



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

## Issued by the Chief Inspector

Name of designated centre:	Windfall
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	13 June 2023
Centre ID:	OSV-0007824
Fieldwork ID:	MON-0031437

## About the designated centre

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

Windfall is located in a rural setting in Co. Wexford close to a beach and other amenities such as shops and restaurants. It is a large detached bungalow set in a garden that wraps around the property and includes an area with play equipment. Internally there is an open plan kitchen dining area and a large living room. The centre is currently in use for one child but is registered for a maximum of two children. Each child would have their own bedroom and bathroom available for their use.

The centre is staffed at all times seven days a week and 52 weeks of the year, with a minimum of two staff both day and night. The team is comprised of social care workers and health care assistants.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 13 June 2023	10:00hrs to 16:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to monitor compliance against Regulations and standards in addition to informing a decision regarding the renewal of registration for this designated centre.

This centre provides a home for a maximum of two children at any one time. Two children live in the centre full time and were in school when the inspector arrived. This time was used to review documentation, speak to the staff and local management team and to review the premises. The inspector met with both of the children on their return from school and over the course of the late afternoon.

On return from school the children were supported with personal care and offered a snack and drink, choices for activities were also offered. Staff were seen to support them in getting off the school bus, changing out of their uniform and used individualised communication systems to support understanding of the routine on returning to the house. One child was seen to move between their bedroom and the kitchen with staff facilitating a game that involved sensory actions such as jumping. This resulted in laughter and a relaxed atmosphere. The other child went out into the garden after their snack which is their preferred location to play. The inspector spent time both outside and inside the premises and observed the children with staff or on their own using swing/slide equipment, spending time on the trampoline, and exploring noise making toys in a play house. The children also spent time in their bedrooms and in the kitchen area of the house. The children were seen to be comfortable and relaxed with the staff team in the centre and moved freely throughout their home.

The children in this centre have complex communication presentations and the inspector observed a variety of symbol based systems on display in the centre and being used by the staff and the children. Both children acknowledged the inspectors presence with brief glances and the use of directed eye-gaze towards the inspector when they were spoken to or when the inspector commented on their actions in play. The behaviour therapist modelled play activities for staff, with the children in the garden, that used skills of anticipation and commenting on what was happening at that moment.

The staff team presented as knowledgeable in relation to the individual needs of the children. They outlined different supports required and how they ensured these were used such as symbol based communication systems, or physical prompting and guidance systems. The staff team used the time when the children were in school for tasks in the house to ensure they were in a position to focus their time on playing and supporting the children when they were in the house.

As this was an announced inspection questionnaires were sent to the centre in advance to obtain a full picture of what living in the centre was like. These had been completed by the behaviour therapist based on observations and discussions with

the staff team over time. The questionnaires outlined a happy home for the children with comments such as 'I like my bed, it is cosy and I sleep very well' or 'I love snacks', 'I love garlic bread and it is always in my fridge'. Further there were comments indicating that the children felt supported and happy with their staff team, for example 'I enjoy cuddles, hugs and squeezes from my favourite staff' or 'I love to play with staff and enjoy rough and tumble play and being social'. The questionnaires and discussions with the staff team outlined the busy lives led by the children with a wide selection of toys and play experiences available in addition to time spent on the beach, in the park and in local soft play facilities.

While the quality of care and support provided to the children was observed to be good the inspector found areas that required review and improvement, including medicines management, infection prevention and control and personal plans. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

The inspection was facilitated by the centre's person in charge and also by a senior manager who was involved in its running and operation. The provider's behaviour therapist was also available to speak to the inspector over the course of the day. The inspector found that overall care was provided to a good standard, however, improvements were required in relation to medication practices, cleaning schedules and in the recording of personal goals.

The person in charge and the senior manager who facilitated the inspection were found to have an in-depth knowledge of the children's individual care needs, including where external appointed agencies were involved in the oversight and review of care. The person in charge was in a full time role and they held responsibility for the day-to-day operation and oversight of care in this and one other centre operated by the provider. They were supported in their role by a senior manager who had detailed knowledge of children's needs and social histories and it was clear that the aim of both managers was to promote the welfare and well being of the children who used this service.

Staff who met with the inspector had a good understanding of children's needs and also of the procedures which promoted their safety, welfare and well being. Staff members outlined the prescribed response in regards to the reporting mechanisms for any areas of concern which they may have. In addition, a sample of staff training records were reviewed which indicated that staff were up-to-date with their training needs and they had attended training in areas such as children first, safeguarding and also behaviours of concern.

As mentioned above, the person in charge and a senior manager had detailed knowledge of the service and also of each child's individual needs. The person in charge was greeted warmly by each child who was eager to engage with them during their day. It was clear that both managers had good oversight of many care practices and the provider had completed all required audits and reviews which indicated that there were some minor issues which required review, however, the inspector found that issues which were found on this inspection in relation to medications management had not been identified through these audits.

### Registration Regulation 5: Application for registration or renewal of registration

The provider was initially required to resubmit some of the required information with the application to renew the registration of the designated centre. This had now all been received and was reviewed in advance of the inspection.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge had commenced in their post since the previous inspection of this centre. They were found to have the qualifications, skills and experience to fulfill the role. They also had responsibility for one other centre operated by the provider. They were present in this house regularly and the children were familiar with them and from observation demonstrated they knew them when they saw them.

The person in charge was familiar with the provider's systems in place to support staff, and to complete formal supervision with them. They were found to be knowledgeable in relation to the children's care and support needs and motivated to ensure they were happy and engaging in activities they found meaningful.

Judgment: Compliant

### Regulation 15: Staffing

The provider had successfully recruited to fill a small number of posts that had been vacant. All posts were now filled with the centre having a consistent and core staff team in place that was in line with the statement of purpose and the children's assessed needs. The provider ensured continuity of care and support for the children through the use of a small number of regular relief staff who completed

additional shifts to cover planned and unplanned leave.

There were planned and actual rosters in place and they were reviewed by the inspector and found to be well maintained. There was an on-call roster in place that was covered by members of the providers management team including persons in charge and this was available to all staff.

The inspector reviewed a sample of staff personnel files and found them to be up-to-date and contained all information as required in Schedule 2.

Judgment: Compliant

### Regulation 16: Training and staff development

The staff team access to and uptake of training and refresher training was found to be consistently high. They were completing training identified as mandatory by the provider, and a number of trainings in line with the children's assessed needs. There was a system of in-house shared learning provided by the provider to enhance staff knowledge and the inspector viewed a sample of these, for example, child protection training for persons in charge.

There were systems in place to ensure that staff were in receipt of regular formal supervision, to ensure that they were supported and aware of their roles and responsibilities. The inspector reviewed a sample of these and found they were completed as outlined in the provider's policy. The person in charge had a schedule for supervision over the course of the year in place. The person in charge also completed a system of informal competency checks called 'check and challenge' which supported oversight of the quality of care provided.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that there was a management structure in place with clearly identified lines of authority and accountability. There was a person in charge of the centre who also had responsibility for one other centre. They were supported by a senior manager who held the role of person participating in management for this centre. The staff team were clear on who they reported to and who was available to speak to should they have a concern.

The provider had completed an annual review of the quality and safety of care and support in addition to six monthly unannounced visits of the centre as required by



the Regulations. There was evidence that the children, and their representatives had been consulted as part of this process. Action plans arose from the findings of these reviews and the inspector found that progress of these actions was being made and monitored by the person in charge and the provider.

The person in charge completed regular audits and it was evident that a number of improvements such as painting or fitting of fences in the garden had been completed as a result of these. However, some audits were not picking up on the areas of non-compliance as found during this inspection such as areas not being identified for cleaning or the medicine practices. These findings are reflected under the specific Regulations below.

There were staff meetings occurring which allowed for systems of communication within the staff team, in addition the person in charge and senior manager met on a regular basis to review matters that pertained to the centre. The provider also had a system of senior manager compliance audits in place and the most recent of these had been in January 2023 which was found to be detailed and identifying actions as part of a quality improvement plan.

Judgment: Compliant

### Regulation 3: Statement of purpose

This is an important governance document that outlines the service to be provided in the centre. The most recent version was submitted to the Chief Inspector as part of the renewal of registration application and had been reviewed by the inspector. The statement of purpose contained all information as required by Schedule 1 and was found to accurately reflect the service provided in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider and person in charge had a system in place for the recording, management and review of incidents in the centre. The inspector reviewed the record of incidents and found that the person in charge had notified the Chief Inspector of all incidents as required by the Regulation. These notifications had been completed in the required format and within the specified timeframe.

Judgment: Compliant

## Quality and safety

The inspector found that children were supported to have fun and that the service promoted their welfare and wellbeing. The children from observation and report appeared happy living in this centre and the provider had employed a staff team who had a kind approach in regards to the provision of care. The inspector observed that the person in charge and staff team responded respectfully to the children at all times and were caring and familiar with their individual needs. Although the centre had a pleasant atmosphere and children appeared happy and content, this inspection highlighted that some improvements were required in regards to medication management, some minor infection prevention and control documentation and in the recording of personal goals.

Children were supported to access play and activities suitable to their needs with areas within the centre adapted for sensory exploration in addition to outings in the local community arranged. Consideration was given to children's dietary needs and snacks and meals were regularly offered and freely available.

Children were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse.

## Regulation 10: Communication

The provider had ensured that staff had the required knowledge and access to augmentative and alternative communication systems that were required to support the children in the centre. The person in charge and the staff team demonstrated an awareness of the individual communication needs of the children who lived in this centre. The inspector observed the staff utilising the strategies with the children that they had discussed with the inspector earlier in the day. The staff team used a total communication approach to support understanding which involved, simplified verbal language, symbol based boards and manual signing. The children were observed to use a wide variety of communication strategies that were both subtle such as directed eye gaze or more apparent such as vocalisation and physically moving a staff member towards a preferred item to request it. These strategies were familiar to the staff and were interpreted quickly and responded to as appropriate.

The children had access to television and enjoyed watching specific films or programmes, in addition they had access to Internet in a safe and monitored fashion. The inspector observed that communication supports were in place throughout the home and available to the children.

Judgment: Compliant

### Regulation 13: General welfare and development

Children's educational needs were well supported in this centre and children were supported to attend school. The inspector observed the children returning home on the school bus. The children were reported to enjoy school and there were regular systems of communication between school staff and centre staff to ensure a consistent approach to supporting the children's learning.

Where external appointed agencies were involved in the oversight and review of the care and support provided to the children, the person in charge had ensured that the children were supported by appropriate advocates and the inspector reviewed meeting minutes that outlined the systems of oversight for supports in place to the children.

There were ample facilities for children to play and relax with suitable outdoor safe play areas and comfortable communal and private rooms in place. The garden and deck had been made safe and secure to support the children in having more independent access to toys and to protect them from risks such as the road outside the gate.

The children were supported in developing a consistent daily routine and in learning the routines associated with everyday tasks such as having a bath. They were supported to go to amenities in their local community and in visiting play areas.

Judgment: Compliant

### Regulation 17: Premises

This centre comprises a bungalow set in its own grounds in a rural setting close to a beach in Co. Wexford. The centre is registered for two children and is at full occupancy. Overall the centre is designed and laid out to meet the needs of the children living in the centre. They each have their own bedroom decorated and furnished to meet individual needs and a shared bathroom. There is a large kitchen-dining room which connects to a spacious living room and the hallway is wide and well lit. The house presented as warm and homely and was decorated to reflect the lives of the children with colourful art work and toys available throughout.

There were systems in place to log areas where maintenance and repairs were required and evidence that a number of works had been completed since the last inspection including painting, decoration and improvement to storage.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy and had ensured that risk management systems were in place in the centre. A risk register was in place in the centre which was regularly reviewed and had recently been updated. Plans were in place to appropriately respond to adverse incidents including loss of power, loss of water or flooding. A centre emergency plan was also available which was detailed and kept up-to-date.

A system was in place for the recording of any accidents or incidents in the centre and adverse incidents were responded to appropriately. All children had individualised risk assessments and risk management plans in place. Risk assessments were associated with restrictive practices and personal plans in addition to the development of risk assessments aligned to children's safety assessments. There was evidence that risks were reviewed and amended or closed as required and that new risks were opened

Judgment: Compliant

### Regulation 27: Protection against infection

Measures were in place for protection against infection in the centre however some of these required review. The inspector acknowledges that the centre was clean on the day of inspection however, a large storage cupboard in the hall for example had not been identified as an area requiring cleaning on the schedules used to guide staff. It was not clear therefore how often this was cleaned. Furthermore while the outdoor play equipment had been identified on a schedule there was no system in place to ensure that the children's toys inside were washed or cleaned on a regular basis. Staff did outline to the inspector how they would wash teddies or soft toys but the frequency of this was not recorded so it was not possible to know how long it had been since some toys were cleaned or how they were cleaned.

The provider had ensured that there were clear contingency plans in place for the management of an outbreak of COVID-19 or other healthcare associated disease. There were infection prevention and control risk assessments and care plans in place for the management of identified risks.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the receipt, storage and administration of medications. The inspector found that there were issues in regards to medication practices in this centre which required review to ensure that this area of care was held to a good standard at all times.

There were records in place to indicate when medications were administered as prescribed however, the inspector found that there were gaps in these records that did not assure medication had consistently been administered as required. In addition one record had been signed and later crossed out with a note indicating medication had not been administered. The system for recording and for records of refusal required review.

There were also issues in regards to the storage of medicinal products with some medicines not returned to the pharmacy once they had expired. As there was no opening date noted on labelling of any medicinal products there was therefore no means to record how long a product had been open. The inspector found, for example, three bottles of medicine open for significantly longer than the recommended time frame and one of these was past an expiry date.

Furthermore the documented care plans associated with medication management for the individual children required review. One plan was found to reference a previously prescribed medicine that had been discontinued. A further plan was adapted from a template and referenced incorrect methods of administration and gave direction on administration of eye drops which were not required.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

Each child in the centre had an assessment of their needs completed and personal plans had been developed following these. Annual reviews had been completed of these personal plans as outlined by the Regulations.

However, the system for the setting of goals that were personal to the individual and reflected an individuals' needs required review. The inspector found that each child had identical goals recorded and the same steps noted in order to meet these goals. This did not provide an assurance that the goals in place were reflective of the personal likes, dislikes and strengths of the children. There were no systems in

place for recording progress towards achieving goals in the children's plans with no incremental reviews in place as the steps remained unchanged over months. While it was evident that the children were busy and had access to activities they enjoyed and were supported in the development of their skills, the recording of this work needed review.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The provider had ensured that there were robust behavioural support arrangements in place. Behavioural support plans were reviewed by the inspector in consultation with the provider's behaviour therapist. These gave a clear account of the arrangements to support a child in regards to their needs with behaviour that challenges. They were found to be regularly reviewed and amended to reflect the children's current presentation. Both plans contained guidance as indicated from other health and social care professionals such as occupational therapy.

Staff who met with the inspector understood these recommendations and they clearly described how best to create an environment which reduced the likelihood of behaviours that challenge occurring and also how they responded when behaviours of concern were present. The behaviour therapist met with the person in charge and the staff team on a regular basis to support them in the implementation of consistent strategies.

There were a number of restrictive practices in place in the centre which were assessed for and implemented in line with national policy and best practice. The staff team had received training to manage behaviour that challenges and this had included specific training on restrictive practices in use in the centre. The provider ensured that all restrictive practices were reviewed quarterly in their restrictive practice committee attended by all persons in charge and the provider.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured there were robust safeguarding measures in place for the day-to-day care of children in this centre. The staff members who met with the inspector had a good working knowledge of safeguarding measures, and all had received training in the area. The area of intimate care was also well supported with clear and direct personal and intimate care plans reviewed by the inspector which

also aimed to promote the children's individual independence. These plans were linked to the children's communication plans and to their positive behaviour support plans.

There were support plans based on recent assessments in place. These included safety assessments for the children in their home, in the community and while engaged in learning, all of the plans promoted health and well being while ensuring the children were protected. There was clear guidance for staff on the recording and response to unexplained bruising and systems for recording minor injuries.

In addition, the inspector found that children had their own bedrooms and access to their own possessions including toys, DVDs, and age appropriate clothing which was laundered and stored appropriately.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for Windfall OSV-0007824

Inspection ID: MON-0031437

Date of inspection: 13/06/2023

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Person in Charge has implemented shared learning with the staff team on a system for cleaning and sanitizing the children’s toys.</p> <p>A cleaning schedule for each child’s bedroom will be implemented to include the cleaning of the children’s toys and frequency of cleaning.</p> <p>The Person in charge will enhance the center cleaning schedule to include cleaning of the storage cupboard in the hallway and frequency of same.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A staff meeting has been held to discuss the recording of medication administration on the MARS and the importance of recording medication errors regarding medication administration.</p> <p>A new MARS has been developed to indicate refusal/withholding/omission/hospital/ home for staff to record relevant non administration.</p> <p>The PPIM will carry out a full medication compliance audit in the centre to identify any areas that require improving and actions from the audit will be added to the QIP for</p>	

completion by nominated persons. Schedule for 3-7-2023

Shared learning has been shared with the staff team on returning of medications to the pharmacy after 6 months of opening the liquid. All medications have been returned to the pharmacy and new stock secured with labels indicating opening dates fixed to the packaging.

The weekly stock count record has been updated to include opening dates of the liquids and expiry dates if not yet opened.

The medication plans in the center have been updated to include all individual relevant supports to the residents in a person centered manner and supports not required have been removed.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC in conjunction with the PPIM has developed a new goal planning system which is person centered to the children using a SMART approach to the achievement of the goals. Evaluations of the goals will occur monthly in conjunction with the PIC, BS and circle of support during monthly statutory review meetings.</p> <p>A new key working session template has been developed to record steps taken to the goal and the outcomes and shared with the PIC, team leaders and key – workers for implementing for July goal planning.</p> <p>A monthly meeting between key-workers and PIC/Team Leaders has been devised with a new template to record outcomes of the meeting and actions agreed relating to goal planning and person centered planning. This will be implemented for July review of goals and personal planning.</p> <p>Training by the PPIM will be delivered to the PIC, Team Leader and key-workers on the new goal planning system and on the role of a key-worker regarding person centered planning. This has been scheduled for 7th July 2023.</p> <p>The PIC will ensure the personal plans are updated to include monthly goal provisions and evidence of rational for goal choice outlined monthly in the personal plan.</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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	03/07/2023
Regulation 29(4)(a)	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	Not Compliant	Orange	03/07/2023

	of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
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 administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	03/07/2023
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	Not Compliant	Orange	03/07/2023

	disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	07/07/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	07/07/2023
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	Substantially Compliant	Yellow	07/07/2023

	assess the effectiveness of the plan.			
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