



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

## Issued by the Chief Inspector

Name of designated centre:	No.1 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	01 May 2024
Centre ID:	OSV-0005140
Fieldwork ID:	MON-0034285

## About the designated centre

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

No.1 Brooklime consistent of three houses located in a large residential area located close to a city that provides full-time residential support for residents with intellectual disabilities and autism of both genders, over the age of 18. One house is a detached house for five residents that includes two apartment areas. The other two houses are adjoining houses with one house supporting three residents and the other supporting one resident. As a result the centre has a maximum capacity for nine residents. Each resident has their own bedroom and other facilities in the houses include bathrooms, living rooms, kitchens and staff rooms. Support to residents is provided by the person in charge, social care leaders, social care workers and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	9
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 1 May 2024	10:00hrs to 19:20hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Feedback received from residents during this inspection, either through direct discussions or from completed surveys, was largely very positive. Discussions with residents indicated that they did varied activities such as yoga, Zumba, karate, swimming, holidays and getting coffee out amongst others. The houses focused upon during this inspection were seen to be well-presented.

This centre was made up of three separate houses located beside one another. During this inspection two of these houses were focused upon where all four residents living in them were met. The third house of the centre had been focused upon during a previous inspection in December 2023 and so was not given as much attention during the current inspection. The inspector however did have an opportunity to speak with the relative of a resident living in that house. In addition, as this inspection had been announced four weeks in advance, all nine residents who lived across the three houses had completed surveys on what it was like to live in the centre. These surveys were provided to the inspector during the course of the inspection.

Seven of these surveys were indicated as being completed for residents with staff support with the remaining two marked as being completed by residents themselves. These surveys asked questions in various areas including around the residents' home, their bedrooms, the staff support they received, their rights and visitors. It was read that the surveys contained overwhelmingly positive responses to all areas queried with specific comments made including "I am happy", "happy as a duck" and "I like my bed". One survey did comment that a resident wanted a bigger wardrobe but that they were going to get one later in the year. In another survey for the questions was their home a nice place to live and did they get along with the people they lived with, one resident was indicated as selecting answers of 'it could better' for both. A comment of "too noisy" was made in the same survey.

Aside from these surveys feedback was received directly from three of the four residents that were met during this inspection. Two of these residents were met shortly into the inspection as both were preparing to leave their home to attend day services. Upon one of these residents seeing the inspector they immediately asked to see the inspector's identification. This was provided for the resident who also suggested that the inspector should have been wearing a tie. The inspector said that if he was ever in the resident's home again he would make sure that he was wearing a tie. Later on this resident spoke of some of things they did such as karate and said that they had medals for these. The resident then showed the inspector their bedroom which had medals and ribbons for karate, swimming and horse riding. It was apparent that the resident was very proud of these achievements.

The second resident met in this house immediately said that liked living in their home and liked the staff when they saw the inspector. They also made it clear that they did not want to inspector to review certain documentation about them. This

request was respected by the inspector. Staff present at the time indicated that they had spoken with residents about the inspector reviewing certain documents and that other residents had agreed to this but the first resident met, who was also present, seemed a bit unsure of this. Later in the day after they had returned from their day service this resident came to see the inspector again and said that it was okay for the inspector to review documents about them. This resident also indicated that they had done Zumba earlier in the day and had enjoyed their day.

Before the second resident met during this inspection left their home to attend their day services during the morning of the inspection, the inspector had another opportunity to speak with them. During this they repeated that they liked living in their home and liked the staff. The resident then went onto to speak about some of the things they liked to do such as going to the hairdressers, going for drives and getting coffee. They said that staff went with them for these outings along with a friend who lived in one of the neighbouring houses. The resident went onto speak about a holiday they had taken to Portugal which they had enjoyed and also mentioned some upcoming shows and concerts that they were going to attend.

It was further mentioned by the resident that they attended different day services during the week with the resident saying that they liked these but would also like to do some courses also. The resident had an interest in sport and said that they supported Cork City and Liverpool. When the inspector said that he supported Manchester United.. The inspector went on to ask the resident if they got on with the other residents that they lived with. The resident responded by saying that they did but that they did recognise that the residents living in this house had different levels of disabilities. Soon after this the resident left their home to attend day services and was not met again during this inspection.

After this the inspector went to one of the neighbouring houses to meet the one resident who was living there. This resident told the inspector that their home had been recently repainted and that they had picked out the colours for this. They then proceeded to show the inspector around. The resident showed the inspector their bedroom and a relaxation room which they said they used often. During this tour of the resident's home, it was indicated that the week following this inspection, the resident would be visiting the set of an RTÉ television programme where they would meet an RTÉ personality. A staff member had helped to organise this for resident who appeared to be looking forward to this.

Once the resident was done showing the inspector around their home, the inspector had a chat with the resident in private. During this the resident said that they loved living in their home. They talked about some of the things that they did such as yoga, music therapy, swimming and being part of a choir. It was also mentioned by the resident that they visited their family. The resident was aware of who management of the centre was. When asked by the inspector if they always knew the staff who were on duty, the resident shrugged but went on to say that staff were nice to them. The resident also said that if they were unhappy about anything then would go to staff while also indicating that they felt safe in their home. Not long after this chat the resident left their home and appeared to come and go from

their home throughout the course of the day.

During the afternoon of the inspection, the inspector had an opportunity to meet a fourth resident after they had returned home following their day service. When the inspector entered the resident's home, a staff member was overheard explaining to the resident who the inspector was using a 'Nice to meet you' document provided. The inspector then greeted the resident in the house's kitchen-dining room as they were having a snack. The resident did not respond to the inspector and continued with their snack with a staff member also bringing the resident a cup of tea. Upon finishing this, the resident got up and entered the house's sitting room closing the door behind them. A staff member indicated that they meant the resident wanted to be left alone. As the inspector was leaving this house, at the suggestion of staff, the inspector entered this sitting room to say goodbye to the resident. The resident waved briefly at the inspector as he did so.

Earlier in the inspection, the inspector had been advised that a relative of one of the residents wanted to speak with the inspector. The inspector contacted this relative via telephone during this inspection and had a discussion with them. During this discussion the relative highlighted safeguarding concerns and concerns around a particular medicine that the resident was being administered. They said that they raised a complaint around the latter point but had to wait 10 weeks for feedback about this. The relative went onto raise further concerns around the sharing and accuracy of information coming from the centre and said that there had been a communication breakdown with management of the centre.

The safeguarding concerns that the relative had were further discussed with the relative questioning the safety of a particular activity that the resident was undertaking. Aspects of the concerns raised by this relative, where they were within the remit of the Chief Inspector of Social Services, were considered during the December 2023 inspection or during the current inspection. Such matters were also discussed with management of this centre during the feedback session for this inspection and it was apparent that there were communication issues. This feedback session took place in the third house of the centre which was the only time the inspector visited that house during this inspection. At the time of the feedback session, none of the five residents living there were present as they had gone on outings having been away from their home for much of the day attending day services. As a result, none of those resident were met during this inspection.

During the December 2023 inspection it was observed that the house where these five residents lived required some external painting. This remained the case at the time of this inspection but it was acknowledged that such painting was weather dependant and that there were plans for this to commence later in May 2024. The two houses which were focused on during this inspection were seen to be clean, well-maintained and well-furnished. Both houses were generally presented in a homelike manner. It was seen that an environmental restriction in one house had been removed since the previous inspection. In the other house it was observed that a sitting room had set up specifically for one of the residents living there. The inspector did note though that one's resident bedroom in the same house had a particular locking mechanism in place. It was unclear why this was there with staff

indicating that the resident did not use this. In another house it was seen that a bathroom used by a resident had a locking mechanism in place that allowed the door to be opened from the outside. The inspector was informed that this was in place related to a particular risk while it was indicated that the resident involved was in agreement with its use.

In summary, the three residents who spoke with the inspector during this inspection appeared happy and/or gave very positive feedback on living in this centre. Surveys provided for all nine residents of this centre largely contained positive feedback also. Based on discussions with residents and observations during the day, residents appeared to be quite active. The relative of one resident spoken with raised concerns about safeguarding, a medicine and communication from management of the centre.

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

## Capacity and capability

Since the previous inspection, the provider had implemented their stated actions with a view to providing a resident with a living environment more suited to their needs. Records relating to complaints were reviewed as part of this inspection.

The designated centre was registered until September 2024 with no restrictive conditions. It had last been inspected by the Chief Inspector in December 2023. That inspection had focused on one of the three houses that made up this centre. Concerns were raised during that inspection that the environment provided by that house was not suited to meet the needs of one of the residents living there which was contributing to safeguarding concerns. It indicated during that inspection that the same resident was also requesting to move elsewhere. In response to this the provider indicated that they would review this matter as part of their compliance plan response which outlined the measures that would take to come back into compliance. Since that time the provider had also submitted an application to renew the registration of the centre for a further three years beyond September 2024. As such the current inspection was conducted to inform a decision on this application.

Given that the December 2023 inspection had focused on one house, this inspection focused on the other two houses as well as some specific actions identified and some regulations that were not considered during the December 2023 inspection. Overall, the current inspection found that the provider had completed their started actions in reviewing the concerns identified during the December 2023 inspection. While their remained clear indications that the environment for the relevant resident remained unsuited to their needs and that they were continuing to request a move elsewhere, it was highlighted that the provider did have a plan to provide this



resident with an alternative living environment. As a decision on whether to extend this centre's registration had yet to be made, the provider would need to ensure that this plan was clearly set out in the compliance plan response for this inspection along with a realistic and achievable time-frame in order to inform such a decision.

Aside from this matter, the inspector reviewed complaints records during this inspection and saw that in one house, some complaints made locally by residents or on their behalf had been appropriately recorded, followed up on and resolved to the satisfaction of residents. The inspector was provided for records of a further concern related to this centre that had been sent directly to the provider's complaints officer. In accordance with the provider's policies in this area, the subject matter of this concern could not be dealt with as a complaint and so was referred to the provider's safeguarding processes instead. At the time of this inspection such processes had not been completed and the concern raised required further review by the provider's behavioural standards committee and rights review committee. Even though this concern had been raised in December 2023, neither committee had yet to review the issue. Communication records around this concern also indicated that the person who raised the concern had not been updated on it for a period of time.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted all of the necessary documentation as part of the renewal application for this centre. When reviewing such documents it was noted that one of the houses was leased and the provider was attempting to purchase the house. This process was ongoing at the time of inspection and further information on this would be needed to inform the renewal decision.

Judgment: Compliant

### Regulation 15: Staffing

Planned and actual staff rosters were maintained. These along with discussions during this inspection indicated that there was a good consistency of staff working in the centre. Such consistency is important for maintaining professional relationships and promoting consistent care. The inspector was also informed that there was no staff vacancies in the centre. Five staff files were reviewed during this inspection. These were found to contain all of the required documents such as employment histories, written references, copies of qualifications completed and evidence of Garda Síochána (police) vetting. It was noted though that one staff member's photo identification had expired.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Similar to the December 2023 inspection, records provided indicated that most staff and completed training in relevant areas but some staff were overdue refresher training in areas such as fire safety, de-escalation and intervention and medicines administration. Two staff were also listed as not having completed training in national standards related to infection prevention and control.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

A directory for residents was in place that included all of the required information, such as dates of admission and next-of-kin details, for most residents. However, for three residents it was seen that the directory of residents did not include the name and address of any authority, organisation or other body who arranged these residents' admission to the centre.

Judgment: Substantially compliant

## Regulation 22: Insurance

As part of the registration renewal application for the centre, evidence of appropriate insurance arrangements for this centre was provided.

Judgment: Compliant

## Regulation 23: Governance and management

An organisational structure was in place for this centre which provided for clear lines of accountability and reporting from front-line staff to the provider's board of directors. An annual review had been completed since the December 2023 inspection which assessed the centre against relevant national standards and also provided for consultation with residents and their families. The provider had implemented their stated actions arising from the December 2023 inspection related to the environment provided for one resident. Issues related to this were referenced in the report of an unannounced visit conducted by a representative of the provider in January 2024 but it was noted that the action plan for the January 2024

unannounced visit did not include any action about this.

While that provider unannounced visit did include actions for other areas identified, the current inspection on behalf of the Chief Inspector did identify further areas in need of improvement such as fire safety and residents' personal plans. This indicated that aspects of the monitoring of this centre did need some improvement to ensure that all relevant matters were identified and addressed in a timely manner. It was acknowledged though that the residents spoken with on this inspection appeared very happy and to be receipt of a service that was appropriate for them.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose was present that contained key information such as details of the organisational structure for the centre. The statement of purpose had also been recently reviewed and was seen to be present in the two houses which were the focus of this inspection.

Judgment: Compliant

### Regulation 34: Complaints procedure

Information about the complaints process was seen to be on display. For matters which the provider's complaints policies applied to, records were provided which indicated that these had been appropriately recorded, followed up on and resolved to the satisfaction of residents involved.

Judgment: Compliant

## Quality and safety

At the time of this inspection, the environment for one resident remained unsuited to their needs although the provider did have a plan to address this. Residents had personal plans in place but some areas for improvement were identified in these.

The December 2023 inspection had highlighted that the environment in one house was not suited to the needs of one resident. This was contributing to safeguarding incidents while the resident involved was requesting to move elsewhere. During this

inspection indications remained that the resident's current living environment was not suited to their needs while the inspector was informed that the resident was continuing to request a move elsewhere. There had been two safeguarding incidents in the house involving the resident since the December 2023 inspection although there were relevant safeguarding plans and risk assessments in place which were intended to reduce the potential for such incidents to occur. The provider had explored this area further since December 2023 and did have a plan to provide this resident with an alternative living environment. Were this plan to come to fruition it could be a positive development for the resident but care would need to be taken to ensure that the potential move was in line with the resident's wishes and would also provide the resident with a suitable environment particularly in terms of noise levels.

Aside from this matter, it was seen that residents had individualised personal plans in place. These set out the needs of residents and were subject to multidisciplinary input as required. A sample of these plans reviewed were found to contain a good level of recently reviewed information on how to support residents' needs. Staff spoken with also demonstrated a good understanding of residents' needs. However, it was noted that there were some instances where the information provided by staff was not reflected in the residents' personal plans or where personal plans contained some contradictory information. For example, one staff member outlined a particular approach to help a resident with an aspect of their intimate personal care but this approach was not reflected in the resident's intimate personal care plan which formed part of their overall personal plan. The content of some healthcare plans were also noted to be brief in the level of details that they provided. A similar issue had been raised during the December 2023 inspection.

Matters related to fire safety had not been considered during that inspection but were during the current inspection. In the two houses that were focused upon, it was seen that fire safety systems such as fire extinguishers and fire alarms were present. Fire doors were also provided for which are important in preventing the spread of fire and smoke. It was seen though that one door in each of the two houses had gaps other than which could reduce the effectiveness of such doors. In addition, for another door it was observed that part of the fire seal in the accompanying doorframe was not in place. The fire evacuation procedures for the two houses was seen to be on display while residents had personal emergency evacuation plans (PEEPs) provide which outlined the supports they needed to evacuate. When reviewing such PEEP documentation the inspector saw reference to potentially leaving one resident in their bedroom in the event of a fire. This was not a sufficient evacuation plan and it was unclear why this was documented as such. The PPEPs of two other residents who lived with this resident did not contain such direction. Records of fire drills provided indicated low evacuation times for this house with all three residents evacuating.

## Regulation 13: General welfare and development

Based on discussion with staff and residents along with documentation reviewed,

residents were supported to engage in various activities including yoga, Zumba, karate, swimming, holidays and getting coffee out. Residents were also being supported to maintain contact with their family members.

Judgment: Compliant

### Regulation 17: Premises

The two houses which were focused upon during this inspection were seen to be well-maintained, well-furnished and homelike. Resident bedrooms seen had storage facilities provided and were personalised. For example, one resident's bedroom had medals and ribbons that they earned on display while another resident had certificates of course that they had completed framed on their bedroom walls. In one of these houses it was observed that some residents, who were visually impaired or had some mobility needs, had their bedrooms on the first floor. One of these residents was seen to use the stairs without issue while staff spoken with indicated that these residents had no issues going up and down the stairs. The external of the centre's third house continued to need painting.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The centre had a residents guide in place that was presented in an easy-to-read format and contained all of the required information such as how to access inspection reports, the procedure for complaints and the arrangements for resident involvement in the running of the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place. Risk assessments for identified risks were in place which outlined the control measures to mitigate against such risk from happening. The risk assessments provided were also noted to have been recently reviewed.

Judgment: Compliant

## Regulation 27: Protection against infection

The two houses which were focused on as part of this inspection were seen to be clean. Cleaning schedules and records were reviewed for one of these houses which indicated that cleaning was carried out consistently. Hand sanitiser was available within such houses with operational wall-mounted hand sanitiser dispensers seen to be present.

Judgment: Compliant

## Regulation 28: Fire precautions

While fire safety systems were seen to be in place, it was observed that some fire doors had gaps under them or their accompanying door frame was missing part of their fire seal. Such matters could reduce the effectiveness of such doors in preventing the spread of fire and smoke. Fire drill records seen indicated low evacuation times and residents had PEEPs in place. However, documentation reviewed for one resident referenced potentially leaving them in their bedroom in the event of a fire. This was not a sufficient evacuation plan and it was unclear why this was documented as such but there was no indication that this direction had ever been followed.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

As was found during the December 2023 inspection, the indications remained that the environment provided for one resident in one of the houses was not suited to meet the needs of the resident which contributing to safeguarding incidents. The same resident continued to request a move elsewhere.

Residents had personal plans in place but during this inspection some need for improvement was identified in the following areas;

- One staff member outlined a particular approach to help a resident with an aspect of their intimate personal care but this approach was not reflected in the resident's intimate personal care plan
- Some healthcare plans were also noted to be brief in the level of details that they provided. For example, a resident's healthcare plan for insomnia indicated only one particular treatment for this but a recent handwritten review comment indicated that this treatment had been discontinued so it was unclear what treatment was to be followed.

- The inspector was informed that a resident had some weight issues. While it was outlined verbally how the resident was being supported in this area, a weight management healthcare plan was not in place.
- When reviewing guidance on supporting residents to engage in positive behaviour, it was seen that some documents in this area within the residents' personal plans was not consistent. For example, a document for one resident suggested that the use of PRN medicine (medicine only taken as the need arises) was a proactive strategy but another document indicated that it was a reactive strategy.

Judgment: Not compliant

### Regulation 6: Health care

Residents were supported to access various health and social care professionals such as dentists, optometrists and physiotherapists. There was evidence also that the health needs of residents were being monitored through monthly checks or annual assessments. Residents did have healthcare plans provided within their overall personal plans but some improvement was identified as being needed in this area. This is addressed under Regulation 5 Individualised assessment and personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff spoken with demonstrated a good knowledge of how to support residents to engage in positive behaviour but it was noted that some documents in this area were not consistent. This is addressed under Regulation 5 Individualised assessment and personal plan. An environmental restriction seen to be in use during the December 2023 had since been removed.

Judgment: Compliant

### Regulation 8: Protection

Evidence was provided that where safeguarding incidents occurred or allegations were made they were reported and screened with safeguarding plans put in place. It was noted though that one recent matter had not been referred to the provider's safeguarding processes in a timely manner but it was highlighted that following this

staff had redone safeguarding training while the provider's designated officer (person who reviews safeguarding concerns) was due to speak with staff also.

A matter which had been raised in December 2023 was referred to the provider's safeguarding processes. As part of this it was indicated that this matter was to be reviewed by the provider's behavioural standards committee and rights review committee. However, at the time of this inspection, neither committee had yet to review this matter so the safeguarding process related to this matter remained active at the time of this inspection.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for No.1 Brooklime OSV-0005140

Inspection ID: MON-0034285

Date of inspection: 01/05/2024

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Provider staff system aims to ensure that the role of each staff member in delivering person-centred, effective, safe care and support to the residents is supported and that there are suitably qualified, competent and experienced staff rostered as set out in the Statement of Purpose. That the recruitment, supervision, training and performance appraisal systems continue to promote a rights based team approach to providing supports</p> <p>The Person in Charge will ensure that the Identified Staff Member has updated their Photo Identification and it has been received by HR Department. [31/05/24] and that a system is in place to support further updates for all staff members.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will ensure that:</p> <ul style="list-style-type: none"> <li>• Two Staff identified as requiring training in National Standards related to infection prevention and control will complete this on-line [31/05/24]</li> <li>• Refresher trainings for some staff that are overdue in areas of Fire safety, de-escalation and intervention and medicines administered has been reviewed by the Person in Charge and all Trainings have now been scheduled for completion with the Training Department</li> <li>• Medication Management training is scheduled for [15/07/24] and other training to be completed by 30/09/24</li> </ul>	

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Regulation 19: Directory of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 19: Directory of residents:

The Person in Charge will ensure that The Directory of Residence will include the name and address of any authority, organization or other body who arranged these identified three residents' admission to the centre. [03/05/2024]

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The Provider has a system of internal compliance checks in place to ensure systems and processes in the Centre support informed and timely decision making to support the residents to achieve best possible outcomes.

The management systems are designed to ensure that consistent service in line with the statement of purpose and the effective and efficient deployment of resources.

Systems are in place for continuous oversight and management of the Centre including

- Internal audit of systems in the Centre undertaken by the Person in Charge
- Provider unannounced visits at least every six month
- Annual review of the quality & safety of care and support at the Centre
- Ensuring actions arising from internal audits and inspections by the Authority are acted upon on a timely basis

The Provider will ensure that the following actions are taken to address identified weaknesses in the system :

- The status of all Action Plans provided to the Chief Inspector following Inspection will be reflected in an action plan from the Provider's unannounced inspection reports. The report of the provider visit in January 2024 will be amended to include outstanding actions from the December 2023 Inspection. [
- All matters, including progress of actions in relation to environmental concerns for one resident are reflected in reports from the Providers Unannounced inspections and are addressed and actioned in a timely manner.

The Provider has prioritised seeking alternative accommodation for one resident who wishes to relocate. The Provider has linked with Housing Officer in local Housing Association who has advanced the search and a number of options are currently being explored bearing in mind the need for single occupancy area in a quiet environment. A time-lined plan is developed by 31/7/2024 to address the environmental concerns for this resident with a view to supporting the person to relocate to a more suitable premises by 31/01/2025

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 The Provider continues to monitor the suitability of the premises to meet the assessed need of the resident through their person centred planning system including for those residents with visual impairment and those who wish to relocate.

That external painting of one house in the Centre will commence as planned, and weather dependent, will be completed by [30/09/2024].

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
 The Provider has ensure that:

- The seal on identified fire door will be replaced [31/05/24]
- Gaps on Fire Doors identified will be remedied [05/06/2024]

The Person in Charge has reviewed the residents Personal Emergency Evacuation Plans [PEEP's] to ensure that the evacuation plans are sufficient and that they provide direction to staff to support safe evacuation. [03/05/24]

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
 The Person in Charge will ensure that:

- That Personal Plans are reviewed to ensure approach to support residents with Intimate Care is evident in their Intimate Care Plan to ensure consistency of approach.
- All Health Care Management Plans are reviewed with the support of Nursing oversight, to ensure they provide sufficient detail [30/06/2024]
- Proactive and Reactive Strategies are reviewed for Identified Residents Plan and are consistent throughout. [5/06/24]
- The appropriateness of upstairs bedrooms for residents with visual impairment will be kept under review under their personal planning system

The Provider has prioritised seeking alternative accommodation for one resident who wishes to relocate. A time-lined plan is developed by 31/07/2024 to address the environmental concerns for this resident with a view to supporting the person to relocate to a more suitable premises by 31/01/2025

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:  
The Provider will ensure that:

- The PIC ensure Safeguarding plans continue to be followed
  - Risk Assessments are in place and reviewed accordingly
  - A plan to support Residents wishes to move to a quieter environment continue to be explored with the Provider. The Provider has committed to meet these needs by providing a plan by [31/07/24] with a view to a permanent move to a new residence by [31/01/25]
  - A recent safeguarding concern will be reviewed by the Psychiatrist and the Behavioural Standards Committee by the [31/07/24]. Consultation with the Person In Charge and the Psychiatrist is scheduled for the [17/06/24]. The Psychiatrist will in turn report back to the Designated Officer and the Chair of the Behavioral Standards Committee.
- The Provider Action Plan following the December 2023 Inspection which identified a review by the Behaviour Standards Committee and Right Review Committee will be completed by 31/07/24.

## 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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/05/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2024
Regulation 19(3)	The directory shall include the information	Substantially Compliant	Yellow	03/05/2024

	specified in paragraph (3) of Schedule 3.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/07/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	05/06/2024



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.	Substantially Compliant	Yellow	03/05/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/01/2025
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/06/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall	Substantially Compliant	Yellow	30/06/2024

	assess the effectiveness of the plan.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/07/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/07/2024