



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

Issued by the Chief Inspector

Name of designated centre:	Juderobe
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	11 September 2023
Centre ID:	OSV-0005778
Fieldwork ID:	MON-0040781

About the designated centre

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

Juderobe provides a residential service to four female adults with a mild to moderate intellectual disability. The centre consists of one dwelling on the outskirts of a large town. The dwelling consists of four bedrooms, a shared shower-room, a bathroom, kitchen, lounge, garage and conservatory. The centre is staffed with a skill-mix of nursing and care staff and provides support 24/7 to residents. There is an on-call nursing service available for the centre also to provide further support, if required.

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
Monday 11 September 2023	09:00hrs to 16:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents who resided in this centre enjoyed a good quality of life and they were active in their local community. Although the residents who met with the inspector voiced their satisfaction with the service, significant improvements were required in regards to premises. Several regulations which were also reviewed also required adjustments to ensure that they were held to a good standard at all times. These issues will be discussed in the subsequent sections of this report.

This was an unannounced inspection to monitor the quality and safety of care which residents received. The centre was registered to provide a residential service for four residents and they inspector met with the four residents on the day of inspection. The person in charge facilitated the inspection and the inspector met with three staff members who were providing support.

The inspection commenced in the morning and two residents were up, having breakfast and getting ready for the day ahead. There was a very pleasant atmosphere and both residents chatted with staff about the day ahead and also how they might need some assistance to shower and choose their clothes. The centre was very relaxed and residents spoke briefly with the inspector as they were too busy with their morning routines. Two full time staff members and one agency staff member were on duty to assist residents with their care needs and residents appeared to have a good rapport with them.

Of the full time staff members, one was a nurse and the other was a care assistant. The nurse on duty discussed each of the resident's care needs at length and it was clear that they had a good understanding of the service, including behavioural support, recent incidents and the overall provision of social care. The care assistants who were also on duty had a very pleasant approach to care and they both chatted freely with residents throughout the day. The centre's full time care assistant also discussed residents' likes and dislikes in regards to social care and how residents liked to spend their time. The agency care assistant explained how they had been inducted to the centre and the person in charge discussed how this agency staff was familiar with the centre but they were not one of the regular agency staff which were used. Although the agency staff was familiar with the residents' care needs and they were kind and patient in their approach to care, they did explain that they had not participated in a fire drill which may impact on the evacuation arrangements in this centre.

The inspector met with all four residents throughout the day of inspection. Each resident appeared relaxed and comfortable in their surroundings and they all interacted with staff in a warm and familiar manner. Three residents spoke with the inspector directly and the inspector met with one resident as the inspection concluded. The three residents who spoke with the inspector were more comfortable speaking for short periods of time but each of these residents stated

that they liked their home and also the staff who supported them. Two of the residents discussed how they liked going to their day service and both eagerly awaited for their transport to arrive. One resident joked that the inspector's car was in the way and that it was better to move it so they wouldn't be delayed. The two other residents were having a relaxing day with both heading out with staff at different times to go for coffee and an ice cream. When one of these residents returned they explained that they had a very nice time and that they liked having ice cream at the beach.

The residents had lived in this centre for a number of years and it was clear that they considered it their home. It was centrally located in a large town where they could readily access shops, restaurants, leisure centres and all local amenities. The centre was internally well maintained and various pictures of residents enjoying social events were displayed. Each resident also had their own bedroom which again was warmly decorated. Residents had access to a small kitchen/dining area, a medium sized reception room and also a small conservatory. One resident had a small ensuite bathroom/shower and there was one main bathroom for the other residents to use. In addition there was also one toilet located towards the rear of the property. Although this centre had met the needs of these residents in the past, their needs were gradually changing. For example, one resident who had generally spent a lot of time at home was now using the service more often. They required assistance with their mobility and it was clear that their ensuite bathroom was no longer meeting their personal care and mobility needs. The inspector also observed staff linking them to mobilise through the small kitchen area which involved people moving out of their way to let them maneuver safely.

There had also been a steady increase in safeguarding concerns with some negative interactions occurring predominantly around the use of the centre's main bathroom and also in the centre's reception room. Staff explained that one resident liked to use the centre's main bathroom for all their toileting and personal care needs which sometimes caused conflict with others who wanted to use it at the same time. Although the provider had responded positively with new signage and resident awareness of others' needs introduced, overall the inspector found that the lack of bathroom and showering facilities had contributed to these interactions.

Although there had been an increase in concerns in this centre over the previous months, it was clear that residents were supported to enjoy a good quality of life. All interactions among residents were very pleasant on the morning of inspection and staff were on hand to assist them with breakfast, personal care, choosing their clothes and planning their day. A review of records within the centre indicated that residents were out and about in their local communities on a daily basis enjoying shopping, meals out, going to music lessons and also fitness classes.

Overall, this inspection found that residents were generally happy in their home and that they had a good quality of life. However, there were issues with regards the suitability of the premises.

Capacity and capability

The inspector found that oversight arrangements ensured that residents enjoyed a good quality of life. A new person in charge had recently been appointed and they were in the process of reviewing the service at the time of inspection. Although there were many positive examples of care observed, several regulations required improvement with significant improvements required in regards to the premises.

The provider had a robust monitoring framework in place in which internal audits were completed on a scheduled basis in areas such as medication management, fire safety, safeguarding, personal planning and health and safety. This framework assisted in ensuring that care would be held to a good standard and that any deficits should be promptly identified. In addition the provider had completed all required audits and reviews as set out in the regulations which had identified some areas for improvement. Any issues which were identified as part of these internal and external reviews were included on the centre's quality improvement plan which ensured that they would be monitored for resolution in line with a pre determined date. Although this was an example of robust oversight, these measures failed to identify issues which were found on this inspection in areas such as medications, fire safety, training and personal planning. In addition, the provider's six monthly audit had mentioned that improvements were required in regards to the premises; however, this issue had not been assessed in terms of the current and future impact it had on the provision of care and it was not included on the centre's quality improvement plan.

As mentioned throughout this report, the staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with residents and it was clear that they felt relaxed in their presence. Staff who met with the inspector openly discussed care needs and it was clear that they were committed to the delivery of a good quality and person centred service. Staff members were also supported in their roles as regular team meetings and supervision sessions facilitated them to raise any concerns which they may have in regards to the care which was provided.

The provider also ensured that staff could meet the assessed needs of residents by facilitating them with a programme of both mandatory and refresher training in areas such as fire safety, safeguarding and also IPC (infection prevention and control) related training. Although there was an extensive programme of training in place the provider failed to demonstrate refresher training in areas such as manual handling and fire safety were completed as required. A review of the rota also indicated that residents were supported by a consistent staff team. Although the rota demonstrated consistency of care, this document showed that there was a reliance on agency staff to fill the rota each week. The person in charge indicated that there were some staff vacancies at the time of inspection and that the provider was actively recruiting. However, the provider clearly demonstrated that there was a

core number of agency staff who worked in this centre which promoted consistency of care.

Overall, the inspector found that the oversight measures had promoted the quality and safety of care in many of the regulations that were examined. It was also apparent that the provider was committed to promoting the welfare and wellbeing of residents. However, issues with regard to the premises were detracting from the overall experience of residents and required review.

Regulation 15: Staffing

The provider had ensured that the centre was resourced by a suitably trained and well informed staff team. The rota indicated that residents were supported by a familiar and consistent staff team and members of the workforce who met with the inspector had a good understanding of resident's individual and collective needs.

Judgment: Compliant

Regulation 16: Training and staff development

A schedule of team meetings and individual supervision sessions were in place which facilitated the staff team to raise concerns in relation to care practices.

The provider also had a schedule of mandatory and refresher training in place which assisted in ensuring that staff could care for the assessed needs of residents. Although this programme of training was in place improvements were required as some areas of refresher training had not been completed as recommended.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had suitable insurance in place as set out in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clear management structure and a person in charge held responsibility for the operation of the centre. All required audits and reviews had been completed as required and good progress had been made in resolving any issues which had been identified.

Although residents had a good quality of life, several regulations which were examined required further attention to ensure they were held to a good standard at all times. For example, internal reviews and audits had not identified issues in regards to medication management, personal planning, fire safety and training. In addition, significant issues with regard to the suitability of the premises had not been fully identified by the provider.

Judgment: Substantially compliant

Regulation 30: Volunteers

There were no volunteers in place at the time of inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors reviewed documentation which indicated that all notifications had been submitted to the office of the chief inspector as set out in the regulations.

Judgment: Compliant

Quality and safety

The inspector found that residents were supported to enjoy a good quality of life and that they had good access to the local community and surrounding towns. Overall, residents rights were promoted and they were supported by a well informed staff team. However, there were significant combined issues with regard the suitability of the premises.

Records which were reviewed showed that residents enjoyed a good social life and they were out and about on a daily basis in their local communities. Residents enjoyed meals out in local restaurants, went shopping and attended both music and exercise classes. Residents had personal plans in place which clearly set out their assessed needs and comprehensive care plans were in place staff to guide staff in all areas of care. Residents were also supported to identify personal goals through individual planning meetings which were held annually. Goals such as hotel breaks, redecorating a bedroom, reflexology and designing a collage bed throw were example of chosen goals. These goals were found to be meaningful for these residents, however, improvements were required. For example, one of these had been achieved but the provider was unable to demonstrate the progress made with other goals. Supporting documentation was of a poor standard and it was difficult to determine each residents involvement with the progress of their chosen goals.

It was clear that the rights of residents was promoted. Inspectors observed staff kept residents informed as to how they were going to support them throughout the day and the inspector observed that residents openly asked staff for assistance with breakfast, choosing their clothes and planning their day. Residents also attended scheduled house meetings where they were informed of relevant issues such as fire safety, complaints and social outings. In addition, all staff had undertaken rights training and the person in charge indicated that this had actively raised rights awareness in this centre.

As mentioned earlier in the report, significant issues were found in regards to the premises on the day of inspection. The availability of bathroom facilities had a negative impact on safeguarding and the design and layout was not suitably for the mobility needs of one resident. In addition, the laundry facilities were located in an attached garage which had step access steps which prevented residents from using this area of the property. This area was also poorly cleaned and maintained, with excessive clutter present. The exterior of the property also required extensive maintenance with moss present on footpaths and grass growing up through a patio towards the rear of the property. Although the residents considered this centre their home and as previously discussed there was a warm and homely feel in many areas, the design of the centre required further improvements. The centre's medication storage press was located in the kitchen above a food preparation area and the centre's office was located in the residents' sitting room which detracted from the homely feel of this room. There was also a lack of suitable storage for dry food products with some items stored in a press in the garage which was described above as requiring improvements in terms of cleaning and maintenance.

Overall, the inspector found that residents had good access to their local community and they were actively supported to pursue areas of personal interest such as music and exercise. Their rights were also promoted and they were assisted by a kind and considerate staff team. Many areas of care were also maintained to a good standard, including supporting residents with their finances and the monitoring of and responding to incidents and risks in the centre. However, several areas of care required such as fire safety, personal planning and medication management also required review to ensure that they were maintained to a good standard at all times.

Regulation 12: Personal possessions

Residents required assistance with managing their finances and the provider ensured that detailed records were maintained of cash transactions which were completed on behalf of residents. Residents also had their own bedrooms which had suitable storage in place for residents' personal belongings.

Judgment: Compliant

Regulation 17: Premises

The provision of a suitable and well maintained premises is an integral aspect in the delivery of care. Although the centre's main communal areas were well maintained the design of the centre did not promote accessibility for one resident. In addition, the centre lacked sufficient space which resulted with the residents' sitting room also being used as an office space area for staff. The lack of a sufficient number of bathrooms had also lead to the occurrence of some safeguarding issues and medication storage unit was also located above a food preparation area.

Furthermore, residents were unable to safely access the laundry area with the inspector also finding this area cluttered and poorly maintained. The exterior of the premises also required additional maintenance with excessive moss on footpaths and grass growing on the centre's patio.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had a system for recording and responding to incidents and a review of associated records indicated that individual incidents had been promptly reviewed by management of the centre. The provider also reviewed incidents collectively to monitor for any negative trends in care which had the potential to impact upon residents, staff or visitors.

The provider also a risk management assessments in place to assist in addressing any known or potential safety concerns. These risk assessments were found to be robust in nature and they were reviewed on a regular basis with risk assessments in regards to behaviours of concerns, choking and safeguarding in place on the day of inspection.

Judgment: Compliant

Regulation 27: Protection against infection

The main communal areas of the centre were clean and well maintained to a visual inspection. Staff were observed to regularly wash and sanitise their hands and hand hygiene was actively promoted in the centre. However, the laundry area of the centre was poorly maintained and damp and a build up of material was present underneath the washing machine. In addition, the floor of this area was not sealed which prevented the proper cleaning and disinfection of this room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety equipment in place such as a detection and warning system, fire doors, emergency lighting and fire fighting equipment. All equipment had a schedule of servicing in place and staff were completing some equipment checks to ensure that they were in working order. Fire drill records also indicated that both residents and staff members could safely evacuate the centre in the event of a fire.

Some improvements were required in regards to fire safety as the provider failed to demonstrate that four fire doors would close in the event of a fire occurring. In addition, the provider also failed to demonstrate that all staff had participated in a fire drill.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate lockable storage in place for medicinal products. However, improvements were required as some non medicinal products were also stored here and the provider failed to demonstrate that suitable arrangements were in place for the storage and return of unused medications.

In addition, records which were reviewed highlighted the rationale for the administration of as required medication which were used in response to behaviours of concern; however associated medication administration records, in some circumstances, had not been signed as administered.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. From the sample reviewed, residents' assessments clearly identified their care and support needs. Assessments and plans were regularly reviewed and updated with any changes in need. The outcomes of the assessment of need were being used to inform residents' personal plans and guide staff practice.

However, improvements were required in regards to the goal setting process which was in place. The progress notes for supporting residents were poorly maintained and it was unclear as to how residents were kept up to date in relation to achieving their goals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents who used this service required additional support with regards to their behaviours. Each resident had a behavioural support plan which outlined their individual behavioural care needs and these plans were found to be comprehensive and reviewed on a regular basis.

Staff who were on duty had an indepth understanding of resident's individual needs and they clearly outlined triggers for these behaviours and recommended responses to assist in alleviating their impact on care. There were some chemical interventions prescribed when responding to behaviours of concern and there was clear protocols in place to guide staff when administering. The provider demonstrated that chemical interventions were part of a phased response to behaviours and they were administered when all other interventions were unsuccessful.

Although residents were well supported in this area of care, not all staff members had signed a behavioural support in order to demonstrate that it was read and understood.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding was actively promoted in this centre and there were a number of safeguarding plans in place on the day of inspection. Staff who met with the inspector clearly described the actions to safeguard residents which had a positive impact on care.

The provider was aware that there had been an increase in safeguarding concerns in the months prior to the inspection and there was planned training in place for both residents and staff to assist in promoting safeguarding in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had good access to their local community to engage in areas of personal interest. Residents had their own bedroom which promoted their rights and information on advocacy was readily available in the centre. In addition, all staff members had undertaken rights training and staff who met with the inspector stated that this had a positive impact on the provision of care.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not 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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Juderobe OSV-0005778

Inspection ID: MON-0040781

Date of inspection: 11/09/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure compliance with Regulation 16: Training and staff development the following actions will be undertaken;</p> <ul style="list-style-type: none"> • The CH CDLMS Disability Services training matrix is in place to record and monitor compliance with mandatory and site-specific training. A Training Needs Analysis is completed annually, which identifies the mandatory and site-specific training requirements for the designated centre. • There is a plan in place for staff to complete site specific training as identified in this report; • Fire training-Completed on 26-9-23 • Manual Handling Training –will be completed on 30-10-23 • A training compliance report is completed quarterly by the CNM3 in Quality, Risk and Service User Safety and any deficits in training is escalated through line management reporting structures and a timeline for completion identified. This will be strictly monitored by the PIC to ensure all training is completed within agreed timeframes. 	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To ensure compliance with Regulation 23: Governance and management the following actions will be undertaken;</p> <ul style="list-style-type: none"> • The CH CDLMS Disability Services audit schedule has been implemented within the centre. Audits will be completed as per the schedule by the person in charge or delegate and any action identified will be transferred to the centres QIP for strict monitoring and close out. These actions will be closed out within a definite timeline. • Clinical audit training will be completed by the person in charge and all nurses assigned to this centre. • The CNM3 will provide support to the person in charge and will conduct Quality and Safety Workarounds on a monthly basis. • The Director of Nursing and Service Manager will complete the unannounced Regulation 23 Six monthly visits and an annual review report. Actions arising from these visits and reports will be added to the centre QIP for strict monitoring and oversight. • Senior management is this Sligo Leitrim have oversight and ongoing governance of the centers QIP which is monitored on a weekly basis at present. • Bi-monthly PIC meetings are held with the Director of Nursing to discuss actions within the QIP . • To be completed by 30-11-23 	
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Regulation 17: Premises	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 17: Premises: Premises the following actions will be undertaken;</p> <p>The requirement to source alternative accessible accommodation to include additional bathrooms has been escalated to Property Management, Estates Manager and Head of Service. The action has also been notified to the local Housing Authority. New Accommodation to be sourced before 31-10-25.</p> <p>A risk assessment has been developed to highlight the current controls and additional actions required to secure suitable accommodation for the four service users within the centre. Works identified on the day of inspection as follows;</p> <ul style="list-style-type: none"> • The exterior of the house will be painted, moss removed from the roof and the patio

area will be cleared of weeds and power washed. To be completed by 30-11-23 .

- An external storage area in the form of a portacabin will be installed to provide office space and storage facilities in the rear garden. To be completed 31-1-24.
- The medication storage unit will be relocated to closed secure unit within the sitting room when the office space is removed. To be completed by 31-1-24.
- The laundry area is now free from clutter and a partition will be erected to ensure a standalone laundry area is maintained. This will be completed by 30-11-23.
- New Flooring will be installed in this area. To be completed by 30-11-23
- There will be additional steps to the laundry area and safety rails erected to allow residents to access safely. To be completed by 30-11-23.

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:

Regulation 27: Protection against infection the following actions will be undertaken;

- The laundry area is now free from clutter and a partition will be erected to ensure a standalone laundry area is maintained. This will be completed by 30-11-23
- New non-slip flooring with vinyl coving will be installed in this area. This will be completed by 30-11-23
- Cleaning schedules have been revised to include the garage/laundry area and frequency of cleaning identified .Completed by 5-10-23
- The garage area/laundry area will be audited using the MEG Audit tool as part of the CH CDLMS audit schedule.
- All staff have completed the module 'Cleaning and decontaminating of the healthcare environment' on HSEland as part of their site specific training requirements.

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

To ensure compliance with Regulation 28 the following actions will be undertaken;

- All the fire doors within the center are now closing fully, in addition works will be completed to ensure all doors are now connected to the fire panel and will close automatically in the event of the fire alarm been activated. To be completed by 11-10-23
- The CD CDLMS Quarterly Fire Safety Audit has been reviewed and now includes the identification of staff's participation in fire drills. Completed 13-10-23
- Any actions from the audit will be added to the centers Quality Improvement Plan for strict monitoring and close out.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

To ensure compliance with Regulation 29: Medicines and pharmaceutical services the following actions will be undertaken;

- Non-medicinal products are no longer stored in the locked medication cupboard. A sign alerting all staff to this is now place on the outside of the medication cupboard.
- All non-medicinal products will be stored in suitable storage presses within the centre.
- Unused medications will be returned to the pharmacy on a weekly basis accompanied by the appropriate paperwork as confirmation of return. Any unused medication that cannot be promptly returned will be stored in a secure manner in a separate press until safely returned to the pharmacy.
- The Safe Administration of Medication competency document is now completed with all staff to ensure all medication is signed as prescribed on the medication administration record in accordance with the Medication Management policies.
- The PIC will review and audit the medication administration record for each resident on a monthly basis to ensure compliance with the medication kardex and medication management policy. Completed 30-9-23

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: To ensure compliance with Regulation 5: Individual assessment and personal plan the following actions will be undertaken;</p> <ul style="list-style-type: none"> • Each resident has an identified named nurse and key worker to support the resident to complete his or her individual assessment and personal plan. • Each resident will have a planned person centered meeting to identify meaningful goals and set a plan and timeline to achieve these goals. Progress sheets will be maintained by the key worker monthly to record all updates and activities in relation to the identified goals. To be completed by 20-10-23 • All supporting documentation will be completed for the resident’s personal goals. • The person in charge as per the CH CDLMS Disability Services audit schedule to review the content, quality and update of personal plans will complete a PCP audit tool bi-monthly. To be completed -31-10-23 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: To ensure compliance with Regulation 7: Positive behavioral support the following actions will be undertaken;</p> <ul style="list-style-type: none"> • All positive behavioral support plans are signed by all staff in the centre to ensure they have read and are familiar with the plans in place. • The person in charge will discuss signing all behavioral support plans at the staff monthly meeting as the plans are reviewed and updated by the CNS in behaviors. Completed 5-10-23 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/10/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/10/2025
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Not Compliant	Orange	30/11/2023

	state of repair externally and internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	31/01/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Substantially Compliant	Yellow	30/11/2023

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	11/10/2023
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	13/10/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is	Substantially Compliant	Yellow	30/09/2023

	administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	30/09/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/10/2023

Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	05/10/2023
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