



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

Issued by the Chief Inspector

Name of designated centre:	Newmarket Residential
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	03 May 2023
Centre ID:	OSV-0005528
Fieldwork ID:	MON-0035176

About the designated centre

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

In this centre the provider aims to provide, in consultation with residents and their families, a safe and welcoming home environment for residents in their own community. The support provided is tailored to specifically meet each person's needs, to provide opportunities to enjoy independence while still connected to family and home and, to participate in social activities, hobbies and community engagement that is suitable, meaningful and age appropriate. Residents receive an integrated type service where both residential and day services are provided from their home. Support is provided by a team of social care staff with management and oversight provided for by the person in charge supported by a social care worker. Each apartment is staffed by day and at night one staff on sleepover duty provides support as needed for both apartments. The premises consists of two separate adjacent, ground floor apartments with accommodation provided in each apartment for two residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 3 May 2023	10:00hrs to 17:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was undertaken to follow-up on the findings of the last inspection of this service by the Health Information and Quality Authority (HIQA) completed in August 2022. Those inspection findings were not satisfactory. On this occasion infection prevention and control concerns meant that some changes were needed to the inspection methodology. For example, the inspector did not visit or meet the residents of one apartment. However, there was ample evidence to support the conclusion that while matters were not fully resolved the governance, quality and safety of the service was much improved.

This inspection was unannounced and on arrival at the centre the person in charge advised the inspector that staff had that morning implemented the provider's infection control outbreak plan. The inspector went to meet with the two residents living in the adjoining apartment and spent a good deal of time with them before infection prevention and control concerns arose in that apartment. The remainder of the inspection was completed off-site where the inspector reviewed records and discussed the governance and management and general administration of the service with the local management team.

Both residents were in great form and their general presentation and the relaxed atmosphere in the apartment was in marked contrast to that found in August 2022. One resident clearly recalled that inspection and said that it had not been a good day. Both residents were comfortable with the staff member of duty and clearly very comfortable with the person in charge. It was evident from the discussions that developed that both residents had access to the person in charge and had raised and discussed matters of importance to them with the person in charge.

The inspector saw that both residents had good independence but also received any support that they needed. For example, staff prepared one residents breakfast for them but the second resident largely prepared their own breakfast and managed their own medications before sitting to chat with the inspector. The different routines of both residents meant that individually they had the space and the privacy to chat. The inspector noted that this became a little challenging when they were both present in the shared living space. For example, one resident followed the inspector out of the apartment to confirm and seek assurance on the important points that they had discussed with the inspector. The inspector assured the resident that they had provided an excellent account of life and what it was that they needed and wanted. The inspector assured the resident that it was also a challenge at times for inspectors to know what to ask and how to ask so as not to cause any upset.

Both residents discussed different activities that they enjoyed such as going to a local hotel to use the leisure facilities, going bowling and to concerts and, spending time each week at home and with family. Both residents were going to a concert at the weekend and were spending the night away supported by staff. One resident

had started drumming lessons and continued to enjoy volunteering and the experience of work in their local community. One resident did at times use gestures or objects to support their engagement with the inspector such as pictures of a holiday spent with family members. One resident was looking forward to and planning for a family holiday abroad. What was evident from the time spent with residents was their improved confidence and ability to communicate. The clinical support and input planned at the time of the last inspection had been provided quite evidently with good effect.

The annual review completed by the provider of the quality and safety of the service made good provision for consultation with residents and their families. Residents said in their questionnaires that they felt safe, had good choice and control in their daily routines and could speak with staff if they had concerns. Feedback received from families was positive and recognised the improvements that had occurred in the service.

The inspector's observations and the discussion between the inspector and one resident in particular reiterated salient points and provided valuable evidence. For example, the resident confirmed that there was additional staff support in place so that they had more one-to-one time at least three days each week. This additional support appeared to have reduced the impact of different personalities, needs and choices noted at the time of the last HIQA inspection. However, what was also very clearly articulated by the resident was the ongoing impact of the limited space available in the apartment such as the size of their bedroom and the combined kitchen, dining and living space that was shared by both residents and the staff members on duty. The resident clearly associated and described the provision of adequate personal and private space and separate recreational space as "an opportunity" to improve their quality of life. The resident was clear and unequivocal that they wanted a plan to progress this but the primary objective of any plan would have to be that the resident continued to live in this village.

In summary, this was the primary finding of this inspection, the unsuitability of the limited space available in this apartment and the need for a plan to address this. Overall, the provider demonstrated a much improved and good level of compliance with the regulations but some improvement was needed for other areas to be judged fully-compliant. For example, while good solid infection prevention and control practice was evidenced on the day there was a requirement for updated policy to underpin and guide practice.

The next two sections of this report will present the findings of this inspection in relation to the governance and management of the service, how this had improved the quality and safety of the service and, the areas where further improvement was needed.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The provider had responded positively and with effect to the unsatisfactory findings of the last HIQA inspection. Some improvement was needed in some areas but overall much improvement was found and well-evidenced.

For example, the provider had ensured that it put suitable arrangements in place for the management of the service during a planned absence of the person in charge. The provider had appointed another person in charge as required by the regulations and had notified HIQA of this. The person in charge had practical support from two social care workers one of whom was met with during this inspection. The social care worker confirmed that their assigned weekly administration time was now consistently protected.

The person in charge and the social care worker clearly described how they monitored the appropriateness, quality and safety of the support and care provided to each resident. For example, the person in charge completed formal supervisions with each staff member and was present in the service three days each week. The person in charge and the social care worker had continued the work commenced by the previous person in charge to monitor and address the deficits in the centre. For example, they completed weekly audits of and cross-referenced the records created by staff of the care and support provided to each resident with practice. Any gaps or deficits arising were discussed individually and collectively with the staff team. Overall, much improvement and no particular or concerning pattern of deficits was reported.

The responsibility for ensuring that residents received a safe, quality service was shared across the governance structure. For example, senior management had met with the staff team to discuss the findings of the last HIQA inspection and set out for the staff team the improvement that was needed. The person in charge and the social care worker were proud of the improvements that had been achieved. They recognised and acknowledged how the current staff team had embraced the change that was needed and worked with them such as in attending staff meetings, engaging with the process of supervision and, with the multi-disciplinary team (MDT). While regular auditing continued the person in charge told the inspector that the staff team were completing their duties and tasks such as the cleaning of the apartments and, were adhering to each resident's personal plan.

The annual review of the quality and safety of the service had been completed and the six-monthly quality and safety reviews were on schedule.

The provider had allocated additional staffing hours each week to the service and this had enhanced the individuality and quality of life for residents. Good oversight was maintained of staff attendance at training.

Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and qualifications needed for the role. The person in charge demonstrated leadership and responsibility for the quality and safety of the service and escalated matters as appropriate to their line manager. It was evident that the person in charge was consistently engaged in the management and oversight of the service.

Judgment: Compliant

Regulation 15: Staffing

Since the last inspection the provider had reviewed and made changes to the staffing levels and arrangements in this service. This had improved the consistency and the quality of the service provided to each resident. For example, each resident had one-to-one staff support at least three days each week. This was clearly indicated on the staff rota, residents confirmed it was in place and, the person in charge said that this was only cancelled or changed as a last resort. There was flexibility in this additional staffing so that it was responsive to the routines and choices of each resident. The employment of staff who worked across different services and locations was now minimal. A staff member spoken with confirmed this. The person in charge said that this promoted consistency, monitoring and accountability and fostered good relationships between the residents and staff.

Judgment: Compliant

Regulation 16: Training and staff development

Better and good oversight was maintained of staff attendance at mandatory, required and desired training. The inspector reviewed the staff training matrix and a sample of individual training records. Any refresher training that was due was planned or booked. The person in charge confirmed that most staff training programmes had reverted to face-to-face training and site specific training specific to the needs of the residents was also provided. For example, the behaviour support specialist had recently met with the staff team in response to incidents that had occurred and site specific fire safety training was planned.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced. The provider had constructively responded to the findings of the last HIQA inspection and demonstrated an improved and good level of compliance with the regulations. The actions taken by the provider had improved the quality and safety of the service and ensured consistency and continuity of governance in the absence of the person in charge. It was evident from discussion and records reviewed that formal and informal quality assurance systems were used regularly and consistently to monitor and improve as needed the care and support provided to each resident.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had notified HIQA of a planned absence of the person in charge and of the arrangements put in place for the management of the service during that absence.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that the complaints procedure was available in the apartment in an easy-to-read format. Residents said in their completed questionnaires that they could speak with staff if they had concerns. The inspector noted how the residents and the person in charge revisited matters that they had already discussed. The inspector saw that where representatives made suggestions or observations about the service these were discussed further with them and addressed.

Judgment: Compliant

Quality and safety

The actions taken by the provider following the last HIQA inspection had improved the quality and the consistency of the care, support and services provided to each resident. Some minor improvement was needed in the oversight of risk, in personal planning, fire safety and infection prevention and control. As stated in the opening

section of this report the primary matter to be addressed was the unsuitability of the amount of space available in one apartment.

At the time of the last HIQA inspection an evident concern was an absence of compatibility between residents particularly in one of the two apartments. In response, the provider had ensured that the assessment of compatibility that was in process at the time of the last HIQA inspection was progressed and completed. A resident had been supported to access and use the services of an independent advocate. The provider had also put staffing arrangements in place so that residents had the individualised staff support that they needed at least three times each week. This meant that residents spent more time apart and could do different things of their choosing. Based on these inspection findings this one-to-one time presented as having eased the absence of compatibility between residents. For example, staff reported that at times residents now happily choose to spend time together and to do things together. The residual issue was the fact that residents were required to live in close proximity to each other and had inadequate personal and recreational space. The provider acknowledged this but there was no plan in place to address this.

The person in charge and the social care worker were in the process of transferring each resident's personal plan into the recently introduced personal outcomes measures (POM's) format. However, the personal plan reviewed by the inspector while in the older format and updated required a full review. The plan did fully and accurately reflect the resident's current needs and circumstances and what had been learned about the resident's personal objectives through the process of advocacy and the completion of the compatibility assessment.

Staff monitored resident health and wellbeing and there was evidence of good MDT input into the support and care provided to residents such as from the general practitioner (GP), psychology and the behaviour support specialist. The inspector noted that on the day of inspection staff members had been attuned to symptoms that may have been indicative of COVID-19 and had implemented the infection control outbreak plan. The inspector saw that the person in charge provided good infection prevention and control guidance and direction to the staff team on duty and to the residents. However, an update of policies and procedures including the outbreak plan was needed.

Overall, much improvement was noted in the systems for identifying, managing and reviewing risks. The inspector reviewed a purposeful sample of risk assessments such as for fire safety, the absence of compatibility and specific risks as they related to each resident's needs. The person in charge reviewed these risks and their control on a regular and consistent basis. These reviews were closely linked to any incidents that had occurred and where additional controls were needed there was evidence that these were implemented such as additional input from behaviour support and additional care and support recording templates. However, one incident that had occurred required a further and broader review to ensure the risk was adequately managed.

Regulation 10: Communication

The inspector saw how the clinical assistance and support provided had developed a residents confidence in their communication skills. Both residents met with were well able to communicate and engage with the inspector and the staff members on duty using their particular skills and abilities. Tools such as a visual schedule were still in use but the person in charge reported that a resident may or may not engage with the schedule. Further speech and language therapy (SLT) input was imminent to explore other possible communication strategies. Residents had access to a range of media and information about local upcoming events was noted by the inspector in the apartment.

Judgment: Compliant

Regulation 11: Visits

Residents had regular and ongoing access to home and family. The location of the service was very important to residents as it supported this. However, the space available in one apartment could, based on records seen and discussion with the person in charge, present challenges to facilitating visits as the communal area was shared and there was no private space other than residents' bedrooms. This is addressed below in Regulation 17: Premises.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge reported that the additional staffing, improved consistency of staffing and, consistent oversight of practice ensured both the individuality but also the quality and consistency of the opportunities each resident had to be meaningfully engaged. Residents spoken with expressed satisfaction with the opportunity they had to do things that they liked and enjoyed. It was evident that residents had a strong bond and association with the local community and this was very important to them. Residents were supported to develop and maintain friendships and relationships that were important to them.

Judgment: Compliant

Regulation 17: Premises

Residents loved the location of their apartment and did not express to the inspector any particular preference for any specific living arrangement other than the importance of staying in this village. However, the design, size and space available in one apartment was not suited to the number or the needs of the residents living in the apartment. The provider did not have a plan that was time-bound to address this. Given the available facilities, residents were required to live in close proximity to each other and this arrangement exacerbated their differences and limited the opportunities that they had for privacy and for time alone. This was very clearly articulated by one resident and reflected in records such as the compatibility assessment. In addition, there was no suitable private space in which to receive visitors other than in residents' bedrooms. The inspector saw how the shared communal space limited freedom of expression when personal matters were being discussed. One resident's bedroom was compact and limited the personal possessions that they could keep in their bedroom. For example, the resident told the inspector that he had taken his drum kit to his family home and he collected them from there prior to his drumming class. Their peers bedroom was of a suitable size as set down for example in other applicable standards and it was three square metres larger than the other bedroom. There was no space to accommodate staff on sleepover duty if needed. One resident had expressed their dislike of the fact that sleepover staff were based in the adjoining apartment.

Judgment: Not compliant

Regulation 26: Risk management procedures

Overall there was much improvement noted in how risks were identified, managed and reviewed. The provider had responded to high and escalated risks that were of concern at the time of the last inspection. For example, the centres staffing arrangements had been reviewed and amended and, good progress was reported in relation to staff adherence to plans and protocols. The review of risk by the person in charge was ongoing and responsive. That is, review was based on changes or incidents that occurred rather than a specific and prescribed timeframe. However, while one incident had been reviewed and an additional control was put in place in response, the review and action taken was too focused on one aspect of the incident rather than the event in its totality and all of the risks that had presented to resident safety.

Judgment: Substantially compliant

Regulation 27: Protection against infection

On the day of inspection it was evident that staff continued to monitor their own and resident well-being, were attuned to possible symptoms of infection and implemented controls to reduce the risk of the spread of preventable infection. These controls included the use of an enhanced level of personal protective equipment, seeking medical advice and care for residents and, advising visitors such as the inspector of the risk and the controls in place. Residents were spoken with and supported to change their routines and plans as needed. However, while there was up-to-date national policy in place, the local policies and plans required review and update as they predated changes made. For example, clarity in testing policy was needed such as in any requirement to re-test and which test was to be used.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvement was noted in the arrangements for testing the centres evacuation procedures. The inspector reviewed records of four simulated drills that had been completed at reasonable intervals since the last HIQA inspection. These drills included a drill that tested the ability of one staff member to evacuate both apartments. Residents were reported and recorded as having good evacuation skills. Different members of the core staff team had participated in these drills. However, more robust arrangements were needed to ensure and to demonstrate that staff members who worked on a relief basis participated in these simulated drills.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

It was evident from discussion and records seen such as the records of staff team meetings that good oversight was kept of residents' needs and any changes in these needs. Residents did have input into the care and support that they received and their personal plan was available in an accessible format. The person in charge was in the process of transferring each resident's personal plan onto the POM's format and was holding planning meetings with the residents and their families as appropriate prior to this. However, the personal plan reviewed by the inspector needed a comprehensive re-assessment of needs and overall update so as to more accurately reflect the resident's needs and changed circumstances such as their dissatisfaction with their living arrangement and the plan to address this.

Judgment: Substantially compliant

Regulation 6: Health care

Residents did have healthcare needs. Based on what the inspector observed, read and discussed staff monitored resident wellbeing and sought advice and care for residents as needed. The person in charge ensured that residents had access to the services and clinicians that they needed included their general practitioner (GP), psychiatrist, psychology, dentist, optician and hospital based services such as neurology. There was a preventative and health promoting ethos to the care provided such as screening and vaccination programmes. Families were advised of any changes and worked with the staff team to ensure that residents enjoyed the best possible health. Where a resident refused care this was respected and plans were put in place to support the resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents did have needs that required positive behaviour support. The inspector saw that these needs, incidents that occurred and the support to be provided were discussed at each staff meeting. Guidance was also provided directly to the staff team by the positive behaviour support specialist who had recently met with the staff team on site. The person in charge reported that the staff team had engaged well with the expertise and guidance offered. Staff had completed relevant training such as in de-escalation and intervention techniques. There were some interventions in use that met the benchmark for a restrictive practice such as alarms and devices to alert staff. There were systems in place for the review of the need for and the ongoing requirement for these interventions. These interventions promoted resident safety and did not impact on their quality of life.

Judgment: Compliant

Regulation 8: Protection

All staff working in the centre had completed safeguarding training. Residents reported in their questionnaires that they felt safe. Residents presented as comfortable with the staff members on duty on the day of this inspection and were clearly very comfortable in approaching and discussing issues with the person in charge. The person in charge was present in the centre a minimum of three days each week and in consultation with the social care workers monitored the care and support provided. On speaking with the local management team they were unequivocal on the safeguarding of all four residents from any type of abuse and

harm. The person in charge had access as needed to the designated safeguarding officer.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were central to all discussions held with the local management team about the planning, delivery and oversight of this service. For example, the person in charge described how some residents liked the monthly house meetings that were held while others did not and had a preference for more spontaneous and individualised discussion. The person in charge was available to residents and listened to residents. Residents had access to advocacy services and one resident was actively supported to access and use the services of an independent advocate so as to explore and promote their will and preference in relation to their living arrangements. The provider had enhanced the opportunities that residents had to exercise individual choices and preferences.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Newmarket Residential OSV-0005528

Inspection ID: MON-0035176

Date of inspection: 03/05/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: PIC will ensure a time bound plan is put in plan to explore all current housing options in the area and to identify a housing option where the design, size and space is more suited to the needs of the current residents.</p> <p>A risk assessment to outline mitigations that are needed to manage lack of privacy in communal area, lack of space for personal possessions and space for visitors will be completed.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A further review of the particular incident and associated risk assessment will take place in consultation with mutliD and the individual supported to determine if additional or any mitigations are appropriate.</p>	
Regulation 27: Protection against infection	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Local Procedures will be updated to reflect National Policy and include clarity and guidance particularly in the area of Covid testing.</p> <p>The outbreak management plan has been updated to reflect current guidelines and offer clear guidance for the staff team.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Site Specific Training is scheduled to take place on the 15/06/2023 and will be completed by all core staff team and Relief staff. Training matrix and individual staff training records will be updated to reflect attendance.</p> <p>All relief staff will complete a fire drill by end of July 2023.</p> <p>PIC will ensure that the fire drill schedule is updated to ensure all relief staff participate in fire drills on an annual basis alongside core staff team.</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: A full review of the individual plan will be completed, as part of the transition to the POMs format, to include detailed information relating to the individual's dissatisfaction with current housing and a plan to address this.</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 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/07/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2023
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	Substantially Compliant	Yellow	30/06/2023

	prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/07/2023
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/09/2023