they were completed. Otherwise, residents had identified goals in

place and planned their activities in line with their personal preferences. For example; one resident was writing a cookbook and another was designing what their own home would look like if they had the opportunity to build it. Meetings were held monthly and yearly to discuss and review the care provided and the goals and activities that residents were doing. Family representatives and residents verified this also.

Residents who required support with their healthcare needs had timely access to allied health professional supports. This included regular access to a general practitioner (GP), dentist and psychiatrist. However, support plans were in not in place for all identified health care needs. In addition some of the recommendations made by allied health professionals had not been fully implemented. For example; one resident required their fluids to be restricted and this had not been fully adhered to, another resident was recommended to have salt included in their diet and this was not fully outlined in a support plan either, nor was it clear whether staff were implementing it.

Residents were also supported to enjoy best possible mental health and had positive behaviour support plans in place to support the residents and guide staff practice. All staff had been provided with training in positive behaviour support.

There were systems in place to manage risk in the centre. This included a risk register, which gave an outline of all the main risks in this centre. There were also site specific assessments for each location in the designated centre, which included falls risk assessments, lone workers and working with electricity. From a review of a sample of these, they included details of the controls in place to mitigate risk. The inspector followed up on some of the control measures in place and found that these were in place. Incidents were also being reviewed in the centre and additional measures were taken to manage risks. For example; there was an increase in medication incidents in the centre (mostly attributed to administrative errors), following this staff undertook refresher training.

Appropriate infection control measures were in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre which was being used in line with national guidelines. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. There were measures in place to ensure that both staff and residents were monitored for possible symptoms of COVID-19.

Staff had been provided with training in safeguarding vulnerable adults. The staff were aware of what constituted abuse and the reporting procedures in place within the organisation to support and protect the residents. Where and if required safeguarding plans were put in place to keep residents safe.

There were a number of examples where residents rights' were respected in this centre. For example; residents were included in decisions about their care, got to choose activities that were meaningful to them, could freely access all areas of their home and were supported to increase their independent living skills.

## Regulation 17: Premises

Repairs and updates were required to the premises. These included but not confined to the following;

- one resident wanted more storage space in their studio apartment
- the sewage tank needed to be replaced
- the fascia boards were rotting in some areas which was causing leaks to the internal part of the building
- the bathrooms in both houses needed to be upgraded
- one of the radiators in a downstairs bathroom was rusted
- in the attic space of the four adjoining studio apartments there were gaps which did not meet fire containment measures
- the kitchens in both of the houses were awaiting upgrade
- A ramp had been recommended for a residents in July 2020 and this had not been implemented.

These issues had been identified by Positive Futures however, the provider could not address any of these matters due to the ongoing situation regarding the lease of the building.

Judgment: Not compliant

## Regulation 26: Risk management procedures

There were systems in place to manage risk in the centre. This included a risk register, which gave an outline of all the main risks in this centre. There were also site specific assessments for each location in the designated centre

Judgment: Compliant

## Regulation 27: Protection against infection

There were systems in place to manage/prevent an outbreak of COVID-19 in the

centre.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
<p>Personal plans were in place for residents which had an assessment of need completed. Some of these assessments did not include the dates.</p> <p>Residents had identified goals in place and planned their activities in line with their personal preferences. Meetings were held monthly and yearly to discuss and review the care provided and the goals and activities that residents were doing. Family representatives and residents verified this also</p>
Judgment: Compliant
<b>Regulation 6: Health care</b>
<p>While assessments of needs had been carried out some of these assessments which related to health care did not include the dates they were completed. In addition support plans were in not in place for all identified health care needs. and some of the recommendations made by allied health professionals had not been fully implemented</p>
Judgment: Not compliant
<b>Regulation 8: Protection</b>
<p>Staff had been provided with training in safeguarding vulnerable adults. The staff were aware of what constituted abuse and the reporting procedures in place within the organisation to support and protect the residents. Where and if required safeguarding plans were put in place to keep residents safe.</p>
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
<p>There were a number of examples where residents rights' were respected in this</p>

centre. For example; residents were included in decisions about their care, got to choose activities that were meaningful to them, could freely access all areas of their home and were supported to increase their independent living skills.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Cluain Farm OSV-0005455

Inspection ID: MON-0029978

Date of inspection: 06/07/2021

## 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:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Positive Futures will continue to escalate the urgent requirement for the HSE to sign the lease agreement. Feedback from the Disability Manager, MLM CHO has confirmed that the lease has been agreed by the HSE and ISA. The ISA has signed the lease. The outstanding action is for the lease to be signed by the Board of the HSE. The Service Manager &amp; PIC has on the 29.07.21 requested a date for this to be completed by. Positive Futures Senior Management will continue to escalate this as a high priority action with the HSE weekly. The HSE Disability Manager has sought assurances and confirmation that that the lease agreement will be signed by the HSE Board and available no later than 1st October, 2021.</p> <p>As soon as the lease agreement is signed Positive Futures can immediately progress with the upgrade required to the premises.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Further detail regarding the staff full time equivalents (fte) in the centre and the arrangements for any special therapeutic techniques occurring in the centre has been added to the SoP and sent to HIQA on 4.08.21.</p> <p>Following further communication with HIQA on 19.08.21 the following further updates have been made to the SoP and sent to HIQA on 25.08.21:</p>	

- Specific care needs-Cluain Farm is a 8-person community-based residential service and operates under the HSE MLM CHO 8 region. Currently there are 7 people we support living within Cluain Farm and supported by Positive Futures. Positive Futures currently have one person referred to the service.
- Facilities and services- Accurate detail has been added to reflect the usage of the 4 Apartments and outline of the floor space in each.
- Organisational structure- Details of the HSE who are the registered provider have been added to the organisational structure to include the arrangements for their oversight of the centre.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 All superficial and decorative requirements are in progress and will be completed by 30.09.21

Postive Futures has been advised that no structural work to the premises can be undertaken until the final sign off of the lease agreement. The HSE Disability Manager has sought assurances and confirmation that that the lease agreement will be signed by the HSE Board and available no later than 1st October, 2021. On confirmation of this sign off Positive Futures will immediately organize for commencement of works identified. The Service Manager has received quotes for all required works and has a contractor agreed. An action plan with timeframes for completion of works has been developed.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 Service Manager has archived medical reports from the pre-placement information as they are no-longer relevant. This info was filed here in order to give a background to the individual which helps in getting to know people. This information is however historic and has moved on. All current healthcare reports are included within the medical section of each person’s reference folder and have the completion dates detailed.

The GP has been consulted with on 22 July 2021 and has provided further guidance for 3 of the people we support. All records including the risk assessments and Person Centred Portfolios (Care Plans) have been updated with the appropriate detail. All updated information has been shared with the staff team. A process has been put in place for the recording of GP advice during the appointment for the GP to sign on the day.



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	09/11/2021
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.	Not Compliant	Orange	09/11/2021
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	09/08/2021

Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	09/08/2021
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Not Compliant	Orange	09/08/2021