



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

Issued by the Chief Inspector

Name of designated centre:	Millbrook House
Name of provider:	The Rehab Group
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	17 September 2024
Centre ID:	OSV-0002665
Fieldwork ID:	MON-0035490

About the designated centre

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

Millbrook House is a designated centre operated by RehabCare. It provides a community residential service to up to three adults with a disability. The designated centre is a bungalow which comprises of three individualised resident bedrooms, an office, a sitting room, lounge, living room, kitchen/dining area and a shared bathroom. The designated centre is located in a rural location near a village in County Offaly with access to local amenities and facilities. The staff team consists of residential care workers. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 17 September 2024	10:30hrs to 16:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted following the provider's application to renew the registration of the centre. The inspection was facilitated by the newly appointed person in charge, a team leader and also a person who participated in the centre's management. The inspector met with four staff members and one resident. In general, this inspection highlighted that a good standard of social care was provided and residents were well supported to engage in activities which they enjoyed. Although many aspects of care were held to a good standard, significant improvements were required in regards to the assessment of a resident's needs and also the arrangements which were in place for residents to freely access food, including snacks. In addition, the provider failed to maintain an accurate rota with significant gaps in the weeks prior to this inspection.

The centre was a large, detached single storey house which was located within a short drive of a large town in the midlands of Ireland. The centre was modern and each resident had their own spacious bedroom. Residents had the use of two separate reception rooms and the centre also had a large open plan kitchen/dining area. The centre had a homely feel and residents' bedrooms were individualised, warm and comfortably furnished. The centre also had a large garden area which included a patio area for residents to enjoy.

The three residents who used this service had been admitted in the months prior to the inspection. They all attended day services throughout the working week and the inspector met briefly with one resident on the evening of inspection. The staff team had indicated prior to the inspection that two of the residents would find interacting with the inspector difficult. As part of the inspection, the inspector reviewed residents' personal plans, daily notes, risk assessments, adverse events and discussed openly with staff residents' preferences in relation to activities. In taking this approach, the inspector found that residents enjoyed good access their local community and participated in a range of activities. In addition, risks were also well managed and staff who met with the inspector had a good understanding of residents' care needs.

However, there were significant issues in regards to supporting residents to have free access to food and snacks. Free access to food for one resident was a cause of stress for them and resulted in an increase of behaviours of concern. In response, the provider had removed food and snacks from the communal kitchen area, and it was held in the office on the day of inspection. Although, this met the needs of one resident, this practice had a negative impact on the rights and free access to food for the other two residents. In addition, the inspector found that the storage area for food was inappropriate, with dry good and foodstuffs like bread stored with files and boxes containing spare cables and cash.

Although, some areas of care required significant attention, the inspector also found that residents were actively consulted in regards to the running and operation of

their home. Monthly, residents' meetings were held whereby topics like meals, shopping and upcoming activities were discussed. In addition, the provider had a schedule of monthly meetings in place which each meeting assigned a topic for review with residents. Topics included rights, fire safety, safeguarding and complaints and the inspector found that this approach ensured that residents were well supported to understand these areas of care. Furthermore, some of the residents preferred visual information and the inspector found that relevant information such as the staff rota and activity schedules were in a pictorial format which again, promoted residents' understanding of their environment and provision of care.

As mentioned above, residents had been recently admitted and staff explained that they were still getting to know each resident's preferred activities and also local areas where they liked to visit. Through their day services, some residents went swimming, attended music and literacy classes and also attended the gym. The designated centre facilitated activities such as going shopping, bowling, attending hurling matches, having meals out and also going on nature and scenic walks.

The inspector found that residents were supported by a staff team who knew their needs well and it was clear that residents had good access to social activities. However, there were significant issues in regards to residents having free access to food and snacks. In addition, the staff a sample of the reviewed staff rotas were incomplete and the assessment of residents' needs had not brought about sufficient change in regards to the how residents accessed food and snacks. These issues will be discussed in the subsequent sections of this report.

Capacity and capability

This was an announced inspection conducted following the provider's application to renew the registration of this centre and also to assess the provider's compliance with the regulations. The inspector found that there was a good standard of social support offered to residents and the provider had systems in place to monitor the delivery of care. Although the social care of residents was actively promoted, this inspection highlighted that management of the centre's rota required review and the arrangements for the provision of food and snacks and the assessment of residents' needs required significant improvement.

In the days prior to the inspection, the provider had appointed a new full-time person in charge who held responsibility for the day-to-day operation and running of two designated centres. The provider had also made the Office of the Chief Inspector aware of the appointment and they were present on the day of inspection. They were supported in their role by senior management and both individuals were identified on the management structure of the centre. The person in charge planned to attend both centres throughout the working week and they had full management hours in which to fulfil the duties of this role.

The provider had also completed all internal reviews and audits as set out in the regulations. These oversight measures had examined care which was provided to previous residents of this centre and their findings were no longer relevant to the provision of care on the day of inspection. The centre's annual review had taken into account the previous resident's views on the service and a senior manager indicated that both the six monthly unannounced audits and annual review would be completed as set out in the regulations. Although, the provider was aware of these requirements, the day to day oversight arrangements failed to ensure that all aspects of care were held to a good standard. Recent reviews of care did not identify or bring about sufficient change in regards to access to food and snacks for all residents and the provider failed to demonstrate that the centre was staffed appropriately at all times.

Regulation 15: Staffing

The staffing arrangements in this centre required improvements in terms of the allocation of the required staff ratios at all times. Residents who used this support in regards to maintaining their safety, accessing the community, nutrition and also personal care.

A review of the rota for a two week period, prior to this inspection, did not demonstrate that sufficient staff were on duty at all times, including during the evening and night time hours. The rota was incomplete in these areas and although a senior manager were assured that the centre was staffed as required during this period, the provider was unable to name the staff who were on duty, which also included a number of agency staff.

Judgment: Not compliant

Regulation 16: Training and staff development

The provider also had a mandatory and refresher training programme in place which ensured that staff could cater for the needs of residents. A review of training records indicated that all staff had received mandatory training in areas such as safeguarding, behavioural support and fire safety.

Staff also participated in individual supervisions sessions with management and scheduled team meeting were in place. The inspector found that these arrangements facilitated staff to discuss care practices and to raise any concerns they may have.

Judgment: Compliant

Regulation 23: Governance and management

The provider had arrangements in place for the assessment of resident's needs and also for monitoring the provision of care and safety within the centre. The inspector found that regulations in regards to the provision of food and nutrition and also the assessment of resident's individual needs required significant improvements.

A recent review of care had taken place, this review failed to identify a significant issue in regards to free access to food and snacks for two residents who used this service. Although the recommendations of this review were designed to meet the behavioural needs of one resident, these recommendations did not take into account the impact of recommendations upon the provision of care for other residents who lived in this centre.

Judgment: Substantially compliant

Quality and safety

This inspection highlighted that residents enjoyed a good quality of social access and they were supported to pursue meaningful activities and personal interests. However, a significant issue was identified on this inspection in regards to residents' access to snacks and food. Furthermore, a recent assessment failed to identify this as an issue and as a result the provider did not bring about sufficient change for residents who used this service. In addition, improvements were also required in relation to residents' finances, fire safety, maintenance and the management of incidents.

On the day of inspection the senior manager and team leader openly discussed the provision of care within the centre. They explained that all three residents had been recently admitted to the centre and there were still in a settling in period. One of the residents found having access to food stressful and they exhibited associated behaviours of concern should there be free access to food and snacks. The provider had trailed having food freely available in the kitchen and also in specific cupboards; however, the resident responded negatively to this access. As a result, the provider removed all food and snacks from the kitchen and placed them in unsuitable storage in the centre's office. The provider also placed small refrigeration unit in the office and a staff member told the inspector that residents would have to seek staff out in order to access food and snacks. The inspector found that this was a poor standard of care and impacted upon resident's individual experience of their home.

It was clear that the provider was actively reviewing the care needs of one resident who found access to food stressful and a compatibility behavioural assessment was completed in the weeks prior to this inspection. Of concern to the inspector was that

this assessment found no major issues with storing food in unsuitable conditions and that two residents did not have free access to food and snacks. Furthermore this assessment stated several interventions were in place to support the resident's needs which included self advocacy, money management interpersonal relationships and a skills teaching programme in regards to food impulses; however, the provider was unable to show the inspector that these interventions were in place.

The inspector found that the lack of cohesive assessment of a resident's needs was having a negative impact on the provision of care for some residents who used this service. A complete review of care was required to ensure that the rights and free access to food and snacks was promoted, at all times.

Regulation 12: Personal possessions

Residents had their own bedrooms in which to store their personal possessions. Residents could lock their own rooms, if they wished and each bedroom had ample storage for their clothes and valuables. The staff team also maintained a log of resident's personal items which promoted the safeguarding of these possessions.

Residents required support in regards to managing their finances, including paying for items both with cash and via cashless transactions. The provider had a system in place to ensure that resident's personal finances were not used inappropriately and a staff member explained to the inspector how this system operated. The system comprised maintaining receipts for all transactions made and also an associated record of spending in a ledger format. However, the inspector found that incomplete records were maintained in two ledgers which were reviewed and also that balances for cash which was held in the centre were inaccurate. From the records reviewed, the residents had not been at a financial loss but the practice of supporting residents with their finances and also the associated oversight required review.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents attended their respective day services throughout the working week whereby their education, training and employment opportunities were met. Residents attended various classes in areas such as literacy and music.

A review of records indicated that residents were active in their locality and regularly went out for coffee, shopping or to run personal errands. One resident had a keen interest in domestic sports and they often met up with their family at local hurling and football games.

Judgment: Compliant

Regulation 17: Premises

The centre was bright, warm and spacious. There was an ample number of reception rooms in which residents could relax or receive visitors in private. Residents also had their own individualised bedrooms and there were an ample number of bathrooms and toilets for residents convenience. In addition, the centre was equipped with a large open plan kitchen/dining area which had plenty of natural light.

Although the centre was homely in nature additional maintenance was required to both the interior and exterior of the building. There was excessive moss on external paths and walkways and the exterior render had not been painted for a number of years and required attention. Some areas of the interior also required additional attention with paint flaking and chipping in some of the rooms, including the centre's utility.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The provision, storage and free access to food and snacks in this centre required significant review. Although the provider had arrangements in place for the provision of food and snacks for one resident which was based on their assessed needs, the provider failed to consider the impact that these arrangements had on the remaining residents who also lived in the centre.

The inspector found that there was no food, snacks or perishable items stored in the kitchen or refrigeration unit. Food items were stored in unsuitable conditions in the centre's office which residents could not freely access. For example, bread, biscuits and dry food products were stored in a press with files, cables and loose change. Residents could only gain access to the office with the assistance of staff and the inspector found that these arrangements were negatively impacting on the lived experience of two residents who lived in this centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was good oversight of risks with comprehensive risk assessments in place in regards to issues which had the potential to impact upon the safety of care

provided. Risk assessments were in place in relation to identified issues such as negative interactions, absconding and positive risk taking assessments were completed to facilitate a resident to go swimming and horse riding.

Although risks were well managed, the oversight of incidents required improvements. For example, seven incidents had recently occurred within ten days of each other, had not been reviewed by management to ensure the centre was safe at all times.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire safety equipment such as an alarm, emergency lighting and fire doors were in place. Staff had also received training in fire safety and completed fire drills showed that the centre could be evacuated promptly in the event of a fire. Fire procedures were also displayed and staff were completing scheduled fire safety checks.

The provider had a completed maintenance schedule in place for fire extinguishers, alarm panel and emergency which also promoted fire safety. However, some fire doors required attention as the provider failed to demonstrate that they would fully close in the event of a fire occurring.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate storage facilities for medicinal products. There were no inappropriate items stored with medications and staff were completing scheduled stock takes which assisted in identifying administration errors.

Staff had also received training in the safe administration of medications and a review of medication prescription and administration records indicated that medications were administered as prescribed by the residents' general practitioner (GP).

However, some improvements were required as a label for one medication was not in line with the associated prescription as issued by the GP.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had recently moved into the centre and personal plans had been formulated following their admission to the centre. The staff team had not yet formulated goals for the residents, but individualised meetings were planned to occur subsequent to the inspection.

Although personal plans were in place, the assessment of resident's individual and collective needs required review and improvements. An assessment which had been completed for resident prior to their admission did not give a clear account of their behavioural needs in relation to accessing food.

In addition, a recent behavioural compatibility assessment had identified that food, snacks and perishable items were locked in the centre's office; however, the assessment did not find issue with the fact that two residents did not have free access to food or snacks and that food was stored in unsuitable conditions.

Furthermore this assessment stated several interventions were in place to support the resident's needs which included self advocacy, money management interpersonal relationships and a skills teaching programme in regards to food impulses; however, the provider was unable to show the inspector that these interventions were in place.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Positive behavioural support was promoted in this centre and a resident's behaviours of concern in relation to accessing food was kept under regular review. The centre's team leader explained to the inspector the actions which had been previously taken to support access to food; however, the resident had found any access to food stressful. An associated behavioural support plan had detailed information in regards to the behaviours and staff who met with the inspector had a good knowledge of their care requirements.

Judgment: Compliant

Regulation 8: Protection

There were two active safeguarding plans in place on the day of inspection, and the inspector found that these plans had been effectively implemented. Staff had a good understanding of safeguarding arrangements and information in regards to

safeguarding was clearly displayed.

Resident's also attended scheduled monthly meetings with each month assigned an individual topic to discuss with residents. Topics such as fire safety, complaints, rights and also safeguarding were covered which promoted residents' understanding and promoted self care and protection.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Millbrook House OSV-0002665

Inspection ID: MON-0035490

Date of inspection: 17/09/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • As an immediate action, a review of the rota for the two week period prior to the inspection has taken place and now demonstrates the worked rota for that time including the names and hours worked by agency staff. • A rota review will take place and will be completed by 30/11/24 • A planned and actual worked staff Rota will be maintained in the designated centre, showing staff on duty during the day and night. This will identify permanent, relief and agency staff scheduled on the rota. This will be in place by 31/10/24 • Any amendments to the planned rota must be sanctioned and signed-off by the Team Leader and/or PIC. This will be in place by 31/10/24. • The PIC and Regional Manager (PPIM) will carry out a review of the total staffing compliment for the designated centre to ensure the compliment supports the allocation of the required staff ratios at all times. The review will also assess the number, qualifications and skill-mix of staff to ensure it is appropriate to the number and assessed needs of the residents. This review will be completed by 31/10/24. • As far as is practicable permanent staff are used to provide support. Regular relief staff known to the residents are used to provide cover for staff leave or during periods of increased staffing requirements. Where agency staff are in place, every effort is made to ensure that the same agency staff are used. • The PIC will ensure that new staff are inducted alongside existing staff in order to give residents an opportunity to become familiar with the new staff member and for the staff member to become familiar with the needs and choices of the residents. • Ongoing recruitment is being undertaken to fill vacant positions. One vacant post has been appointed to with the candidate currently in pre-employment and a start date of a 15.11.24 agreed. A second staff will redeploy to this centre in mid-November. A recent recruitment drive has been completed with a number of candidates shortlisted and interview dates to be arranged. 	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The compatibility of residents will be reviewed to determine each individual’s suitability for their current living arrangements. This review will take into account the impact of support recommendations for each person and impact this can have upon the provision of care for other residents who live in the service. This will be completed by 30/11/24. • When the above compatibility review has taken place an action plan will be developed with a view to resolve identified issues. It is hoped that reduction / removal of restrictive access to food in this centre, will result in compatibility being significantly improved. • This action plan may possibly include further transitions following consultation with residents. One resident will be offered the choice of transitioning to an alternative and suitable home. Residents will be offered access to advocacy supports. This will be completed by 16/12/24 • A multi-disciplinary meeting was facilitated 1/10/24 to review the behavioural needs of one resident with regards the provision of food and nutrition and the impact of these assessed needs on others who also reside in the centre. This meeting was attended by the PIC, Regional Manager, Behaviour Therapist, Interim Lead Behaviour Therapist, Head of Operations, Head of Multi-Disciplinary Teams, Clinical Services & Practice Development. The residents positive behaviour supports were reassessed with regards their behaviours of expression of need around food. Preventative and reactive strategies discussed and agreed. The residents positive behaviour support plan has been updated to reflect changes and guide practice. A phased plan is currently being implemented with one resident to expand the variety of foods freely available in the centre. • A review of the restrictions in place in this centre will be completed in respect of two residents to ensure organisation policy in this regard is complied with. This review will be completed on or before 30.11.24. The purpose of this review is to reduce and / or eliminate the use of restrictions in this centre as far as possible 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Support required by each resident to manage their finances will be reviewed and updated in their support plans. This will be completed by 30/11/24 • The financial records, corresponding receipts and resident money vouchers for each individual will be reviewed from time of admission to date by the Team Leader/ PIC or designate. If inaccuracies are uncovered, discrepancies will be investigated and residents will be financially reimbursed for any financial shortfall. This will be completed by 17/11/24 • Resident’s finances are to be counted daily by staff ensuring that sum of money in each residents locked box reconciles with the corresponding receipts, money vouchers and financial transaction sheets. Any discrepancy will be notified to the Team Leader and PIC as part of the following day handover. • Financial transaction sheets will be reconciled to cash held weekly by team leader, and reviewed monthly by management in line with organisation policy. 	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The areas affected by moss including the external paths and walkways had been treated prior to the inspection on 11th September 2024. This treatment has since addressed the issue of moss.
- Quotes will be sought for the painting of the exterior render that requires attention and works scheduled.
- Quotes will be sought for the painting of the interior areas that require additional attention including the centre’s utility room and works scheduled.

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- A multi-disciplinary team meeting facilitated on the 1/10/24, as part of same the provision, storage and free access to food and snacks in the centre was discussed and consideration given to the impact the arrangements for one resident were having on the other individuals.
- A phased protocol has been developed to support the resident who presents with behavioral needs with regards access to food. This is in conjunction with the Behaviour Therapist and resident’s family on the most appropriate way to reintroduce food into the communal areas. The implementation of this protocol has commenced and it is envisaged that foods will be reintroduced to the kitchen area for all on a phased basis. In the interim, a selection of foods and snacks are stored in the staff office when one resident is residing in the centre (typically 4 days per week) and residents can articulate their requirement for these. Key workers have met with residents and discussed access to foods and snacks for periods of time when the office is locked due to the assessed needs of one resident. Staff training has been provided implementation of this protocol and will be provided to any additional staff.
- During periods when one resident is not residing at the centre the staff office is not locked and food items and snacks are freely available in the kitchen.
- Food items are no longer stored in unsuitable conditions in the centre’s office. The fridge located in the office/sleepover room is used to store only surplus supplies that cannot be stored in the main fridge in the kitchen.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- PIC has reviewed the seven incidents that had occurred within 10 days prior to the inspection
- Based on review of incidents, no events have taken place in the designated centre which were deemed to require onward reporting.
- Newly appointed PIC has been assigned access to ViClarity, the online reporting system.
- Review of incidents is a standing agenda item for discussion at team meetings. This will commence at next November staff team meeting

Regulation 28: Fire precautions	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Service Engineer to visit the designated centre and make the necessary modifications to the fire doors without compromising their integrity to ensure that they will fully close in the event of a fire. This will be completed by 17/11/24 • In keeping with the provider's Fire Fact File, escape routes are checked daily and fire alarm test completed weekly. This involves confirming that they all fully close in the event of a fire occurring. This has been communicated to staff 30/10/24 via email and a notice placed in the handover book for agency staff. Staff will be reminded of these checks at November staff team meeting. • A visual inspection of fire doors and demonstration as to whether they close fully will be carried out monthly by the Team Leader and the record of same maintained in the fire safety inspection record. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Review of the labels for all medications in the designated centre was completed 22nd /23rd October to ensure that each one is in line with the associated prescription issued by the GP and the resident's individual medication administration record. All discrepancies were rectified at the time of review. • All prescription medicines received into the service will be checked by staff signing it in and the label checked to ensure it is in line with the associated prescription as issued by the GP. 	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Each resident's annual needs assessment will be reviewed in consultation with residents and other stakeholders including their families. Behaviour Therapy input will also to inform this assessment of need. This will be completed by 30/11/24 • Skills teaching with regard to food impulses has commenced in the service, other interventions mentioned in the assessment viewed on the day of inspection are on hold pending the above review to be completed by 30/11/24. Following this review identified supports and interventions will commence as per support plan. • Each residents personal support plan will be reviewed and updated based on the completion of their annual needs assessment and will include supports required regarding the provision of food and nutrition for each individual. • On an ongoing basis thereafter where there is a change to support needs the personal plan will be updated to guide staff practice; rationale for the change is identified • Every resident will be assigned a keyworker who will meet with a resident on a regular basis to discuss support needs and wishes of the resident in terms of actions they would like to achieve. The format for this interaction is determined by the preferences of the resident. A record of the key working meetings will be held in the resident file. 	

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.	Substantially Compliant	Yellow	30/11/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	31/10/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	31/12/2024

	kept in a good state of repair externally and internally.			
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Not Compliant	Orange	31/10/2024
Regulation 18(4)	The person in charge shall ensure that residents have access to meals, refreshments and snacks at all reasonable times as required.	Not Compliant	Orange	31/10/2024
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	30/11/2024
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	Substantially Compliant	Yellow	30/11/2024

	responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/11/2024
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	23/10/2024
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/11/2024
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	Not Compliant	Orange	30/11/2024

	frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
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