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:	Rose Lodge
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	22 July 2024 and 23 July 2024
Centre ID:	OSV-0008576
Fieldwork ID:	MON-0042527

About the designated centre

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

Rose Lodge is a designated centre which can provide full-time residential services for up to four male or female adult residents. It is situated on the outskirts of a large town in Co. Kildare. There are a number of vehicles available in the centre to support residents to visit their family and friends and to access their local community. Rose Lodge can provide a high support service for adults with Prader-Willi Syndrome who may present with complex needs. The house is sub divided into four self-contained apartments and there are a number of communal areas such as a living room, sunroom, kitchen, utility room, and office. Residents' apartments have a living room, kitchenette, bedroom and bathroom. There is a driveway at the front of the house and a garden to the back. Residents are supported 24/7 by a staff team consisting of a person in charge, service manager, and support workers.

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
Monday 22 July 2024	18:45hrs to 21:20hrs	Sarah Cronin	Lead
Tuesday 23 July 2024	10:00hrs to 16:15hrs	Sarah Cronin	Lead
Monday 22 July 2024	18:45hrs to 21:20hrs	Marie Byrne	Support
Tuesday 23 July 2024	10:00hrs to 16:15hrs	Marie Byrne	Support

What residents told us and what inspectors observed

From what residents told us and what inspectors observed, it was evident that residents in this centre were leading busy and active lives, and that they were well supported to make and maintain healthy lifestyle choices. The inspection found that there had been an improvement in the levels of compliance found on the last inspection. However, improvements continued to be required in residents' rights, medicines and pharmaceutical services and staff supervision. These are discussed in the body of the report below.

The designated centre provides a specialised residential service to four young adults who have a diagnosis of Prader-Willi Syndrome (PWS). Three of the residents had transitioned into the centre from family homes in the past year and were reported to be adjusting to living in a residential care setting. A fourth resident had recently moved in from another designated centre in the organisation. The house is located in a rural setting outside a town in county Kildare and opened in 2023. The house is a two-storey house which is set on a large site. Each resident has their own self-contained apartment which comprises a bathroom, bedroom and a sitting room area which can also be used for dining. The house has a communal sitting room and dining room. The kitchen of the house is locked in line with best practice guidelines for PWS , and accessed directly through the kitchen door, or via a coded back door. There is a medication room to the back of the house, which is also locked. Outside the house is building which houses two offices and a bathroom. Inspectors found that the centre was clean and homely and well suited to residents' assessed needs.

Residents in the centre primarily used speech to communicate. Inspectors had the opportunity to meet all of the residents over the course of the inspection along with five members of the staff team. Each of the residents showed inspectors their apartments and spoke about their daily routines. Residents had structured daily planners which they completed with their key workers or support staff. Some of the activities which residents were enjoying were swimming, going to a local gym, going for walks, going shopping, attending a local day service hub, going to pet farms, attending art classes and going to the library. Residents were also involved in Special Olympics in basketball, boccee, running and hockey. One resident was being supported to use public transport and was engaging in volunteering locally. Residents enjoyed some of these activities together in a small group, and in other activities they required one or two staff to support them.

One of the resident told inspectors that it was *"all good in the house"* and that they had *"no worries or concerns"*. The resident had made a lot of progress with their health and told inspectors they *"felt good and proud"* of themselves. They were due to begin a course later in the year in a local college. Another resident of the residents had attended a show in Dublin city the night before the inspection took place and had met with the cast following the show. They told inspectors that they were now in the house for a year and that they were *"all settled now"*. Some residents spoke about key workers and how they supported them to set their goals.

One of the residents told the inspectors that they had recently joined a library and showed inspectors the books that they had read. They spoke about their new home and visiting their family regularly. Each of the residents had access to Wifi and had their own phones to maintain contact with family and friends. Residents were supported to see their families on a regular basis. In the house, residents had access to their own puzzles, workbooks, arts and crafts and had a television in each of their apartments.

Staff had completed training in a human rights-based approach to health and social care, and in advocacy. Staff spoke about some of the restrictions in place in the centre, and the challenges involved in balancing rights and risk for residents. There was evidence that staff were offering choice and supporting decisions within the context of residents' care plans. Due to residents' diagnosis of PWS, food security and having a calorie-controlled diet is an essential part of the care and support which residents received. This meant that the kitchen door was locked at all times and each resident was on a strict diet plan, with set meal and snack times in line with their meal planners. Therefore, choices relating to food and drink were limited. There was evidence that staff supported residents to work with their dietitian to make slight changes to their plan where possible. For example, one resident had expressed their wish to have a cappucino which was not in line with their plan. Staff described speaking with the dietitian and working out a plan with the resident where they could enjoy this. For another resident to enjoy a night out, staff had planned out their meal plan with input from the dietitan to ensure that the residents' needs were met while enjoying a social outing. One of the residents told inspectors what they needed for their diagnosis and spoke about the food being fresh and 'cooked from scratch'.

Residents' spending was also restricted as part of residents' behaviour support plans and in line with their assessed needs. Staff spoke about some of the challenges involved in supporting choice while balancing risk and how they worked with residents. For example, for one resident, they enjoyed 'window shopping' in their favourite shop and planned out the item which they wished to purchase within their budget. For another resident, staff described how they had supported a resident in a grocery shop to ensure that they balanced the resident's choices and right to independence while also remaining within their plan and their budget.

Residents in the centre presented with some behaviours of concern which impacted negatively on the rights of others living in the house. There had been a high number of peer to peer incidents since the last inspection had taken place. These included psychological incidents, physical incidents and incidents where residents' personal property and privacy were invaded by others. Many of these incidents occured in the communal area, and there was a safeguarding plan in place, which at times involved residents being encouraged to leave the communal area and return to their apartments, or to leave the centre. There was evidence that where residents refused to do so, that their choice was respected and staff put additional measures in place to maintain their safety. To promote positive interactions and relationship building, the provider had devised a social story on living in the centre together.

Residents were supported to protect their personal possessions by locking their

apartment doors. Each resident had their own lanyard and key and when they were not in their apartments, staff supported them to lock their doors. Residents were also impacted by other residents setting off the fire alarm when they were frustrated. For example, two residents purposefully set off the fire alarm during incidents and this noise upset residents. This had occured 15 times in the 3 months prior to the inspection taking place, with the alarm being set off twice in one day over three days in that period. For one resident they said *" I don't like loud noise, it upsets me".* They told inspectors *"X sets off the fire alarm. It happens a lot and upsets all us residents and it upsets me it's very loud"*. Again, when this occured it meant that residents' freedom of movement was negatively impacted, in addition to their rights to relax and feel secure in their home. Residents had their personal belongings taken by other residents at times. One resident said " *When X takes my things I don't feel safe. They come running at the door and I don't like it".* The resident told inspectors that staff supported them and 'stepped in' when they needed to.

In summary, the inspection found that residents' quality of life was being promoted in the centre, and that they were well supported to engage in activities of their choice and to exercise choice and control within the context of their individual plans. There continued to be a number of peer to peer incidents occuring, and the provider had put measures in place to best manage residents congregating in the communal area at key times in the day. For the most part, residents reported that they liked living in the centre, that they enjoyed the activities they were doing, and that they liked their living spaces. They outlined some frustration at behaviours of other residents at times which had an impact on their experiences. The next two sections of the report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection which took place to monitor levels of compliance with the regulations. The centre opened in 2023. There were poor levels of compliance found on inspection in October 2023 with nine of the regulations inspected against having a level of non-compliance. A cautionary meeting was held with the provider in 2023. Due to ongoing concerns relating to safeguarding, a provider assurance report was issued in December 2023. A further inspection of the centre took place in January 2024 which demonstrated some improvements in the levels of compliance with the regulations. However, four regulations remained not compliant - residents' rights, medicines and pharmaceutical services, notification of incidents and fire precautions.

There continued to be a high number of notifications relating to safeguarding incidents received by the Office of the Chief Inspector following the inspection in January, with a total of 28 NF06 notifications relating to safeguarding incidents since

January 2024, and 54 over the previous 12 months. This inspection was undertaken on foot of these notifications, and to monitor actions committed to in the compliance plan received in January 2024. The inspection took place over two days to facilitate meeting with residents, with inspectors spending time with residents and staff on the first evening, and reviewing paperwork and meeting with members of the management team on the second day. Overall, the inspection found that there had been some improvements since the last inspection. However, improvements continued to be required in Regulation 29: Medicines and Pharmaceutical Services, in Regulation 9: Residents' rights and in Regulation 16: Training and staff development. These are discussed in detail under the relevant regulations below.

The provider had a clear management structure in place which outlined lines of authority and accountability. The person in charge had left their post since the last inspection, and the role of person in charge was being carried out by a senior manager in the organisation, who had additional responsibilities over another designated centre in addition to service development. They were based off -site and travelled to the centre a number of times each month. As an interim measure, the provider had placed a team leader and a service manager in the centre to provide day-to-day oversight until a person in charge was recruited. The inspectors met with both of these managers in addition to the person in charge and the Director of Social care over the course of the inspection. The Director of Social Care reported that a permanent team leader was due to start in the service in the weeks following the inspection. There was a second member of management on site between two and three days a week, who was also a person in charge of another service. There were on-call arrangements in place which staff demonstrated they were aware of in the event they required support out of hours.

Inspectors found that the provider had effective management systems and structures in place to monitor and oversee residents' care and support in the centre. Audits took place on key service areas and were escalated to the senior management team each month. The staffing arrangements had also improved since the last inspection, with a number of staff newly recruited. Training and staff development had also improved since the last inspection. However, there remained gaps in staff supervision, which was of particular importance due to the numbers of new staff working in this specialised service.

Regulation 15: Staffing

Inspectors reviewed rosters for a four week period prior to the inspection taking place and found that these were well-maintained. The provider was working to ensure that the staff numbers and skill mix was appropriate to best meet residents' assessed needs. The provider reported that they were currently at 70% of their staffing allocation, with vacant shifts covered. Recently, there had been two staff who had completed agency shifts in the centre that had transferred to being directly employed by the provider. Four staff were in the process of induction and there were further interviews planned. It was evident that efforts were being made to

ensure continuity of care and support for residents by using a small number of relief and agency and by staff working additional hours to fill vacant shifts. The person in charge reported that work was ongoing in building the team relationships as the team grew.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the staff training matrix and found that 100% of the staff team had completed training in positive behaviour support safeguarding and fire safety. A number of staff were completing a course in safety interventions for behaviour on the second day of the inspection. This course was to equip staff with the knowledge and skills in de-escalation skills, non-restrictive and restrictive interventions. Staff had completed training in a human-rights based approach to health and social care, in advocacy and in autism. 70% of staff had completed training in Prader-Willi Syndrome and 69% of staff had completed the safe administration of medication.Inspectors viewed the training action plan which indicated that all outstanding training was booked for staff.

Staff supervision and probation required improvement. The provider had self-identified this as an area requiring improvement in their quality improvement plan. Inspectors found that 6 supervision sessions were not completed as scheduled. However, these were booked in for over the following six weeks. Some staff members reported that they had not yet had 1:1 supervision sessions with management, but that management were available to them where they needed them. New members of staff who the inspectors met with spoke about how they were supported to shadow more experienced members of staff while they were on induction.

Judgment: Substantially compliant

Regulation 23: Governance and management

Inspectors found that the provider had a clear management structure and a number of systems in place to ensure ongoing oversight and monitoring of residents' care and support. The provider had carried out an annual review and two six-monthly unannounced provider visits in line with regulatory requirements.

The provider had a number of systems in place to monitor key service metrics. The inspector reviewed a sample of a monthly key performance indicators (KPI) report for May and June and found that overall, the provider was self-identifying areas requiring improvement in areas such as staffing, compliance and staff supervision.

However, it did not identify the need for additional control measures to manage medication management. This is discussed under Regulation 29: Medicines and Pharmaceutical services below.

A review of minutes from the last three staff meetings showed that the agenda was structured and included discussions around incidents and accidents, safeguarding and practice issues including documentation and team working. There were other methods of ensuring that key information was shared at handover , including daily emails sent around to the team to ensure that all staff were kept up to date of any developments or incidents that had occured and any additional measures which needed to be put in place. All of the five staff members whom inspectors met with spoke highly of the management team being supportive of them, and some staff told inspectors that when they had raised any concerns in relation to practices, that the provider had responded in a timely manner to ensure the ongoing health and safety of residents.

Judgment: Compliant

Quality and safety

It was evident that the provider was endeavouring to ensure that residents were supported to enjoy a good quality of life in their homes and to maintain best possible health. Improvements had been made in some areas since the last inspection. However, further improvements were required in medicines and pharmaceutical services, and in residents' rights.

Residents in the centre presented with complex health care needs which required a multidisciplinary approach to their care and support. Residents were found to have access to relevant health and social care professionals and one resident spoke about the positive health outcomes they had achieved in negating their need to use insulin for diabetes.

Residents had behaviour support plans in place which outlined proactive and reactive strategies for staff to use. Behavioural incidents were trended and overseen by the behaviour specialist. There were a number of restrictive practices in place in the centre, and the provider had oversight of these practices and ensured that they were regularly reviewed. Safeguarding was found to be an ongoing challenge in the centre and inspectors found that the provider had put appropriate control measures in place to manage any incidents between peers. Staff demonstrated that they were familiar with these plans and spoke about supporting residents to enjoy some one-to-one time with staff when possible at times of potential difficulties in the house. However, while it is acknowledged that the residents' safety was maintained in the centre, residents' rights to freedom of movement and to having peace in their home were negatively impacted on by the behaviour of others. This is further detailed in Regulation 9: Residents' rights.

The house was found to be clean and well-maintained. It was found to be well suited to residents needs, with individual spaces for residents being an important part of their care and support. There were ample facilities for residents to store their belongings , to receive visitors and each resident had their own bathroom. Residents in the centre were supported to enjoy a wide range of activities in their local communities, and within their home. Residents also had their own phones and were supported to visit their families on a regular basis. For one resident who had recently transitioned into the centre, they spoke about how they enjoyed their new home and it was evident that the transition had been well supported and planned with input from the resident themselves.

In line with findings from the previous two inspections, systems for the safe administration, storage and documentation relating to medicines continued to require improvement to ensure that residents' medicines were appropriately administered, and that systems in place identified gaps in a timely manner. This is further discussed under Regulation 29: Medicines and Pharmaceutical Services below.

Regulation 13: General welfare and development

From speaking with residents, viewing their planners and reviewing a sample of three care plans, it was evident that residents in the centre were leading busy and active lives. Staff were supporting residents the opportunity to engage in meaningful activities as a group and as individuals. These included attending a local gym, going swimming, engaging in sports, attending a local day service 'hub', going shopping and for walks.

Residents were found to be well supported to maintain relationships with family members through sending messages, speaking over the phone and by facilitating residents to visit their families on a regular basis.

Judgment: Compliant

Regulation 17: Premises

As outlined at the beginning of the report, inspectors found that the premises was well maintained, clean and residents' personal living spaces were personalised to reflect their interests and individual life histories and families.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspectors viewed documentation relating to a recent transfer of a resident into the centre. This indicated that there had been engagement with both the resident and their family in the lead up to their move.

The resident had been provided with a social story and a transition plan was developed with clear dates given for each part of the move. Pictures of staff and the apartment were shared with them and phased visits occured prior to their move into the centre. Recently, a three-month review had taken place for the resident which looked at a range of areas such as their participation in activities, development of relationships and clinical supports.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Practices relating to medicines management continued to be an area of concern. Inspectors reviewed the provider's medication management policy, residents' individual medication administration records, and medication audits in addition to observing staff practices relating to the administration of medicinal products, and viewing medicinal products and their storage.

Medication audits were completed on a weekly and monthly basis. These were noted to identify some areas requiring improvement. For example, inspectors noted that medication audits which had taken place between January and June had identified the need for protocols relating to pro re nata (PRN) medication required review. The audits also noted that not all doses were recorded in addition to errors relating to documentation and administration. Inspectors noted that for one resident, a PRN medication was prescribed if the resident was not sleeping well. However, a review of the residents' administration records indicated that that resident had been administered that medication in the afternoon on six occasions without a clear rationale.

The most recent six-monthly provider visit had marked medicines management as compliant, in spite of there being a number of areas requiring action. Minutes of staff meetings in addition to key working reports consistently noted the need for staff to ensure that where staff had not administered medication or where residents had refused medication, that these incidents were documented. Additionally, these noted issues relating to administration errors and missing doses.

On the first day of the inspection, one of the inspectors observed a staff member knocking on two residents' doors prior to administering medication in the privacy of each residents' apartment. However, on reviewing the medication administration sheet for these two residents, they had been signed by two members of staff, in

spite of the administration not being witnessed by the second staff.

Storage of medication also required review. While the medication office was locked, the medication fridge did not have a lock on it. Some medicinal products were not labelled with residents' names, nor did they state when they were opened. These were discarded and replaced on the day of the inspection.

Inspectors found that the provider's policy did not clearly guide current practice on the administration of sub-cutaneous injections for non-nursing staff. For example, in the centre three residents self-administered their own injections, while one resident required staff support. The provider's policy relating to this route gave guidance for nurses. However, staff who had completed safe administration of medicines training were administering or supporting residents to self-administer these medicines. Inspectors were informed that the provider's medication management policy - social care was under review at the time of the inspection.

Finally, on the second day of the inspection, an inspector carried out a stock check of a medication for a resident in the company of staff. They noted that the stock check which had been carried out did not match the actual count of medication, and there were four tablets missing.

Judgment: Not compliant

Regulation 6: Health care

Residents in the centre had access to a general practitioner (GP) and a range of other health and social care professionals including a behaviour specialist, a dietitian, physiotherapy and medical consultants such as endrocrinologists. Residents had health actions in place for each assessed health care need and these were regularly reviewed. Records of appointments which residents attended were maintained for each discipline. Residents had hospital passports in place, which had specialised information in relation to their specific needs as people living with Prader-Willi Syndrome.

Residents had been supported to understand their diagnosis and spoke about what they needed to do to stay healthy. Lifestyle choices and healthy routines had lead to positive outcomes for residents, with one resident telling inspectors that they no longer required insulin for their diabetes due to their diet and exercise.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors viewed a sample of three positive behaviour support plans. These

included proactive and reactive strategies to guide staff in supporting residents in their daily routines. The person in charge reported that the behaviour specialist trended behavioural incidents regularly and where a trend or increase in behaviours of concern was noted, they attended the staff meeting to ensure all staff were familiar with measures contained in residents' positive behaviour support plans.

Restrictive practices were documented and reviewed in line with the provider's policy. Restrictive practices in the centre included locked doors in line with international best practice guidelines for PWS. Residents were also restricted in managing finances and medication as part of their overall plans. Some physical holds had been used in 2023, and these had now been removed from the resident's plans.

Judgment: Compliant

Regulation 8: Protection

Residents in the centre were safeguarded through policies and procedures, and more importantly, through staff practice. Staff had all been trained in safeguarding and staff whom the inspectors spoke with were aware of the safeguarding plan in place in the centre. It was found that all safeguarding incidents which were documented had been reported in line with national policy.

As outlined at the beginning of the report, there continued to be a high level of peer to peer incidents occuring in the centre, with 28 notifications relating to safeguarding received by the Office of the Chief Inspector since the last inspection, and 54 over the course of the previous 12 months. These incidents involved residents entering other residents' living spaces and taking personal possessions, verbal and physical incidents between peers and residents being impacted upon by the behaviour of a peer. A review of documentation relating to safeguarding demonstrated that incidents had been identified and reported in line with national policy. Safeguarding plans were in place. Staff whom the inspectors spoke with were familiar with the control measures in place in the safeguarding plan. The provider continued to work with residents on building relationships in the house and had developed a social story to support all residents. It is acknowledged that while residents were being kept safe from any harm in the centre, behaviours of concern of other residents impacted negatively upon residents' rights to freedom of movement, and the right to feeling safe and secure in their home.

A review of three of the residents' care plans demonstrated that there was clear guidance in place for staff on the provision of appropriate levels of support for personal and intimate care in order to ensure that residents' rights to privacy, dignity and bodily autonomy were promoted and upheld.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors noted examples of good practice which staff reported on how they were supporting residents to make choices within the context of their plans, and how they supported them to develop skills in managing budgets and social situations where food security was not in place.

Residents' rights were negatively impacted in the centre in two ways. Firstly, there had been a high number of notifications relating to safeguarding incidents taking place in the centre, as discussed above. These incidents impacted upon residents' freedom of movement at times, meaning that they were encouraged to go to other parts of the centre, or to leave the centre with staff. Residents' rights to have security of their personal possessions and their living spaces were also impacted upon by their peers behaviour and attempts to gain access to their living spaces. Each resident had their own key to their apartments and staff encouraged them to lock their doors to manage this risk. Residents were upset on occasion by witnessing the behaviours of another and a small number of verbal and physical incidents had also occured.

Two of the residents in the centre set off the fire alarm purposefully during incidents where they were frustrated. This had a negative impact on the other residents, and one resident in particular spoke about how the loud noise upset them, which was an identified dislike for them. Quarterly notifications for the three months prior to the inspection taking place indicated that the fire alarm had been purposefully activated during incidents by other residents, and on three occasions this had happened twice over the course of a day.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Rose Lodge OSV-0008576

Inspection ID: MON-0042527

Date of inspection: 22/07/2024 and 23/07/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: - The PIC will continue to ensure that the training matrix is maintained, and all training and refresher training is provided to employees. - A supervision schedule is now in place which will ensure that each employee will receive supervision every 6 weeks. If supervision has to be cancelled due to sick leave, then this will be rescheduled at the earliest opportunity and noted on the supervision record. - Online training will be completed as part of the induction process. - Training will be booked prior to current training reaching expiration to prevent periods where training is out of date.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • A full-time permanent team lead is now in place. • The Clinical Nurse Manager will: • Conduct in-depth training on medication policy and procedure. • Cover processes for medication counts, stock checks, incident reporting, and documentation completion. • PRN medications and protocols will be: • Reviewed and updated as required.	

• Discussed by the PIC/Team Leader at team meetings to ensure all employees are fully aware of and can implement the protocols.
• Monthly in-depth audits will be conducted by the PIC/Service Manager and/or team lead.
• An action plan will be created for any findings from the audit.
• The action plan will outline the necessary actions, timeframe for completion, and the person responsible.
• Weekly medication audits will be conducted by the team lead. Information gathered will be actioned immediately and will feed into the monthly in depth audit.

• An investigation will be caried out in relation to the four missing tablets identified during the inspection and appropriate actions taken based on findings.

• Medications will be signed off by one person only—the person responsible for dispensing and administering the medication.

• The medication policy is currently under review.
• This review will include recommendations and findings from the inspection.
• A lock will be placed on the medication fridge.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• All residents are aware of the current safeguarding plans in place.
• If a peer becomes upset in the communal area, residents are requested to leave, but they may choose to stay if they prefer. Staff will support them regardless of their decision.
• Residents are regularly reminded of the importance of treating each other with dignity and respect, including respecting each other's possessions.
• Each resident has a key to their own apartment and is encouraged to lock their front door when leaving.
• The staff team will be reminded to support residents in locking their doors.
• We are working with our building coordinator to find a solution to minimise the impact of the fire alarm if it is activated.
• The PIC/Team Leader and support workers will continue to liaise with our behaviour specialist to help residents regulate their emotions.
• All behaviour support plans will be maintained, followed, and updated or amended as needed.
• House meetings will be used to discuss how residents can support each other in living together, focusing on areas such as privacy and respect.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	22/10/2024
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 of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	22/09/2024
Regulation 29(4)(b)	The person in charge shall	Not Compliant	Orange	22/09/2024

	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.			
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	22/09/2024
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, relationships, intimate and personal care, professional	Not Compliant	Orange	22/10/2024

	consultations and personal information.			