



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

## Issued by the Chief Inspector

Name of designated centre:	Hazelbrook
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	19 June 2023
Centre ID:	OSV-0005689
Fieldwork ID:	MON-0031343

## About the designated centre

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

Hazelbrook is a residential home in Co. Waterford, catering for two adults with an intellectual disability over the age of 18 years. The centre operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers. Supports afforded to residents are reflected in each individualised personal plan to ensure the service facilitates residents in all aspects of their daily life. The service is a detached house which is designed to provide two comfortable apartments.

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

Number of residents on the date of inspection:	2
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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
Monday 19 June 2023	09:30hrs to 18:30hrs	Sarah Mockler	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to inform this centre's registration renewal decision and monitor ongoing compliance with Regulations and Standards.

The findings of this inspection determined that there were many good practices in the centre that strived to ensure person centred planning was in place. For the most part residents appeared content and happy in their homes and staff were delivering care in line with very specific assessed needs. However, ongoing improvement was also required in a number of regulations including the use of restrictive practices, respecting residents rights, risk management, contracts of care, and fire safety management. Although the provider was aware of areas of improvement and had begun some quality improvement initiatives, other areas required more robust oversight mechanisms.

The centre provided full-time residential care for two individuals. The inspector had the opportunity to meet with both residents, albeit some residents required very short durations of interaction with the inspector in line with their preferences and specific assessed needs. In addition to meeting residents, the inspector met with family members, spoke with the staff and management team and reviewed documentation in relation to residents' care needs to gather a sense of what it was like to live in the centre.

On arrival at the centre, the inspector noted it was a large detached bungalow building with a surrounding garden. The bungalow building had been reconfigured into two separate apartments which provided very individualised services to each of the individuals that lived in the centre. The person in charge brought the inspector in and completed relevant sign in checks. The inspector was then brought to a building in the garden which was utilised as an office space.

A family member of a resident that lived in the centre came to meet with the inspector. They were very complimentary of the service being provided and of the staff support. They stated that they could not ask for more in terms of level of care being provided and praised the staff team for really considering and meeting the resident's specific assessed needs. The family member stated that they have never had to make a complaint but were well aware of the process if they needed too. They gave very specific examples of how the resident's needs were being met. They spoke about the effort the staff team at made for a recent milestone birthday and that the resident had really enjoyed the day.

The inspector completed a walk around of both apartments. In the first apartment the resident had access to a bedroom, a separate bathroom, a sitting room and a kitchen. The interconnecting door that allowed access between both apartments was locked. The front door was also on a key pad lock. The resident had very specific preferences in terms of items present in their home and how the environment was presented. This was accommodated by the staff team. For example, the resident did

not like to have their clothes stored in their bedroom. A wardrobe was installed in the sitting room to ensure the clothes were appropriately stored and the resident had access to them.

In the second apartment, the resident had access to an en-suite bathroom, sitting room and kitchen. There was a locked staff toilet also present on this side of the house. There were personal items and pictures on display. There were also lots of story books and colouring activities available which were in line with the resident's specific preferences. The resident also enjoyed video games and there was a console available for use in the sitting room.

The residents used different methods of communication and displayed very specific preferences in terms of communicative intent in line with their assessed needs. Some residents could answer questions with some support but preferred to ask questions around their own specific interests, other residents used verbal approximations or written notes to indicate their direct needs. Staff were understanding and respectful in terms each resident's communication needs. For example, the staff had created a list of a resident's approximation to words so everyone was aware of their specific requests. This list of approximations was found to be clearly displayed in the kitchen so all staff could refer to this if required.

The inspector briefly met one resident in their apartment. They had their markers and colouring sheets beside them. They were sitting comfortably in the sitting room. One staff member was available to support this resident at this time. They invited the inspector to stay for dinner later in the day and asked the inspector questions around interests that were important to them. The staff member was getting the resident ready to leave for an activity so the inspector left the apartment to allow this process to be completed. Later in the afternoon the inspector spent some time with the resident. They had made cakes and had a colouring sheet for the inspector. They did not really engage unless prompted but seemed comfortable with the inspector present in their sitting room. They were eager to know what was for dinner and mainly asked the staff member questions around this. They frequently smiled when talking to the staff member supporting them.

The second resident in the home had very specific preferences in terms of social interaction. They were happy to accept greetings but their preference was not to engage in conversations or other types of social interaction. The staff team were very aware of this and explained this to the inspector. The resident was vacuuming out the car following a trip to a local beach. The trip to the local beach was an activity the resident particularly enjoyed and was it was also required to ensure they received sufficient sensory input and could effectively regulate. The resident was encouraged to engage in household tasks and vacuuming the car was one of the chores the resident enjoyed completing.

Later in the day the inspector visited the resident in their home. They were in their bedroom playing on their personal computer. They tolerated the inspector in this space for a very short time. They requested juice from the inspector and then waited for them to leave to get this item. The resident used an approximation to this

word and the staff readily understood this request.

From a review of daily notes each resident enjoyed different types and levels of activities. Both residents had recently been introduced to a day service. This was a very positive change to the residents' daily routine which would also allow them experience new activities and experiences on a regular basis. For example, a resident had enjoyed a drumming activity recently. In addition, residents also enjoyed trips to the beach, trips to activity parks, horse riding, swimming, family calls and visits and walks in local areas.

Overall residents appeared comfortable and content in their home.

Some improvements were identified across a number of regulations to ensure safe, quality care were delivered on a consistent basis. Improvements were required in areas such as residents rights, restrictive practices, risk management, fire safety and contracts of care. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and standards. The inspector found that this centre met the requirements of the regulations in some areas of service provision. However, improvements were required, particularly in areas such as governance and management and contracts for the provision of services.

Management and oversight systems required review to ensure they were readily identifying areas of improvement in an effective manner. The provider had completed their regulatory requirement such as the annual review and the six monthly unannounced audits. While these oversight tools were effective in identifying some areas of improvement and driving positive changes, they were not sufficiently comprehensive to identify key areas of improvement across all areas of service provision. For example, the inspection identified areas of improvement in contracts of care and fire safety that had not been previously identified through provider level audits and reviews.

Significant improvements were required in relation to residents' contracts of care and implementation of resident charges and fees as stated. Recently a change had been made to a resident's charges/fee's in relation to groceries, this change had not been adequately accounted for in the contract of care. In addition, residents were paying rent rates that were different to what was stated in their contracts of care. The document and oversight of same was not effective in ensuring residents were

paying charges in line with the stated agreement.

At the time of the inspection the centre was operating with one whole time equivalent vacancy. Some use of agency staff was occurring in the centre to cover staff absences as there was no relief panel in place. As much as possible, the same agency staff were selected to cover shifts as required to ensure continuity of care. From a review of the rosters in place staff names were consistent indicating the continuity of care was afforded to the residents.

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

For the most part the required information as stated by the regulations was submitted in relation to the renewal of registration for this centre. Some documents had to be resubmitted to ensure they met the stated requirements. At the time of the writing of this report all documents had been submitted.

Judgment: Compliant

### Regulation 15: Staffing

There was a planned and actual staff rota in place and it was reflective of the staff on duty on the day of the inspection. There was appropriate skill mix and numbers of staff to meet the assessed needs of residents. The provider ensured continuity of care through the use of an established staff team and a small group of regular agency staff where required.

There was one whole time equivalent vacancy on the day of inspection. The provider was actively recruiting for this role.

The inspector spoke with staff over the course of the inspection and found the staff team to be caring, professional and knowledgeable about the residents in their care.

Judgment: Compliant

### Regulation 16: Training and staff development

The staff were supported and facilitated to access appropriate training including training that was in line with the residents' needs. The inspector viewed evidence of mandatory and centre specific training records. Staff had completed training in the areas of fire safety, managing behaviour that is challenging, safeguarding and

medication management.

Supervision records reviewed and discussions with staff highlighted that one to one formal supervision had taken place. All staff had received a recent supervision with the newly appointed person in charge. Staff overall expressed they were supported well in their role.

Judgment: Compliant

### Regulation 22: Insurance

The provider had up-to-date insurance as per requirements of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured there was a clearly defined governance structure within the centre which ensured that residents received a service which met their assessed needs. The registered provider had appointed a full-time, suitably qualified and experienced person in charge. They were responsible for one other designated centre at the time of this inspection.

The provider had put in place a number of oversight systems in the centre. For example, provider-level audits and reviews as required by the regulations, and essential for senior management oversight, had been completed as required. The inspector had the opportunity to review this documentation on inspection. However, the systems in place were failing to ensure areas of quality improvement were being identified in a timely manner and that the service in place was ensuring optimal safety and driving quality improvements. For example, the inspector identified a number of issues with residents' rights, contracts of care, and fire safety management that had not been self-identified by the provider. This is discussed in further detail under the relevant regulations below.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

As required by the Regulations each resident has to have a contract of care in place which outlines any fees to be paid by residents. The inspector reviewed the

contracts of care in place.

It was found the the fees outlined in the contract of care did not correspond with the fees the residents were currently paying. For example, recently the provider had made a decision that a resident was to be charged for a food item they consumed on a daily basis. It was decided that the resident had to partially cover the cost of this item. This was not in line with the contracts of care in place.

In addition, the rent payments as stated in the contract of care was not corresponding with the rent being paid by residents. In the contract of care it stated that rent payments were to be subsidised by the local authority. This was not occurring for a resident and they were paying the full amount. This contradicted the terms as set out in the contract. The provider stated that this was due to a lack of oversight on their behalf and would resolve this as soon as possible.

Fees and charges related to the designated centre required review to ensure they were transparent and fair and accounted for sufficiently in contracts of care.

Judgment: Not compliant

### Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place. The statement of purpose contained much of the required information as set out in Schedule 1 of the regulations.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and care was provided in line with each resident's assessed needs. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, a review residents' finances, risk documentation, fire safety documentation, and documentation around protection against infection, restrictive practices and residents rights. Improvements were required in a number of areas to ensure they met the requirements of the regulations and that a quality and safe service was being delivered at all times.

The management of restrictive practices in the centre required review. The inspector recognises that the provider had begun a process of quality improvement in this this area. This work had only commenced in recent weeks. Notwithstanding, the practices around restrictions in this centre failed to meet regulatory requirements or

minimum standards in evidence based practices. Restrictive practices were not always identified, recorded effectively or reviewed in terms of least restrictive approaches.

Some practices within the centre were not in line with a rights based approach to care and support. The impact of some restrictive practices on residents' right to choice and control had not been adequately considered. In addition, some practices were in place were historical in nature and had not been effectively reviewed to ensure it minimised impact to residents' rights to privacy and dignity. For example a resident was woken every night to use the bathroom, however, the lack of review and efficacy of this practice failed to consider the impact this may have had on the resident's right to a undisturbed night of sleep.

Although there were systems in place to assess and mitigate risks, such as a centre risk register and individualised risk assessments, on review of a sample of risk assessments it was evident that a number of risks were not reviewed in an effective or timely manner. For example there were serious incidents occurring in a vehicle that posed a very significant risk to all people travelling in this car. There were records of incidents occurring before 2021 and the inspector reviewed incident reports from 2022 and 2023. Although the provider was in the process of addressing this at the time of inspection, the timeliness and effectiveness of previous control measures were not proportionate to the level of risk present.

The provider was demonstrating good practice in the areas of communication and general welfare and development with residents. This was having a positive impact on their lived experience. For example, the importance of ensuring residents were encouraged and supported to engage in different types of activities on daily basis had been identified as an area of quality improvement. Both residents were now attending a regular day service which allowed this opportunity for activities on a daily basis.

## Regulation 10: Communication

Overall some good practices were in place to ensure residents could communicate in an effective manner. Staff were very knowledgeable around residents' individual needs and preferences and discussed the same with the inspector on the day of inspection. Systems were in place to ensure all staff could communicate in an effective manner with residents. The provider was actively trying to ensure communication systems were available to residents and that the systems in place were most effective. For example, the recent six monthly unannounced audit had identified to explore a residents literacy skills to determine if they could better inform communication methods.

Judgment: Compliant

## Regulation 13: General welfare and development

As previously stated this was an ongoing area of quality improvement within the centre. Due to residents' assessed needs it was important that a variety of activities were made available to them while respecting their autonomy around this process. For example, residents were afforded to explore different daily activities in their day service. Attendance at day service was being introduced on a phased basis based on residents interests and preference. For example, on the day of inspection one resident decided they did not want to attend. They were offered some in house activities instead.

Both residents left the designated centre on the day of inspection to complete some preferred activities. There was a vehicle available to ensure residents had access to activities when needed.

Judgment: Compliant

## Regulation 17: Premises

Overall both apartments associated with this centre were well maintained. Residents had their own individual bedrooms with access to bathroom and communal spaces. There was an outside garden area with seating available. Both homes were overall well maintained and very clean and well presented. However, an en-suite bathroom had recently been removed from a resident's bedroom as it was not fit for purpose. Elements of this area were still present and shelving had been still installed. The functionality of this space required review to ensure it best met the need of the resident.

In addition, not all residents had access to some laundry facilities. Staff were unsure on the day if the resident required use of a dryer in their home. It was unclear if staff were using the drying facilities in the second apartment. This required review.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The required information was present in the residents guide. This guide was submitted as part of the renewal of registration process and was updated in line with any staff changes as required.

Judgment: Compliant

## Regulation 26: Risk management procedures

Overall it was found that elements of risk management required improvements.

An identified safety risk was occurring in a vehicle that posed a significant risk to staff and residents when travelling. There were documents indicating incidents were occurring in a vehicle in 2021. On a review of incidents over the last eight month period there were documented incidents that occurred in the car on 11 occasions. Some of the incidents required the driver to pull the car over to ensure the safety of all people. There was a corresponding risk assessment in place and also evidence that incidents were reviewed. However, considering the significant risk, the timeliness of trialling effective control measures was not adequate.

Risk assessments around the use of restrictive practices in the centre were absent. This had been identified by the provider, however, remained outstanding. The risks posed by utilising some restrictive practices within the centre had not been adequately accounted for.

Some risk assessments were not comprehensive in nature. For example, there was a risk assessment in place for a resident remaining unsupervised. This did not account for periods of time when staff were not present or the emergence of a recent potential health issue that was occurring during this time.

Judgment: Not compliant

## Regulation 27: Protection against infection

Overall there were good practices in relation to infection prevention and control (IPC) within the centre. On the walk around of the premises all areas appeared clean and well organised. A new bathroom and flooring had been installed in one apartment to ensure best practice in relation to IPC could be adhered to.

Cleaning schedules were in place and completed by staff. Staff were observed to engage in good hand hygiene practices throughout the course of the inspection.

Regular IPC audits were occurring in the centre and IPC was discussed at staff meetings and supervision. Staff had completed relevant trainings in this area.

Judgment: Compliant

## Regulation 28: Fire precautions

The designated centre was provided with fire safety systems which included a fire alarm, emergency lighting, and fire extinguishers. Regular internal staff checks were being done on the fire safety measures. Fire containment measures were in place. However, a number of improvements were required in this area.

Although regular fire drills were being completed from the records reviewed these all reflected a day time scenario when staffing levels were higher. There were no records available to indicate if fire drills had been practiced with the least amount of staff in place. This was of particular importance as a resident regularly refused to take part in fire drills. Evacuation plans had stated that the use of ski mat under the bed could be utilised at night, in the event the resident refused to evacuate. There was limited evidence available to indicate if staff had ever practiced how to use this device or if it could be used with only one staff member present.

On review of fire drill records, the duration of the drill, which is a basic measure of effectiveness of the fire drill, had not been recorded on four recent fire drills.

A separate office building which was utilised by staff did not appear to be connected to the fire alarm system. This required review.

Judgment: Not compliant

### Regulation 6: Health care

From reviewing records available residents were afforded to good access to healthcare. Both residents had their own general practitioner. Annual health checks were occurring. Residents attended a range of health and social care professionals in line with their individual assessed needs. For example, residents had regular dental checks and appointments with opticians.

Judgment: Compliant

### Regulation 7: Positive behavioural support

In terms of restrictive practices a number of improvements were required in this area. As previously stated the provider was in process of addressing this. For example, they had reviewed their policy and had developed more comprehensive recording sheets.

However, the following was identified on the current inspection.

On the walk around of a residents apartment a bathroom door was locked. Staff explained this was a toilet utilised by staff. This had not been identified as a

restrictive practice.

On a review of other restrictive practices in the centre, one practice was in relation to the storage of food. This restrictive practice had been identified as restricting access to visible foods for both residents. From discussion with the staff team and reviewing documentation it seemed unclear to how this was implemented consistently in practice. There was limited evidence to indicate if this was a least restrictive approach. For example, in a resident's apartment some food and drinks were stored in a kitchen cupboard and fridge, however, other preferred drinks and food were stored in the other resident's apartment. There was no clear assessed risk to why all food could not be stored in this residents apartment. This directly impacted on the residents choice and control around access to food.

Restrictive practices within the centre had not been comprehensively assessed to ensure they were the least restrictive measure.

Judgment: Not compliant

### Regulation 8: Protection

Overall the residents were protected by the policies and procedures in place around safeguarding. Both residents had separate apartments and individualised schedules. In the last 12 months there had been no allegations of a safeguarding nature within the designated centre. Staff were required to complete up-to-date training in this area as part of the mandatory training process. Intimate care plans were in place as required.

Judgment: Compliant

### Regulation 9: Residents' rights

There were some good practices were identified in relation to upholding resident's rights. This included staff training in this area. Staff were respectful in their interactions on the day of inspection and documentation reviewing indicated that choice was afforded in relation to residents choosing different activities and directing their daily schedules.

However improvements were required in this area. As previously identified in Regulation 7, restrictive practices were not always considered from a rights perspective and how this limited elements of choice and control in a resident's daily life.

In addition, some care practices were in place that were historical in nature and did not have a clear rationale or assessment to indicate their continued use. For

example, a resident was woken every night to use the bathroom. There was limited evidence in the assessment of need to the efficacy of this practice or who had indicated that this was an appropriate practice. From a review of daily notes the practice was not effective and had limited impact on the resident's quality of life, if anything it was disturbing the resident from getting a full night's sleep. This practice required review to ensure it was in line with the resident's current assessed needs and in line with a right's based approach to care and support.

Judgment: Not compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Hazelbrook OSV-0005689

Inspection ID: MON-0031343

Date of inspection: 19/06/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Manager’s audit forms are being updated to include: 1. An automatic requirement for additional controls around risk where the initial controls are not adequate 2. specific checks to be completed on resident’s finances 3. a new manager’s audit on fire safety. These items will be reviewed by the PPIM when unannounced inspections are carried out. Incident forms are being updated to include additional controls required as identified by senior management when incidents are being reviewed.</p> <p>To be completed by 31st August 2023.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Service Provision Agreements will be updated to correctly reflect all charges by residents. An audit of all charges paid will be included in the manager’s quarterly financial audits. To be completed by 31st August 2023.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  A washer drier will now be purchased for the 2nd apartment.  The works on the space in the bedroom will be completed to provide a specific use for this space.  To be completed by 31st August 2023.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  In addition to the ongoing recommendation's being made by the multi-disciplinary team, the planned additional controls have now been put in place. Risk assessment documentation is being updated to ensure restrictive practices are adequately assessed and reviewed and proportionate to the risk identified. Any risks associated with a documented restriction will also be identified so there are controls around minimising these.  To be completed by 31st August 2023.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The hobby room used by staff as an office will be connected to the fire alarm. Additional staff training will be completed at staff meetings in performing a fire drill. Emergency egress plans will be reviewed for all resident's and any additional controls that are required to support safe evacuation will be tried by staff during fire drills to ensure that they are effective. The use of these in fire drills will be documented.  To be completed by 31st August 2023.</p>	
Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

A comprehensive assessment will be completed on all restrictions in the centre to ensure that they are the least restrictive measure. Risk assessment documentation is being updated to ensure restrictive practices are adequately assessed and reviewed and proportionate to the risk identified. Any risks associated with a documented restriction will also be identified so there are controls around minimising these.

To be completed by 31st August 2023.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

A referral has been made for the resident to be reviewed again by the continence advisor. To be completed by 31st August 2023.

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/08/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/08/2023
Regulation 24(4)(a)	The agreement referred to in	Not Compliant	Orange	31/08/2023

	paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/08/2023
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/08/2023

Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	31/08/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	31/08/2023