



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

Issued by the Chief Inspector

Name of designated centre:	Liscarra
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	15 November 2021
Centre ID:	OSV-0007862
Fieldwork ID:	MON-0031705

About the designated centre

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

Liscarra consists of four bungalow type residences and a larger one-storey building located on a campus setting on the outskirts of a city. Two of the bungalows can provide full-time residential care for five residents each. The other two bungalows can support full-time residential care for three and four residents respectively with each of these bungalows subdivided into two apartments. The other building is intended to serve primarily as a COVID-19 isolation unit and can support up to four residents. Overall the centre has a maximum capacity of 21 residents over the age of 18 of both genders with intellectual disabilities. Each resident living in the bungalows has their own bedroom and other facilities throughout the centre include bathrooms, day/dining areas and kitchens amongst others. Residents are supported by the person in charge, nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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 15 November 2021	10:00hrs to 19:30hrs	Conor Dennehy	Lead
Monday 15 November 2021	10:00hrs to 19:30hrs	Aoife Healy	Support

What residents told us and what inspectors observed

The bungalows visited by inspectors were seen to be clean, well maintained and well-furnished. Staff members on duty were seen to interact with residents in a respectful manner but it was noted that some areas around residents' rights could be improved.

This designated centre was made up of four bungalows which residents lived in and another building which was intended to be primarily used as a COVID-19 isolation unit although one resident was living there at the time of this inspection. All of these were located on the one campus and during the course of this inspection, two of the bungalows were visited by inspectors both of which were subdivided so that in each bungalow one resident was living on their own in an apartment type setting with their own entrance on one side of the bungalow while others residents were living together on the other side which was larger. When visiting these bungalows a total of four residents were met by the inspectors.

In both of the bungalows visited, it was seen they were clean, well maintained and well-furnished. There was also evidence that attempts had been made to make these bungalows homely. For example, some residents had various photographs on display throughout their homes. The two bungalows were provided with fire safety systems including fire alarms, emergency lighting and fire extinguishers. However, neither had sufficient fire containment measures which is important in preventing the spread of fire and smoke while also providing a protected evacuation route. It was noted that all residents in these bungalows had fire exits directly from their bedrooms.

Given the ongoing COVID-19 pandemic, on arrival at each of the bungalows, inspectors were requested to check their temperatures and sign into a visitors log for contact tracing purposes. Dispensers for hand gels were also available for inspectors to sanitise their hands although at the entrance to one of these bungalows, there were hand gels dispensers both inside and outside the front door but these were either not filled with hand gel or were not working. In addition, inspectors noted that a bin for the disposal of personal protective equipment (PPE) that was operated by a foot pedal was not working. Staff supporting residents were seen to be wearing face masks while inspectors were present in the bungalows.

While in the first bungalow visited, the inspectors met two residents who were sat in the day/dining room of the bungalow along with the two staff members while another resident, who was not met by the inspectors was in their bedroom. These residents did not directly engage with inspectors during this time but did appear content for much of this time. Inspectors also visited the apartment of this bungalow where one resident was living on their own. This resident was keen to greet the inspectors on their arrival and was seen to be smiling at times while inspectors were present. It was noted that resident was holding an item of importance to them and appeared comfortable with the staff member supporting

them.

After leaving this bungalow, inspectors went to the second bungalow which was located close by. On walking up this bungalow, one of the residents living there was outside waiting to go inside. Inspectors asked the resident if they and the resident could go inside. The resident tried to open the front door but it was locked. They then indicated that staff were in the apartment area of the bungalow where another resident was living on their own. Inspectors went to the apartment door and were greeted by the staff member who told them they were assigned to work in the main part of the bungalow but at that time were supporting the resident in the bungalow apartment as their assigned staff was on break.

The staff member let inspectors into the larger part of the bungalow before returning to the apartment. The resident that inspectors had met outside the bungalow also entered and proceeded to give inspectors a tour of their home where another resident also lived. Inspectors did not meet this other resident during the inspection. This resident appeared quite happy when giving the inspectors this tour and they indicated to the inspectors that they liked their home, liked the other resident they were living with, felt safe and liked the staff supporting them.

It was seen that staff members working in the bungalows of the designated centre facilitated residents' meetings with residents on a weekly basis. Such meetings provided residents with an opportunity to be provided with information and to be consulted. Inspectors reviewed a sample of notes of such meetings which were written broadly. These indicated that topics such as a review of past advocacy minutes, upcoming advocacy meetings, safeguarding, health and safety, social outings, activities, person centred priorities and weekly menus were discussed. It was also noted that while some of these meetings were communal meetings with different residents indicated as being present, reference in some notes was made to the private medical appointments and medical needs of individual residents being discussed.

In summary, residents were generally seen to be respectfully treated and the bungalows visited by inspectors were seen to be well maintained. However, some private medical appointments for individual residents were discussed during communal residents' meeting while a resident was seen to be waiting to get into their home.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider was continuing to make ongoing efforts to support the needs of

residents in this designated centre. However, taking into account the overall findings of this inspection, the centre was not sufficiently resourced in all areas.

This designated centre was based on a campus setting and had only been registered since January 2021. The designated centre received its first inspection in May 2021 where only one for the bungalows which residents lived in was visited. At that time the provider was also in the process of seeking to add an extra building to the centre which was primarily intended to serve as a COVID-19 isolation unit if required. This building was also visited by the inspector during the May 2021 inspection and, following receipt of a registration application, this was added to the centre in June 2021. The purpose of the current inspection was to follow up on some actions arising from the May 2021 inspection and to focus on some of the bungalows that had not been visited as part of that inspection.

As part of the registration of the designated centre, it had a restrictive condition attached which required the provider to complete fire safety upgrades across buildings on the overall campus including three bungalows of this designated centre. In line with this plan these three bungalows was to have their works carried out between February 2022 and February 2023 once works in other bungalows of other designated centres on the campus were first completed. It had been highlighted though during the May 2021 inspection and from updates received from the provider throughout 2021 that that delays had been encountered in progressing the overall plan that formed the basis of this centre's restrictive registration condition.

This situation remained unchanged at the time of this inspection although it was noted that the provider had suggested another plan in response to such matters but further details were required about this. This was to be the subject of further engagement between the provider and HIQA following this inspection. However, the delays encountered and the updates received from the provider during 2021 raised around the resourcing of the initial plan. There were also clear indications in other areas that the resources of this designated centre, which under the regulations is the direct responsibility of the provider, were limited in some respects. For example, while efforts were being made to address this, some residents of this centre had not availed of assessments from particular health and social care professionals such as occupational therapists and speech and language therapists (SLT).

In addition, the centre's most recent statement of purpose indicated that there was staffing in place on a 24-hour basis. During the inspection it was found that there were times during the day, including overnight, when five residents who lived in three different bungalows did not have staff available to support them in their homes including two residents who lived together in one bungalow that was not subdivided. To mitigate potential risks related to this, staff who were assigned to other residents or bungalows would check periodically on these residents while motion sensors were also installed to alert if any of these residents got up at night and needed assistance. Such measures were identified as control measures on risk assessments that the provider had carried out related to such matters and during the inspection it was indicated that some additional staffing had been obtained during the day to reduce the time when these residents would not have their

assigned staff.

Despite these measures, it was noted that the risks related to these staffing arrangements had been assessed as being higher risks for this centre. The absence of specific staff assigned to these residents for certain times did have the potential to limit these residents' ability to reduce residents' autonomy in some respects, particularly in the daytime. During this inspection, one resident was seen waiting outside their home to go inside but they could not do so because the door was locked and the staff member who was assigned to work there was supporting another resident elsewhere. In addition to this it was also noted how recent audits carried out for this designated centre had highlighted improvements in the maintenance of some rosters for the centre along with a need for a greater consistency of staff in some bungalows at night. The May 2021 inspection had also highlighted a higher number of different staff working in the centre which could impact staffing consistency.

It was noted that the audits being carried out in this designated centre were identifying issues in other areas also such as infection prevention and control related matters. Where any areas for improvement were found actions were identified to address such matters. The provider also sought to ensure oversight of the designated centre by carrying out provider unannounced visits for the centre. These are a requirement of the regulations and are important in reviewing the quality and safety of care and support that is provide to residents. One such unannounced visit had been carried out recently and it was noted that a report of this visit was available to review which included an action plan to respond to issues identified.

Regulation 15: Staffing

Recent audits carried out for this designated centre had highlighted a need for a greater consistency of staff in some bungalows at night along with improvements in the maintenance of some rosters for the centre. While the centre's statement of purpose indicated that there was there was staffing in place on a 24-hour basis, during the inspection it was found that there were times during the day, including overnight, when five residents who lived in three different bungalows did not have staff available to support them in their homes including two residents who lived together in a bungalow that was not subdivided.

Judgment: Not compliant

Regulation 19: Directory of residents

While a directory of residents was in place it did not include the details of an individual who had availed of the COVID-19 isolation unit which was part of this

centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Taking into account delays in progress with an overall fire safety plan, which impacted some of the bungalows of this designated centre, residents who had not availed of assessments from particular health and social care professionals and the staffing arrangements in place, HIQA were not assured that this designated centre was appropriately resourced.

Judgment: Not compliant

Quality and safety

Residents had individual personal plans provided which were informed by a person-centred planning process. Improvements were identified in areas such as fire safety, the premises provided and, communication supports amongst others.

While the bungalows visited during this inspection were seen to be well maintained and well-furnished it was seen that they did not contain sufficient fire containment measures. Two other bungalows of the centre also lacked these. In addition, during the May 2021 inspection it was identified that that one bungalow visited then lacked space particularly for a resident who was a wheelchair user. Inspectors were informed that this situation remained unchanged at the time of the current inspection. It also noted that this resident had been discussed as part of a multidisciplinary meeting where such matters were considered. A system was in operation where the residents of this designated centre were able to be reviewed by the multidisciplinary team that supported the overall campus where this centre was based. This also helped ensure that residents' individual personal plans were subject to multidisciplinary review as required by the regulations.

Individual personal plans are intended to set out the needs of residents and outline how such needs are to be supported. Residents and their representatives should be involved in the development and review of such plans and it was noted on this inspection that a person-centred planning process was followed which supported this. As part of this residents had priority goals identified to achieve which were reviewed regularly. Examples of such goals included visiting family and doing more activities out in the community. While there was some indications that such goals were being progressed, some residents' goals which had been identified during 2020, had been impacted on by COVID-19 related factors as indicated by the

reviews carried out.

While it was acknowledged that the pandemic had placed limitations on the things that could be achieved, it was not demonstrated that sufficient consideration had been given to altering residents' identified priorities during such reviews so that meaningful aims could be achieved sooner for residents even accounting for COVID-19. There were also some indications, from records reviewed, that not all residents were being supported to engage in meaningful activities on a day-to-day basis. For example, some residents generally walked the campus grounds or watched TV when on the campus while some residents' records had numerous entries of drives listed as activities but were not indicated as getting out of the vehicle used on many occasions. However, activities for residents varied with records for other residents suggesting that their days were more meaningful with activities recorded for them including baking, horse-riding, going out for dinner/drinks with peers, reflexology, music therapy and visits to an amusement park.

As highlighted earlier, some residents of this centre had not availed of assessments from particular health and social care professionals such as SLTs. This included the residents met during this inspection, some of whom did not verbally communicate. It was indicated that all of these residents had been referred for SLT assessments around their communications but that these assessments had yet to take place. Such an assessment could outline the supports these residents required to improve their communication which in turn could also boost residents' understanding and their ability to engage in decision making. In absence of such SLT assessments, these residents were not being fully facilitated to develop their communication capabilities to the best of their abilities.

Regulation 10: Communication

Some residents of this centre had not received SLT assessments which could result in residents' ability to communicate being enhanced.

Judgment: Not compliant

Regulation 13: General welfare and development

While some residents were being supported to engage in varied activities, from records reviewed, not all residents were being supported to engage in meaningful activities on a day-to-day basis.

Judgment: Not compliant

Regulation 17: Premises

There remained limited space in one bungalow of this designated centre to support the particular needs of all residents living there while communal space in the same bungalow was also limited.

Judgment: Not compliant

Regulation 27: Protection against infection

The two bungalows visited during this inspection were seen to be clean. Training was provided to staff members in PPE and hand hygiene. Staff were seen to be wearing face masks and hand gels were available. Recent audits carried out had identified some gaps in cleaning records and visitor logs. During the inspection it was seen that some hand gel dispensers in one bungalow were either not working or empty while a bin for the disposal of PPE that was operated by a foot pedal was not working.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was inadequate fire containment measures in four of the bungalows which made up this designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which had multidisciplinary input and were subject to a person-centred planning process. Priority goals were identified and while progress with some goals had been made, some goals identified in 2020 had been impacted due to COVID-19 but reviews of such goals had not given sufficient consideration to altering these goals.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Respectful interactions between staff and residents were seen during this inspection. Residents' meetings were taking although in some meeting notes it was seen that reference was made to the private medical appointments and medical needs of individual residents being discussed. During the inspection, a resident was observed to be unable to enter their home as there was no staff present there at the time.

Judgment: Substantially 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	Not compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Not compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Liscarra OSV-0007862

Inspection ID: MON-0031705

Date of inspection: 15/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Staffing levels are reviewed on continuous basis and we continue to endeavor to provide consistent staffing across all centres whilst also complying with public health guidance in respect of the management of Covid 19. • PIC continues to review rosters with night manager following receipt of same for each pay-period. The PIC has access to planned rosters at all times. There is a core staff who work in the designated centre. Planned and unplanned leave is covered with staff who are familiar to the area in as far as possible in the context of HR contracts and COVID protocol. • PIC will review and update the statement of purpose to reflect the staffing at night in each bungalow and noting the risk assessment and relevant mitigations that are in place in respect of unstaffed bungalows at night. • PIC will continue to monitor risk assessment in place for times of reduced staffing and escalate as appropriate. 	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <ul style="list-style-type: none"> • Directory of residents' procedure updated for all admissions to isolation centre from 15.11.2021. • Directory of residents will now reflect all past admissions to the designated centre. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • There is a system in place for addressing maintenance issues as they arise. • These are prioritized by the person in charge and are scheduled in consultation with facilities management. The facilities manager meets with the management team including the PIC to identify priority work on a regular basis. • A log of MRF's has been developed by PIC with status updates. • A revised capital upgrade plan was presented to HIQA on 19th November and a detailed report, in line with this presentation, will be submitted to HIQA by 21st December 2021. • All preventative measures continue to be followed within the designated centre. • Specialised PPE training completed with first responder staff 19.10.2021 & 21.10.2021. • All residents in the centre have been referred for communication assessments. Individuals are prioritized within integrated services based on impact & risk. • Since the opening of Liscarra centre 6 PSS have had communication assessments completed and implemented. • Risk assessments in place due to access to speech and language communication assessments and occupational therapy sensory assessment continued to be monitored quarterly by PICs and ADON. • Staffing levels are reviewed on continuous basis and we continue to endeavor to provide consistent staffing in the designated centre whilst also complying with public health advice.. • PIC continues to review rosters with night manager following receipt of same for each pay-period. The PIC has access to planned rosters at all times. There is a core staff who work in the designated centre. Planned and unplanned leave is covered with staff who are familiar to the area in as far as possible in the context of HR contracts and COVID protocol. • PIC will review the statement of purpose to ensure the night staffing arrangement that is in place is reflected accurately as well as the reference to the risk assessment and mitigations in respect to unstaffed bungalows. • PIC will continue to monitor risk assessment in place for times of reduced staffing and will escalated as appropriate. • Residents identified in the centre utilise keypads or electronic fobs to access their homes independently. These fobs were all checked on the day of inspection and one was noted to have a low battery. Procedure put in place for all staff working with residents who independently use fobs to check that fob is working correctly at the beginning of each shift and prior to leaving residence during periods of reduced staffing. <p>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</p>	

Regulation 10: Communication	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> • All residents in the centre have been referred for communication assessments. Individuals are prioritized within integrated services based on impact & risk. Since opening of the Liscarra centre. • Since the opening of Liscarra designated centre 6 PSS have had communication assessments completed and implemented. • Risk assessments in place due to access to speech and language communication assessments and occupational therapy sensory assessment continued to be monitored quarterly by PICs and ADON. 	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • Resident's activities discussed with all staff members during support and supervision. • New Activity template devised for the centre to include additional information on chosen activity, detailed description, engagement and response from resident to reflect accurately the level of activities that are taking place. • Activity records for the centre will be reviewed monthly by the PIC, any actions to improve activities and documentation will be addressed with staff following each review. • PCP reviews discussed with all keyworkers, in November 2021 (16th, 17th, 20th, 21st & 23rd) - where priorities are delayed due to Covid 19 alternative actions are identified. • Where delay is substantial additional priorities will be added with the PSS which can be progressed during the current pandemic. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A revised capital upgrade plan was presented to HIQA on 19th November and a detailed report, in line with this presentation, will be submitted to HIQA by 21st December 2021. • In the interim, if a suitable vacancy arises then the resident will be considered for 	

transfer in line with the organisation's protocol for supporting transfers. This will be managed through the AMT process.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 27: Protection against infection

Substantially Compliant

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

- Replacement Bin and hand gel dispensers sourced on day of inspection. Full review of Bins and dispensers across the centre carried out the following day 16.11.2021 – no further actions identified.
- Monthly Infection Prevention and control walkabout inspections continue and any arising issues are addressed immediately.
- Full audit carried out by PIC on 02.11.2021 of cleaning checklist & visitor records, staff responsible for missing entries contacted and importance of completing the cleaning schedule discussed. The gaps in the cleaning records have been addressed with the managers on night duty. All staff have been reminded of the importance of completing all relevant documentation, through staff meetings and support & supervision.
- PIC will continue to carry out Audits and address issues as they arise.

Regulation 28: Fire precautions

Not Compliant

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

- A revised capital upgrade plan was presented to HIQA on 19th November and a detailed report, in line with this presentation, will be submitted to HIQA by 21st December 2021.
- All preventative measures continue to be followed within the designated centre.
- First responders training has being completed with relevant staff. Specialised PPE training completed with first responder staff on 19.10.2021 & 21.10.2021.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the

regulations.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- PCP reviews discussed with all keyworkers, in November 2021 (16th, 17th, 20th, 21st & 23rd) - where priorities are delayed due to Covid 19 alternative actions are entered to progress.
- Where delay is substantial additional priorities will be added with the PSS which can be progressed during the current pandemic.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The PIC met with the staff team across the centre following inspections in November (16th, 17th, 20th, 21st & 23rd) to re-iterate the importance of upholding privacy for each resident at the weekly house meeting.
- New house meeting books have been placed in all residences and previous books archived.
- Residents identified in the centre utilise keypads or electronic fobs to access their homes independently, these fobs were all checked on the day inspection and one was noted to have a low battery. Procedure put in place for all staff working with residents who independently use fobs to check that fob is working correctly at the beginning of each shift and prior to leaving residence during periods of reduced staffing.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Not Compliant	Orange	30/09/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	04/01/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of	Not Compliant	Orange	28/02/2022

	the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	28/02/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/02/2022
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	31/05/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He.	Not Compliant	Orange	31/05/2023

	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.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/05/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	15/11/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/05/2023
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	17/11/2021

	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.	Not Compliant	Orange	31/05/2023
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	31/03/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	14/12/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is	Substantially Compliant	Yellow	14/12/2021

	respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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