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:	The Beeches
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	18 November 2024
Centre ID:	OSV-0002342
Fieldwork ID:	MON-0037190

About the designated centre

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

The Beeches is a designated centre operated by St Michael's House. The centre provides care to seven male and female residents who have an intellectual disability. The centre consists of a large two storey detached house located in North County Dublin close to local amenities. A service vehicle is also available for residents' use. Wheelchair accessibility arrangements are in place. The centre's facilities include a kitchen, living room(s), bathroom, sensory room and utility. Each resident has their own bedroom. Residents have access to all areas in the house and there is a lift supporting non-ambulant residents to access both floors of the centre. The Beeches is managed by a Person in Charge who is a Clinical Nurse Manager 2, they are supported in their role by a Clinical Nurse Manager 1. Staffing arrangements for the centre include staff nurses, care staff, social care workers, domestic and catering staff. The person in charge is supervised and supported by a person participating in management as part of the provider's governance oversight arrangement for the centre. Each resident is allocated a key worker who supports residents to engage with and participate in decisions about their own lives and the running of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 18 November 2024	11:00hrs to 17:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection carried out in response to the provider's application to renew registration of the designated centre. The inspection was completed over the course of one day and the inspector had the opportunity to meet with six of the centre's seven residents. The inspector used conversations with residents, staff and residents' family members along with observations of care and a review of documentation to inform judgments on the quality and safety of the service.

Overall, this inspection found that residents were in receipt of a very good quality service which was meeting their assessed needs in a homely environment. However, improvements were required in relation to fire evacuation arrangements and an urgent action was issued to the provider on the day of inspection. This will be discussed further in the quality and safety section of the report.

The designated centre is located within a busy suburb of Dublin and is close to many public amenities and transport links. It was home to seven residents at the time of the inspection, many of whom who had lived there for a quite a number of years. For example, one family member told the inspector that the centre had been a resident's home for over 20 years. The centre was located within a housing estate and was well presented from the outside.

Internally, the centre was seen to be homely, spacious and comfortable. The provider had completed works to the designated centre within the current registration cycle in order to enhance the facilities for the residents. For example, residents now had a choice of three sitting rooms and a new sensory room had been installed. The provider had installed new flooring and some residents had been supported to purchase new wardrobes for their bedrooms.

The inspector saw that the house provided ample communal and private space and that there was sufficient storage facilities for residents' personal belongings and their required mobility aids. Each resident had their own bedroom, which was seen to be decorated in line with their individual preferences. One resident showed the inspector their bedroom and said that they were very happy with it. Some of the residents' bedrooms had ceiling tracking hoists to assist with mobility needs. A ceiling tracking hoist was also installed in the large downstairs wet room and in one of the sitting rooms. A lift provided access to the upper floor for those residents with mobility needs. One resident showed the inspector how they independently used the lift.

Three residents were at home when the inspector arrived, while the other four residents attended day services or visited family members. The inspector met one resident who was sitting in the kitchen and watching videos on their phone. With assistance from staff, the resident told the inspector that they had been in hospital recently and that they were happy to be home. The inspector saw that members of

the provider's multi-disciplinary team had attended the centre that day to assess the resident's needs on their return to the centre and to provide recommendations and information to the person in charge on meeting those needs.

Another resident was seen to be supported by staff in a gentle manner to have a drink of water. A third resident, who had recently required enhanced supports due to an assessed need, was in bed when the inspector arrived. They got up around lunchtime and came to the kitchen to ask staff for a sandwich. Staff were seen to interact with the resident in a familiar and kind manner. They supported the resident to attend to their personal care needs and then prepared an egg sandwich as requested.

The inspector had the chance to meet some of the other residents when they returned from day services. Many of the residents chose to continue with their evening routines and were seen to chat to staff and to enjoy a dinner which looked and smelled appetising. All of the residents had completed residents' questionnaires with the assistance of staff. The questionnaires told the inspector that residents were happy with the care provided in the service.

The inspector spoke to one family member over the phone on the day. They told the inspector that they were very happy with the staff support and with the multi-disciplinary inputs that the resident received. They spoke highly of the communication between the staff team and the family and said that they were confident that they could raise any concerns easily and that these would be responded to.

The inspector met many of the staff on duty on the day and spoke with three staff in more detail. These staff members were informed of the residents' needs and of their individual roles and responsibilities. Staff had received training required to meet residents' assessed needs and had completed additional training in areas such as communication and human rights. Staff told the inspector of how they ensured that residents' rights to autonomy were upheld by using visual supports to offer choices in respect of activities, meals and outings.

Overall, this inspection overall found very good compliance with the regulations and saw evidence that residents were in receipt of a good quality of service. However, due to the ageing profile of the residents, some of their assessed needs had changed within recent months and these were posing safety risks. Risks were identified in respect of the emergency evacuation arrangements and in the contingency plans in place in case of the elevator was out of order. Aspects of the risk management systems and the fire evacuation procedures required review in light of these changing needs.

As mentioned earlier, an urgent action was issued on the day of inspection in respect of the fire evacuation arrangements and the provider was required to respond detailing measures that they had taken to come into compliance within a defined time frame of 48 hours. The provider's response did give assurances that the risk was addressed. This will be discussed further in the quality and safety section of the report and under regulation 28.

The next two sections of the report described the governance and management arrangements and how effective these were in ensuring a good quality and safe service.

Capacity and capability

This section of the report describes the oversight arrangements for the centre. This inspection found that residents were supported by a consistent and suitably-qualified staff team and that there were robust management arrangements in place which ensured that the quality and safety of care was regularly monitored.

A statement of purpose was available in the centre which detailed the facilities available and the staffing arrangements, among other services provided. The inspector saw that the statement of purpose was an accurate description of the facilities and services provided in the centre. The staffing levels were also maintained in line with the statement of purpose and the provider had implemented measures to reduce the impact of any gaps in the roster on the continuity of care.

Staff members spoken with were informed about the residents' needs and preferences. Staff were also suitably qualified and trained and were up to date with mandatory training. Staff were in receipt of regular support and supervision through staff meetings and individual supervision sessions.

There were clearly defined management systems in the centre which were ensuring effective governance. There were clear lines of authority and accountability and staff spoken with were informed of how to raise concerns to the provider level. The provider had effected audits at both local and provider level which comprehensively reviewed risks to the quality and safety of care and implemented action plans in order to address these risks.

Regulation 15: Staffing

Planned and actual rosters were maintained in the centre. The inspector reviewed the roster for November 2024 and saw that staffing levels were maintained in line with the statement of purpose. There were enough staff on duty on the day of inspection to meet the needs of the residents.

There was one whole time equivalent vacancy at the time of inspection and there was a gap in the roster due to the unplanned leave of one staff member. The person in charge had implemented measures to minimise the impact of these gaps in the roster on the residents. For example, the inspector saw that regular relief staff were used to fill the vacant role. The inspector was told that additional hours had been approved for regular staff to complete other duties which normally would

be completed by the staff member on unplanned leave. These measures were effective in ensuring that residents were in receipt of care from a familiar, consistent and suitably qualified staff team.

Judgment: Compliant

Regulation 16: Training and staff development

A training matrix was reviewed by the inspector on the day of inspection. This showed that there was a very high level of compliance with mandatory and refresher training among the staff team. For example, all staff were up to date in training in key areas such as safeguarding vulnerable adults, infection prevention and control and fire safety.

The training matrix also demonstrated that staff had received training in additional areas as required by residents' assessed needs. For example, staff had completed training in diabetes and catheter care. Staff had received training in human rights and communication and described to the inspector how they used this training to uphold residents' rights to communicate and direct their day. This ensured that staff had the required training to meet residents' needs and to ensure that care and support was provided in a person-centred and rights-informed manner.

The inspector reviewed the records of staff supervision meetings for three staff members. These staff members had all received individual supervision sessions as frequently as defined by the provider's policy. The records showed that supervisions were used to discuss staff members' roles and responsibilities, their continuing professional development and the residents' needs. These measures were effective in ensuring that the staff team were suitably skilled to meet the residents' needs and that they had an opportunity for performance development and professional supervision.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the directory of residents which was maintained in the designated centre. It was seen to contain all of the information as required by the regulations. For example, the residents' personal information and important information in respect of their nursing and medical care.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in the centre. The staff team reported to the person in charge, and the person in charge was supported in their role locally by a clinical nurse manager 1 (CNM1) and, at provider level by a senior manager. The responsibilities of both the CNM1 and the person in charge, along with any additional responsibilities that were allocated to staff members were written out and clearly defined. The inspector spoke with three staff in detail over the course of the day and found that they were clearly informed of the reporting arrangements and of how to escalate risk to the person in charge and provider.

Staff were in receipt of regular supervision from the CNM1 and the person in charge. The CNM1 and person in charge also had access to their own supervision and support. This was effective in ensuring that all staff were performance managed and had opportunities to raise issues or concerns through the management chain.

Monthly data reports were compiled by the person in charge. These reports reviewed areas such as incidents in the centre, restrictive practices and fire safety and allowed the person in charge to identify trends and to escalate risks to the service manager.

The provider had effected comprehensive audits at local and provider level which were overall effective in identifying risks to the quality and safety of care and implementing action plans to address these risks. For example, the most recent six monthly audit in November 2024 had identified that a review of the fire evacuation arrangements in light of one resident's changing needs was required. A referral had been sent to the provider's fire officer in respect of this.

The provider's annual review of the quality and safety of care for 2023 was completed in consultation with residents and their family members. Family members gave positive feedback on the service provided and the six monthly audit took measures to ensure that residents' views were captured in a meaningful way and in line with their communication needs.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre. This was reviewed by the inspector on the day of inspection. It had been recently reviewed and updated and provided information as required by the regulations. For example, information on the facilities and services available to residents along with the procedure for making complaints. This meant that information was readily available to the residents and their families regarding the services provided for in the centre and the provider's

policies and procedures in respect of the provision of care.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents. This inspection found that residents were living in a comfortable and well-maintained home and that they were in receipt of care and support which was meeting their assessed needs and was ensuring that they were protected from abuse.

However, due to recent changes to residents' needs there were two areas of potential risk to residents which required action by the provider. One of these related to ensuring that all residents could be evacuated safely in the event of an emergency, the second related to ensuring that there were risk assessments and contingency measures in place and implemented to control for the risk of the elevator not working and the impact this could have on residents with mobility needs who had bedrooms upstairs in the centre.

The designated centre provided ample private and communal space for residents. The provider had completed works to the centre to enhance the facilities and the inspector saw that residents had access to a third sitting room and to a new sensory room. Staff told the inspector that this was effective in reducing the frequency and impact of incidents of peer-to-peer abuse as residents now had more quiet space to avail of. Staff were informed of their safeguarding responsibilities and there were clear procedures in place to safeguard residents.

The designated centre was designed with accessibility in mind. It was spacious and there was room for mobility aids. Several of the rooms were equipped with ceiling tracking hoists and bathrooms were large enough to hold shower trolleys and other equipment required for personal care. The centre had a lift which provided access to the top floor. One resident showed the inspector how they independently operated the lift.

Two residents, who required mobility support, had their bedrooms on the top floor. One of these residents had assessed mobility support needs for a number of years and there were control measures in place and risk assessments to support their safe evacuation and their accommodation and provision of care should the lift break down. For example, it was detailed that one of the sitting rooms had a sofa bed which could be used by this resident on a temporary basis in the event of the lift not working while the resident was downstairs.

However, the second resident's needs had recently changed and they, at the time of inspection, required mobility supports. The inspection found that, while assessments were taking place by the provider's multi-disciplinary team in respect of their

support needs, and that a referral had been sent to the provider's fire officer, the provider had not implemented interim arrangements to ensure the safe evacuation of the resident and to control for the risk of the elevator not working and the impact of this on the resident's quality of life and rights. This is further discussed under Regulation 28.

The inspector reviewed residents' files and saw that residents had up-to-date and comprehensive individual assessments and care plans. These were completed in a person-centred manner and reflected residents' preferences in respect of their care. Positive behaviour support plans, intimate care plans and safeguarding plans were also available on residents' files to guide staff. Staff were informed of these plans and were seen to effectively implement them over the course of the inspection.

Regulation 17: Premises

The designated centre was seen to be well-maintained, clean and homely. It was spacious, and provided sufficient private and communal space for residents. The registered provider had enhanced the facilities to residents by providing an additional, third sitting room and a sensory room in this registration cycle. The staff team told the inspector that this was also effective in reducing peer-to-peer incidents of abuse as residents had more opportunity to avail of quieter, calmer spaces. Each resident had their own bedroom which was decorated in line with their personal tastes. Residents had sufficient storage space for their personal belongings.

There were sufficient accessible bathroom facilities and residents also had access to a kitchen and a utility room.

Residents appeared to be comfortable in their home. They were seen using the facilities on the day and appeared to be relaxed in their home.

The designated centre was designed in a manner which promoted accessibility. For example, a lift provided access to the upstairs bedrooms and some bedrooms, sitting rooms and bathrooms were fitted with ceiling tracking hoists. The provider was in the process of reviewing the accessibility of the building in line with residents' changing needs at the time of inspection. This is discussed further under regulation 26 and regulation 28.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide, which provided information on areas such as the services provided, the procedure for accessing inspection reports and the visiting arrangements, was maintained in the centre. This was reviewed by the inspector on

the day. It was designed in an easy-to-read and accessible format which supported residents in understanding the information.

Judgment: Compliant

Regulation 26: Risk management procedures

Enhancements were required to the risk assessments in place to control for risks presented by the recently changed needs of one of the residents. This resident had recently been discharged from hospital and presented with mobility needs. Their bedroom was upstairs and there was a lack of risk assessments and contingency plans to control for the safe evacuation of the resident and to ensure that their needs could be met if the elevator was to break down.

The inspector was told by staff and the person in charge that the elevator had broken in recent weeks. This had occurred over a weekend period and had impacted on the resident for that weekend. At that time, the resident was able to be assisted down the stairs and so they were able to access their home. However, the resident's needs had subsequently further changed and, at the time of inspection, they would not have been able to have been assisted down the stairs in the same manner. The elevator had been repaired and was working at the time of inspection but there was no risk assessment to control for the potential impact of the elevator breaking down again on the resident.

The risk assessments to ensure that all residents could be evacuated in the event of an emergency situation also required review due to the changed needs of the residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

This inspection found that the provider had not ensured that all residents could be evacuated safely in the event of a fire. There was an absence of a sufficient number of evacuation aids to evacuate all residents and the centre's fire evacuation procedure and two of the residents' personal emergency evacuation plans did not accurately detail the supports that they required to evacuate.

An urgent action was issued verbally on the day of inspection and in writing the day after inspection. The provider was required to submit an urgent compliance plan within 48 hours detailing how they would respond to this risk. The provider's response gave adequate assurances that the risk was controlled for. For example, the provider had sourced an additional evacuation aid for the centre and updated

the centre's fire evacuation plan and the personal emergency evacuation plans for two residents within 48 hours of the inspection.

The designated centre was fitted with a fire detection system, fire doors and door closers. The house was subdivided into three compartments for the purpose of fire evacuations. Staff had received training in fire evacuation and were familiar with the procedure for a compartmental evacuation. However, on a recent night-time fire drill in November 2024, not all residents were evacuated successfully by the staff on duty. The inspector was told that one resident had recently experienced changing needs and did not wish to evacuate as moving caused them pain. However, the inspector saw that there was also a lack of a suitable evacuation aid for this resident and that their personal evacuation plan had not been updated to reflect their changed needs.

The second resident also refused to evacuate during that drill. While there were two evacuation aids available for this resident, the resident refused one of them and the second was not used during the fire drill. Staff spoken with on the day of inspection expressed concern that the second aid may not be suitable for use with that resident. This required further review by the provider to ensure that evacuation aids were fit for purpose.

The fire evacuation plan for the centre was last updated in January 2024 and did not reflect the changed profile and evacuation needs of some of the residents.

While the provider had identified that a review of the fire evacuation arrangements was required and had referred this to their fire officer, the inspector found that there had been a failure to install interim evacuation measures and plans to ensure the safe and timely evacuation of all residents in the event of an emergency.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the medication arrangements in the centre. Medicines were seen to be stored in a safe and hygienic manner. A staff member described the procedure for receiving medicines from the pharmacy and the systems that were in place to check for any medication errors. The staff member described the reporting arrangements for any medication errors and the procedures to be followed in the event of any medication administration errors.

Regular audits were scheduled to check for any errors and action plans were implemented where risks were identified.

A staff member showed the inspector the residents' medication administration records. The inspector reviewed two of the residents' medication administration records and saw that medicines were administered as prescribed.

The provider had effected a medication policy which guided staff in the safe administration of medications. This had been reviewed within the past three years as required by the regulations.

The measures described in this section ensured that residents who required medication were receiving medicines as prescribed and in a safe manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed two of the residents' files in detail over the course of the inspection. It was found that each file contained a comprehensive and person-centred individual assessment which had been updated within the past 12 months as required by the regulations. The assessment was informed by the resident, their representatives and the provider's multi-disciplinary team.

The assessment was used to inform comprehensive care plans. These care plans detailed residents' support needs in a person-centred manner. For example, care plans detailed which tasks residents could perform independently, or where support was required, they detailed the level of support that was needed. This was ensuring that residents' autonomy and dignity was being upheld while their assessed needs were being met.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in place in this centre. A log of all restrictive practices was maintained. Staff were informed of these restrictive practices and the measures that were implemented to ensure that they were the least restrictive and were implemented for the shortest duration only. For example, staff described a restrictive practice which was only implemented when a resident has reached a certain stage as detailed by their mental health support plan.

The provider had effected a restrictive practices committee who monitored and reviewed restrictive practices regularly. Restrictive practices were required to be approved by this committee when they were implemented. This ensured oversight at the provider level of any practices which could be impacting on residents' rights.

The inspector saw that residents who required them had up-to-date positive behaviour support plans on file. These plans detailed proactive and reactive strategies for staff to assist residents. Staff were seen to implement these strategies effectively and in line with behaviour support plan recommendations on the day of

inspection in order to assist residents. For example, the inspector saw staff providing plenty of gentle encouragement to one resident who required assistance as was prescribed by their behaviour support plan.

Judgment: Compliant

Regulation 8: Protection

The provider had implemented measures to ensure that residents were safeguarded from abuse and to minimise the impact of residents' assessed needs on each other. For example, some residents in this centre presented with assessed mental health needs which had the potential to impact on other residents. The provider had implemented measures including completing works to the premises to ensure that there were sufficient calm, communal spaces for residents to access when they required them. The provider had also reviewed the staffing arrangements and had systems in place to ensure there were enhanced staffing levels when residents were in certain phases of their mental health plans. Risk assessments were in place which clearly detailed the control measures to safeguard residents against incidents of abuse.

The inspector reviewed two of the safeguarding plans which had been implemented to protected residents when incidents of abuse had occurred. The inspector saw that these incidents were notified to the Chief Inspector and to the local safeguarding office. Safeguarding pans were put in place and there was documentation which demonstrated that the safeguarding office had agreed with these plans.

Staff in this centre had received training in safeguarding vulnerable adults and staff spoken with were knowledgeable in respect of their safeguarding duties.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Beeches OSV-0002342

Inspection ID: MON-0037190

Date of inspection: 18/11/2024

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Risk Assessments for Service Users who live in The Beeches have been updated on 7th Dec 2024 and will be updated again following any identified change in physical health needs, to ensure appropriate supports are in place to respond to changed need. Included in Risk Assessment is what control measures are in place if lift was out of action. PIC confirmed with the Lift company that they have 24-hour emergency service if lift broke down anytime and they will attend same. Last Lift service completed on 29th Oct 2024.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: - On the 18/11/2024 there were 3 evacuation aids in place in the Beeches, OSV-0002342 for the 3 residents identified as requiring such an aid. A review of the Fire Evacuation Aids and Supports occurred on the 18/11/2024. One of these aids was moved upstairs on the day of the inspection. Following discussion and review with the Fire Officer, an additional Fire Evacuation Aid was brought to The Beeches on 19/11/2024-so now 4 evacuation aids are in situ. These evacuation aids were reviewed and were deemed suitable by the Fire Officer for all residents in The Beeches - The Beeches fire evacuation plan was updated on 19/11/2024 to reflect the changed support needs and evacuation needs of the 2 residents on consultation with Fire officer. - Two residents' personal evacuation plans were reviewed on 19/11/2024 and all detailed	

information in place to inform staff of the arrangements for their safe evacuation

Additionally one of the service users who required additional evacuation aids and supports returned to hospital on 19/11/2024 for additional medical supports

The Personal Fire Evacuation Plans for all Service Users are reviewed and updated following discharge from hospital, with specific focus on any change in health needs that impact on their fire evacuation. An additional fire evacuation aid was brought to the Beeches 19/11/24 by the St. Michaels House Fire Officer and remains in place for use in the event of a fire.

Service Users who refuse to exit during Fire Evacuation Drills are being supported on an ongoing basis to understand the need to evacuate. This support is documented in the service users Fire Evacuation Plans.

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	12/12/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	12/12/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	21/11/2024