Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ballycullen
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 6
Type of inspection:	Short Notice Announced
Date of inspection:	11 October 2023
Centre ID:	OSV-0008360
Fieldwork ID:	MON-0038650

About the designated centre

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

Ballycullen provides a residential service for male and female adults with an intellectual disability who may also have autism, mental health difficulties or behaviours of concern. The objective of the service is to empower individuals with new opportunities and the necessary skills to live full and satisfying lives and to help to support them to become equal citizens of their community. The residents are supported by a team of social care and nursing staff. The designated centre consists of a two-storey house in a suburban residential area of Dublin.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 11 October 2023	10:30hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the residents, speak with their team of support staff, and review documentation and records related to how their social, personal and clinical needs were being met. The inspector also observed support and interactions between residents and the staff team, and read guidance available to staff to progress each resident's personal objectives and routines. Overall the inspector found that residents were safe and appropriately cared for by a committed, friendly and supportive social care team, and that residents appeared generally relaxed and happy living in the house.

The inspector met with three of the four residents living in the house, with the fourth resident visiting family on the day of the inspection. During the day, residents were coming and going from the house to go shopping, attend medical appointments and go for drives in the local area with the staff. The service had recently lost access to a vehicle which impacted on one resident's ability to travel as they could not use the other car. The inspector observed evidence that that the provider was working to improve vehicle access to facilitate journeys again, and in the interim made arrangement for an accessible vehicle to be collected from another service. Residents enjoyed going for walks in parks and beaches, going to the cinema or to shopping centres, and eating out at cafés and restaurants. Residents were fully supported and accompanied at all times by staff members. The provider had recently identified that three day staff for four residents was insufficient to optimise spontaneity and flexibility in getting out into the community, and was commencing a fourth staff shift during days to enhance social opportunities. The staff members gave the inspector examples of what they did with residents when they were supporting their day, and how they were advised of where residents did or did not like to go. Newer staff members gave examples of how they were working to build a trusting rapport with residents. Staff gave examples of where there may be potential for new social and work opportunities based on residents' skills and interests, and how these may be used to develop life enhancement objectives going forward.

The residents' communication profile did not facilitate verbal conversation between the inspector and the residents, however the inspector observed mostly patient and respectful interactions between staff and residents. Staff had guidance on appropriate means of communicating with each resident and what sounds, gestures or movements meant. Residents were supported to have their dinner at their own pace and staff were provided instructions to follow on safely supporting residents with difficulty eating, drinking or swallowing to have meals safely.

Each resident had a single bedroom which was furnished and decorated based on their own preferences. Residents had access to a large sitting room and a safe and secure external space. The house had one shared resident bathroom which was equipped with suitable features such as a specialist bath and shower chairs. The inspector was advised that if this main bathroom was occupied, other residents were

supported to use the en-suite bathroom facilities inside one resident's bedroom. In the main, the house was in a good state of repair, with some walls, doors and ceilings having cosmetic cracks. Residents with mobility support requirements were appropriately supported to navigate their home safely.

As will be described later in this report, residents' support needs were identified and had detailed and personalised care and support plans to guide staff on meeting these needs. Some improvement was required to demonstrate how the development and evaluation of these plans' effectiveness was done in consultation with the residents or their representatives. Some support plans related to life enhancement opportunities, and minimising the necessity for restrictive practices required development, to demonstrate how the service was progressing towards their intended goals.

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

This was the first inspection of this designated centre for the purpose of monitoring the provider's regulatory compliance. This house was registered in December 2022 as a standalone residential service, having previously been one part of a four-house designated centre alongside bungalows on a campus site elsewhere. The provider had split their larger centres up and appointed a person in charge who had sole oversight of this house. In the main, the inspector observed evidence to indicate that this had facilitated enhanced centre governance, more frequent management presence, and more tailored audits systems to identify and address matters which were specific to this house and its residents.

The centre was appropriately resourced for the number and needs of residents with staff, leadership personnel and centre vehicles. The local management had identified where revisions were required to these resources to enhance delivery of support needs. Some regulatory gaps were identified on this inspection which had either not been identified internally or were repeat findings from the provider's own audits. However, overall where areas for improvement were identified, there was evidence of time-bound plans in place to address same.

The inspector observed documents and record keeping and found some examples of obsolete, incorrect or incomplete information, however these were mostly minor gaps which did not present serious risk to service users. Information related to the resident experience was readily available, such as clear and easy-to-read terms and conditions of living in this centre, and assurances that complaints were being taken seriously.

Regulation 15: Staffing

The provider had a full complement of staff in this designated centre. A review of staffing rosters indicated that the centre had a low reliance on contingency staffing arrangements. Following a quality and service review which identified a need for more structured opportunities for one resident to access the community, the staffing resources had been revised to provide additional support during the day to support residents' social needs.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector observed that a number of staff had either not attended training in courses required by provider policy, residents' assessed needs, or regulatory requirements, or were overdue to have completed refresher sessions in mandatory training. This included staff who were not trained in supporting residents with epilepsy or administering their associated emergency medication. Approximately half the team were not trained in supporting residents with autism, and two staff members were not trained to support the residents with their medicine. Staff were also out of date in their training in fire safety procedures and safeguarding of adults at risk.

Judgment: Not compliant

Regulation 19: Directory of residents

The provider had created a directory of residents for this designated centre.

Judgment: Compliant

Regulation 21: Records

In the main, records in the service were available for inspection and retrievable in a timely fashion. Some of the records provided on this inspection required review to fill in missing, inaccurate or out-of-date information. This included, but was not limited to, records related to complaints management, equipment servicing, resident

contracts, resident details, statement of purpose, and training records.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had appropriate insurance arrangements in place.

Judgment: Compliant

Regulation 23: Governance and management

The service was appropriately staffed with social and nursing support personnel relative to the number and assessed needs of residents. Evidence was observed on inspection of staffing revisions to support residents' needs, and efforts to regain suitable vehicle access following some changes in the centre's resources.

The provider had conducted an unannounced inspection in May 2023 and reported on the quality and safety of the service in the designated centre. There was a clear record of the findings of this inspection with areas identified for improvement. Some of the actions had been completed or taken effect within the time frame identified such as staff resource revision and enhanced staff access to policies. However, some actions remained outstanding such as gaps in mandatory staff training and resident support plan evaluation. Some of the regulatory deficits identified on this inspection had not been identified by internal audits and assessment tools.

The inspector reviewed supervision, probation, and performance management meeting records between a sample of staff members and their manager, and found evidence that the person in charge had held at least one of the required meetings with all of the sample reviewed, and had agreed clear objectives for where the staff members could enhance their skills and role responsibilities for their next review period.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had written contracts of support agreed with the provider which outlined the terms and fees associated with using this service.

Judgment: Compliant

Regulation 3: Statement of purpose

The designated centre had a statement of purpose in place which contained information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a log of complaints in place for the centre. For the three complaints recorded for 2023, there was a clear description of actions taken to resolve the matter, and timely engagement with the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had developed policies and procedures for the service in accordance with regulatory requirements. These were available in a format which the staff could access when required.

Judgment: Compliant

Quality and safety

In the main, the residents were observed being treated and spoken to with patience, encouragement and kindness by their support team. Residents were protected from potential abuse through timely reporting of safeguarding concerns, and staff were aware of potential abuse risks related to these service users and how to respond to any suspected or alleged incidents of concern. Staff were provided guidance in supporting residents with their assessed needs related to food, medicine and communication.

The inspector was not assured that the procedures in place and practice evacuations carried out in the centre supported staff to be clear and unambiguous on what to do

if fire or smoke was detected in the house, or supporting residents with higher needs to escape safely. There were some gaps in risk assessments and service records of equipment, and routine checks in the house had not identified some deficits in fire and smoke containment.

Service user support plans were detailed, person-centred and reflected observations on how residents were being supported. Some gaps including safe moving and handling, behaviour support and development of resident life skills were observed, and the provider did not demonstrate how residents and their representatives participated in the development and ongoing evaluation of support plans. Work was required to ensure residents' right to have control over their finances was being formally reviewed with a view to enhancing their access with support from their staff team.

The inspector found evidence of a practice of transporting residents to different parts of the house to support toileting and personal hygiene support, with limited evidence of how some residents were being supported and encouraged to use the facilities nearest to them. Among these practices included one resident's bedroom en-suite being used by their three housemates when the primary downstairs bathroom was in use by someone else. This practice is not respectful to the privacy of the resident's living space or to the dignity of their peers.

Regulation 10: Communication

Communication support requirements were included in the residents' needs assessments and, where required, staff had access to guidance to support communication with residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents did not have accounts with banks or financial institutions, and had no access to payment cards or finance records. Resident money was managed by family members, or by an office on the service provider's main campus open between 10am-12:30pm four days a week, from which the support team could request the use of resident's money. This practice did not facilitate the resident and their direct support team to access their money as and when required. There was no evidence of how records of resident finances were being reconciled. As such, the provider could not demonstrate how they were assured that all resident monies and savings were appropriately accounted for.

Judgment: Not compliant

Regulation 18: Food and nutrition

The provider had a policy in place for supporting residents with support requirements related to eating, drinking or swallowing. Some residents required dietary modifications such as thickened fluids and chopped or puréed foods. The provider had identified a suitable training course to ensure staff followed safe and suitable procedures when supporting residents, however evidence on inspection indicated that staff had not completed this training.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Surfaces in bathroom areas did not facilitate effective cleaning and sanitising, including torn or peeling wetroom flooring and seals, flaking or cracked paintwork, and holes in wall tiles. The provider had conducted a detailed infection prevention and control audit in which this centre was scored 68.4% the week prior to this inspection, with clear identification of areas requiring improvement, some of which reflected observation made during this visit. Examples of areas for improvement included, but were not limited to, the following:

- Disposal of single-use items following tasks.
- Availability of soap and disinfecting gel dispensers around the house.
- Staff performance of hand hygiene following tasks.
- Appropriate handling of soiled clothing.
- Separation of soiled items from regular laundry.
- Suitable storage of mops after use.
- Staff completion of required training.
- Risk control measures related to passing through food preparation areas carrying soiled items.

As referenced in other sections of this report, residents requiring support with toileting, incontinence wear and personal and intimate hygiene were being brought through the bedroom of one of the other residents to use that person's en-suite facilities.

Judgment: Not compliant

Regulation 28: Fire precautions

The inspector was not provided assurance that the premises and the staff practices would be effective in implementing a safe response procedure in the event of a fire.

The provider conducted practice evacuation drills in the house. Three of these had taken place in 2023 indicating evacuation times of under three minutes in the middle of the afternoon when staffing levels were at their highest and residents were in communal areas. The provider could not be assured of how much of difference in time it would take to evacuate service users, some of whom required assistance of two staff or hoist equipment, during times that staffing was at its minimum of two staff members, particularly at night when staff were asleep.

An emergency plan had been developed for this designated centre and each resident had guidance for how they would be supported to evacuate. However, parts of the evacuation plan had not been updated to reflect changes in the centre, and the fire drills did not measure whether staff followed planned evacuation procedures correctly. The inspector spoke with all staff on duty in the centre and observed gaps in knowledge of fire procedure. This included, but was not limited to, when emergency services and support from other houses would be called for, or the order in which residents would be evacuated and to where. Staff did not know how to read the fire panel, as during practice drills the observing manager would tell them where the fire was, and advised the inspector that they would visually identify which room contained flame or smoke by reopening fire containment doors. This practice is unsafe and would facilitate a fire to spread faster, particularly as oxygen cylinders were in the house, or compromise emergency escape routes with smoke.

During a walk of the centre premises, the inspector observed doors along fire egress routes which were either not equipped to contain fire and smoke, where the door-closure mechanisms did not operate correctly, or where smoke seals had been painted over. The fire risk assessment of this premises was not provided during this inspection to provide assurance on the efficacy of fire containment, smoke seals, addressable fire alarm systems and intumescent strips. Service records for emergency lighting was also not available for review beyond 2021.

In light of these findings, the inspector issued the provider an urgent compliance plan during this inspection, to provide assurance in the days following this inspection, that a timely and safe evacuation process could be carried out in the designated centre. In response to this, the provider has introduced instructions to staff on using the fire panel, and scheduled dates for additional fire safety training and practice evacuations. The provider advised that a full fire risk assessment of the premises was scheduled to identify and address any requirements for fire safety upgrades.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

In the sample reviewed, the inspector observed some examples of medicines either being administered, or being recorded as administered, later than they were prescribed. However, overall, staff demonstrated appropriate practices in the purpose, storage and guidance on medicines used in the centre. The level of support residents received in using their medicines was in line with their assessed level of capacity.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

In the sample reviewed, the inspector found that in the main, assessments of support needs and their associated support plans were detailed, person-centred and composed with reference to input from the multidisciplinary team. However, some support plans had not been reviewed annually, or as required, to assess the effectiveness of the plan or maintain a record of progress in achieving their intended objective. There was limited evidence in the plans reviewed to indicate that they had been developed, or reviewed and assessed, in a way which maximised the participation of the residents, and where appropriate, their representative.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate healthcare services were made available for each resident, having regarding to their respective personal plans and assessed needs. Examples observed including wound management, seasonal vaccinations, referral to the occupational therapist and the residents' general practitioners.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some restrictions active in the centre had not been identified as such, and therefore were not kept under regular review to ensure they remained the least restrictive option to mitigate the assessed level of risk. There was limited evidence to indicate how resident informed consent was attained, or less restrictive alternatives were considered, prior to implementing restrictions. Some restrictive practice were

implemented to compensate for the lack of staff supervision.

Judgment: Substantially compliant

Regulation 8: Protection

Where concerns were witnessed or reported relating to the protection of adults at risk from abuse, this was reported in a timely manner by staff. There was an open safeguarding investigation in progress at the time of this inspection, and the provider had arrangements in place to reduce the risk of further harm pending the conclusion of this investigation.

Judgment: Compliant

Regulation 9: Residents' rights

Evidence observed on this inspection indicated that one resident's private bedroom en-suite was routinely used to support other residents with their personal hygiene, toileting and intimate support needs when the primary bathroom was occupied.

Judgment: Not 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	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ballycullen OSV-0008360

Inspection ID: MON-0038650

Date of inspection: 11/10/2023

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	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Observing and Responding to Seizures HselandTraining - 9 staff have completed this training. Remaining 4 will have completed same by the 01/12/2023. • Buccal Midazolam training has been completed by 8 staff and the remaining 4 staff will have completed same by 31/12/23 • Autism training was completed by 50% of the staff on the day of inspection with the remaining staff to complete same by 01/12/23 • Safe Administration of Medication Training –All staff will be SAMS trained will be by the 01/12/23. • Fire Safety Training – All staff have completed this training on the 12/11/23 • Safeguarding of Vulnerable Adults Training has been completed by 10 staff, the remainder of which will have same completed by 01/12/2023	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All records in relation to Schedule 4 will be maintained in the designated centre and available for inspections and will reflect all relevant, accurate and up to date information. All items logged in the Complaints log have now been addressed and these complaints have been closed satisfactorily. Residents contracts will reflect the change in designated centre and will be updated by the 15/12/23.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
All staff mandatory training will be completed by the 01/12/23
All personnel care support plans will now include an evaluation process on a 3 monthly basis to ensure the effectiveness of the plan.
These plans along with other person-centered plans of care will be done in collaboration with the resident and their families.
All actions and findings from the provider audit will be completed by 31/01/24

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
Engagement meetings will be set up with families for the residents in this designated centre to explore the opportunity to engage with financial institutes to set up personal bank accounts. Some of which have commenced.
These engagement meetings will also set out to explore the possibility of each residents having more access to their own personal funds on a daily basis.
This will help facilitate the residents to access their money as and when required.
This work will be done in conjunction with the MDT, Finance, family and Management and staffing team.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
Managing Feeding, Eating, Drinking and Swallowing Guideline training for all staff will be completed by the 31/12/23

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Areas noted for improvement during Inspection as follows will be addressed by;
• Disposal of single-use items following tasks by 11/12/23
• Availability of soap and disinfecting gel dispensers around the house have been installed on the 11/12/23
• Hand hygiene technique following tasks - all staff will receive IPC training 31/11/23
• Appropriate handling and disposing of soiled clothing - all staff will receive IPC training - 31/11/23
• Laundry Mangement – all staff will receive IPC training on 31/11/23
• Suitable storage of mops after use – 31/11/23.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The centre will undergo an assessment to ensure that all fire doors in place will comply with the containment in the event of a fire. Doors identified requiring upgrades will be replaced with a fire rated hold open device.

Fire panel instructions for the detecting of a fire have been devised and are in place for all staff to instruct them to evacuate safely. Fire training was scheduled for the 18/10/23 and these fire panel instructions will be included as part of the emergency procedure guidance on the building layout and escape routes and location of fire guided by the individuals PEEP's.

Fire certificate attached indicating service history.

A lock box has been installed in Ballycullen which holds a override key for the gates in the event of an emergency or loss of power. The staff now have a 2nd over ride key which is also located on the keyring with the fob on it, which they bring with them when evacuating the house in the event of a fire.

Fire Panel
Fire panel re-assessed and checked, deemed compliant and meeting standards.
The signage on the panel has been updated and staff has been shown and directed to the activation. A fire drill has been competed

Reg 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.

All Individuals PEEPS to be reviewed and updated and reflect safe evacuation and identify safe locations in the event of the fire.
Fire drills were scheduled for this designated centre on the 18/10/23 and 25/10/2023 reflecting the updated PEEP's.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Medication incident form completed on the 11/10/23 by the staff member. PIC met with staff member on the 01/11/23 and discussed medication incident. Learning outcomes from this medication incident have discussed and shared with the team.

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:
All residents' personnel care plans will be reviewed, evaluated and assessed with each resident to ensure the effectiveness of the plan.
These plans will be done in collaboration with the resident and their families.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
A review of the Centre's restrictions will be completed to ensure that all restrictions are risk assessed and regularly reviewed to ensure that they remain the least restrictive.
A new 3 monthly restoration of rights review form has been devised to ensure that the

impact of the restriction is captured and measured and that the individual has communicated their will and preference in relation to the introduction of the restriction	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Manager met with staff since inspection and discussed the incident with all staff. Assurance has been given that no further episodes will occur. Same in effect from 19/10/23.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	28/02/2024
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.	Not Compliant	Orange	01/12/2023
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with	Substantially Compliant	Yellow	01/12/2023

	eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.			
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	16/12/2023
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	16/12/2023
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	31/01/2024
Regulation 27	The registered provider shall ensure that	Not Compliant	Orange	11/12/2023

	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.			
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	01/12/2023
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	18/10/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/12/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for	Not Compliant	Red	18/10/2023

	evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Orange	25/10/2023
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.	Not Compliant	Red	25/10/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable	Substantially Compliant	Yellow	01/11/2023

	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.			
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	31/01/2024
Regulation 05(4)(c)	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 is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her	Substantially Compliant	Yellow	31/01/2024

	representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/01/2024
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	31/01/2024
Regulation 07(2)	The person in charge shall	Substantially Compliant	Yellow	31/01/2024

	ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/01/2024
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/01/2024
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications,	Not Compliant	Orange	19/10/2023

	relationships, intimate and personal care, professional consultations and personal information.			