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

Issued by the Chief Inspector

Name of designated centre:	Eden House Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	04 March 2024
Centre ID:	OSV-0008199
Fieldwork ID:	MON-0037197

About the designated centre

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

Eden House provides respite care and support for up to 6 male and female residents who are over 18 years of age and who have severe to profound intellectual and physical disabilities. The centre is a large comfortable bungalow with a garden. It is sited in a campus setting which provides a combination of respite, residential and day support services. The centre is located in a residential area on the outskirts of a city. It is centrally located and is close to amenities such as public transport, shops, restaurants, churches, post offices and banks. Residents are supported by a staff team which includes a clinical nurse manager, nurses and care assistants. Staff are based in the centre when residents are present and a staff member remains on duty at night to support residents. There are also additional staff members based in the complex at night to provide additional support as required, or in the event of an emergency. The person on charge is based in an office adjacent to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 4 March 2024	09:45hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations. The inspection was facilitated by the person in charge and team leader. A member of the senior management team visited later in the afternoon. The inspector also had the opportunity to meet with some staff members who were on duty, and with five of the residents who were availing of the respite service.

This centre provides a respite service and is registered to accommodate up to six residents. Fifteen residents were availing of the service at the time of inspection, two residents were being accommodated on a longer term emergency basis and thirteen service users received respite on a planned and recurrent basis. Each resident had their own bedroom for the duration of their stay. The length of respite stays typically varied from two to three nights at a time. Residents and respite service users were supported to attend their day services during the day time while residing in the centre.

Eden House Respite Service comprises a large, bright and comfortable single storey house situated in a campus setting and located in a residential area on the outskirts of a city. It is centrally located and is close to wide range of amenities. The centre is registered to accommodate up to six residents. The centre was designed to meet the needs of residents and had been extensively refurbished and redecorated during 2022. The layout and design of the house allowed residents to enjoy a variety of settings including adequate spaces to relax in and adequate space to facilitate the use and storage of specialised equipment and specialised chairs and wheelchairs. There were six large bedrooms available to accommodate residents. The house had been designed to facilitate bed evacuation from all bedrooms in the event of fire or other emergency. There was adequate personal storage space and televisions provided in each bedroom. Bedrooms were personalised and decorated in line with individual preferences prior to each resident availing of respite. Bedrooms were noted to have been prepared with each residents own personal bed linen, soft furnishings, framed photographs, personal toiletries and other items of interest to individual residents. There were systems in place to securely store individual personal belongings between respite stays. There were two large fully assisted bathrooms with specialised bath and showering facilities. The house was well-equipped with aids and appliances to support and meet the assessed needs of the service users. Overhead ceiling hoists were provided to all bedrooms and bathrooms to assist with mobility. Specialised equipment including beds, bath and showering equipment were also provided. Service records reviewed showed that there was a service contract in place, and all equipment was being regularly serviced. Corridors were wide and clear of obstructions, which promoted the mobility of residents using wheelchairs and specialised chairs.

While there was a large sensory garden to the rear of the house, the garden and paving areas were poorly maintained and therefore, not readily accessible or usable

at the time of inspection. The person in charge outlined plans in place to carry out maintenance works to the entire garden area in the near future.

Staff spoken with were very knowledgeable regarding the level of care and support needs of residents and service users including their likes, dislikes and interests. Residents and many service users had complex health care needs and required the full support of staff for all activities of daily living. On the morning of inspection, there were five staff on duty to meet the support needs of residents and service users. Staff were observed to interact with residents in a caring and respectful manner. While some residents and service users did not communicate verbally, the inspector observed how they communicated effectively with staff and staff clearly understood and correctly interpreted their gestures and cues. The inspector noted a warm and friendly atmosphere in the centre and service users appeared happy, in good form and smiled as they interacted with staff in a familiar way. However, a staffing assessment for night-time was required to demonstrate that the current night-time arrangements adequately met the assessed support needs of residents and service users.

From conversations with staff, observations made by the inspector, and information reviewed during the inspection, it appeared that residents and service users had good quality lives while availing of respite service in accordance with their capacities, and were regularly involved in activities that they enjoyed, on the campus, in the community and also in the centre. The campus provided many facilities for respite users to avail of for recreational use, for example, residents had access to a swimming pool, hydrotherapy, water bed and a rebound therapy unit. On the day of inspection, two service users had enjoyed using the swimming pool, another had enjoyed going for a walk and having coffee in the canteen. The inspector observed two other service users enjoying a hand massage. Staff reported that some also enjoyed partaking in activities out in the community such as going for walks, drives, visiting local hotels, eating out, attending the cinema and going to the shop for treats. One resident spoke about how they had a part-time job in a large retail shop which they enjoyed. Service users had access to transport which they could use to attend activities and go on day trips. Some residents and service users were observed to enjoy relaxing in the house, listening to their preferred music videos and preferred television programmes. From a sample of personal plans reviewed, it was clear that some service users had plans in place to partake in activities such as boat trips and a night away in a hotel, however, there were no goals outlined for the coming year for one resident who was temporarily living in the centre on an emergency basis.

The inspector noted that there was a range of easy-to-read documents and information supplied to service users in a suitable format. For example, easy-to-read versions of important information such as the complaints process, the annual review, the human rights charter and staffing information were made available. Staff spoken with confirmed that they continued to consult regularly with service users and had established their preferences through the personal planning process, and through their ongoing communication with residents and their representatives. Planned improvements for 2024 included a focus on ensuring that persons supported were involved in decisions regarding all aspects of their lives through the

delivery and discussion of information at house meetings. However, no house meetings had yet taken place in 2024.

Visiting to the centre was being facilitated in line with national guidance. There were no visiting restrictions in place and there was adequate space for respite users to meet with visitors in private if they wished. Staff confirmed that visitors were always welcome.

In summary, the inspector observed that respite service users and residents were treated with dignity and respect by staff. It appeared that they were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices while availing of the service.

The next two sections of the report outline 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 residents and service users lives.

Capacity and capability

The centre was found to be in compliance at the previous inspection which focused on infection, prevention and control. The findings from this inspection indicated that the centre was generally well-managed, however, some improvements were required to ensure a night-time staffing assessment, to some aspects of fire safety and risk management, personal planning documentation, and ensuring works were completed to the garden areas which were overgrown and poorly maintained.

There was a clearly defined management structure in place. A new person in charge had been appointed in May 2023. They were supported in their role by a team leader, staff team and area manager. Regular staff meetings were taking place and management team meetings were also occurring on a regular basis. There was a consistent staff team in place to support residents with their assessed needs. Staffing levels during the day time had increased since the previous inspection in order to meet the assessed needs of residents and service users. A dedicated housekeeping staff member was also employed. Staff from another designated centre supported a resident who was residing in the centre on an emergency temporary basis during the day and evening time. There was one staff member on active duty at night-time in the centre and there were additional staff members based on the campus at night to provide additional support as required, or in the event of an emergency. While staff spoken with confirmed that this arrangement was working well, a staffing assessment was required to demonstrate that the current night-time arrangements adequately met the assessed support needs of residents and service users.

Staff training records reviewed indicated that staff including locum and housekeeping staff had completed mandatory training. However, there were no training records available for agency staff or staff assigned from another centre. The team leader had systems in place to regularly review training needs and further training was scheduled as required. Additional training in various aspects of infection prevention and control, administration of medication, diabetes, epilepsy care and feeding, eating and drinking guidelines had been completed by many staff.

The provider had systems in place for reviewing the quality and safety of the service including six monthly provider led audits and an annual review. The annual review for 2023 was completed and had included consultation with service users and their families. Questionnaires returned as part of this consultation indicated complimentary feedback of the service. Comments included 'staff provide a secure and happy home away from home' and 'my daughter enjoys going for respite every week'. Priorities and planned improvements for the coming year were set out. The provider continued to complete six monthly reviews of the service. The most recent review completed in November 2023 had not identified any major concerns or issues.

There were also regular reviews of infection, prevention and control and medication management completed by clinical nurse specialists in the organisation. These reviews were found to be comprehensive and results of recent audits indicated good compliance.

The local management team continued to regularly review areas such as incidents, finances, fire safety, staff training, complaints and medication management. These reviews were being completed on a computerised system. Corrective actions as a result of these reviews were clearly set out and had been discussed with staff at team meetings to ensure learning and improvement to practice.

Regulation 14: Persons in charge

There was a person in charge who was employed on a full-time basis and who had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

There were stable staffing arrangements in place. There were no staff vacancies at the time of inspection. The staffing roster reviewed indicated that a team of

consistent staff was in place to ensure continuity of support and care for residents.

However, a review of this centre's night-time staffing arrangement was required, to ensure staffing levels provided during this time, was supported by a staffing assessment, to demonstrate that this arrangement adequately met the assessed support needs of residents.

Some improvements were required to staff rotas to ensure that all staff including housekeeping staff and staff assigned from another centre were clearly included.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Further oversight was required to ensure that all staff, including agency staff and staff assigned from another centre had completed mandatory training and other appropriate training required to safely meet the support needs of residents and service users. For example, all staff who supported residents or service users with their feeding, eating and drinking plans as recommended by the speech and language therapist(SALT) had not been provided with appropriate training which posed a risk to residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had systems in place to ensure that this service was well managed and also had systems in place for reviewing the quality and safety of care and support in the centre. They had ensured the centre was adequately resourced to meet the assessed needs of residents.

The findings from this inspection indicate generally good compliance with the regulations however, some improvements were required to reviewing night-time staffing arrangements, to some aspects of fire safety, risk management, to personal planning documentation and ensuring works were completed to the garden areas which were overgrown and poorly maintained.

Further oversight was required to ensuring that planned improvements for 2024 were acted upon. For example, a focus on ensuring that persons supported were involved in decisions regarding all aspects of their lives through the delivery and discussion of information at house meetings which had not yet taken place.

Judgment: Substantially compliant

Quality and safety

The inspector found that the care and support that residents and respite service users received was of a good quality and ensured that they were safe and well supported. Residents and service users appeared to be comfortable in their environment and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis.

Staff spoken with were familiar with, and knowledgeable regarding residents' and service users' up to date health-care needs. Many residents had complex care and support needs and required two-to-one staffing at various times throughout the day, particularly in relation to personal and intimate care, as well as, support with their manual handling needs. The inspector reviewed a sample of residents and service users files which were now mainly being stored on a computerised information system. There was an assessment of need completed (PEN picture), however, the section on maintaining a safe environment required updating to reflect the use of bed rails for a resident. Individual risk assessments, as well as, care and support plans were in place for all identified issues including specific health care needs. There was evidence that risk assessments and support plans were regularly reviewed. Personal goals were clearly set out for some residents including evidence of review meetings and progress updates. However, while staff spoken with outlined some goals and plans for another resident including organising an upcoming milestone birthday celebration and plans to move to a suitable permanent home, there were no goals set out in the records reviewed for this resident. The inspector acknowledged that while the computerised record keeping system was still relatively new, staff found it difficult at times to locate and retrieve documentation and in some cases were unable to find documents requested by the inspector.

Due to the intermittent nature of residents' respite breaks in the centre, their health care arrangements were mainly supported by their families. Residents had access to a general practitioner(GP) and out of hours GP service while availing of respite service in the centre. Residents had hospital passports, however, one of the passports reviewed required updating to reflect the residents current living arrangements in the centre.

There were systems in place for the management and review risk in the centre, however, some improvements were required to ensure that all risks were appropriately risk rated and identified risks were reflective of risk in the centre. All residents had a recently updated personal emergency evacuation plan in place. All incidents were reviewed regularly by the local management team and discussed with staff to ensure learning and improvement to practice. Risk management was discussed with staff at regular team meetings.

Staff on duty demonstrated good fire safety awareness and knowledge on the evacuation needs of residents. The house had been designed to facilitate bed evacuation from all bedrooms. Regular fire drills had been completed which indicated timely evacuation of residents. There were systems in place to ensure that all staff were involved in carrying out a fire drill. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training. However, some improvements were required to ensure that there were clear procedures in place particularly in the event of fire at night time. This is discussed further under regulation 28.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members.

Judgment: Compliant

Regulation 13: General welfare and development

Residents and service users were supported to engage regularly in meaningful activities and the provider had ensured that sufficient staffing and transport arrangements were in place to facilitate this. Residents were consulted with to ensure that they could partake in activities that were of specific interest to them. The centre was located on a campus with many facilities for recreational use, and also close to a range of amenities and facilities in the local area and nearby city. There were several photographs displayed showing residents clearly enjoying a wide range of activities.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the needs of residents. All areas of the centre were designed to allow for wheelchair users to easily move about. The centre was visibly clean, suitably decorated in a homely style and maintained in a good state of repair internally, however, improvements were required to the outdoor garden areas which were overgrown and poorly maintained.

The house was well-equipped with aids and appliances to support and meet the

assessed needs of the service users. Overhead ceiling hoists and specialised equipment including beds, bath and showering equipment were provided. Service records reviewed showed that there was a service contract in place, and all equipment was being regularly serviced.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and updated. However, some improvements were required to ensure that all risks identified were appropriately risk rated and to ensure risks identified were reflective of risk in the centre. For example, staff spoken with described what they considered the top risks in the centre. They included the evacuation of residents in the event of fire, manual handling requirements as well as infection, prevention and control. They outlined that these risks were based on the assessed needs of residents many of whom required the use of hoists, required bed evacuation in the event of fire at night-time and due the respite nature of the service. However, the risk register reviewed did not accurately reflect these risks described by staff.

There was an individual risk register in place for each resident and service user. While individual risk assessments including risk assessments for the use of bed rails had been completed for individual residents and respite users, the risk associated with using bed rails had not been included in the individual risk registers.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to some aspects of fire safety management. The provider had fire safety systems in place, which included, fire detection and containment arrangements, emergency lighting and regular fire safety checks. The building was designed to facilitate bed evacuation from all bedrooms, all staff had completed fire safety training and regular fire drills had taken place indicating timely evacuation of residents. However, improvements were required to ensure that there were clear procedures in place particularly in the event of fire at night time. The emergency fire action plan dated October 2023 reviewed on the day of inspection required updating to provide clarity around night time procedures including who was responsible for contacting the fire brigade in the event of fire. The person in charge updated the emergency fire action plan during the inspection and undertook to ensure that it was discussed with all staff. Further clarity was also required around how staff on duty at night time were alerted to the location of fire in the centre.

Staff spoken with were not consistent in their responses, some advised that they used a 'walkie talkie' system and other mentioned that there was a 'fire' phone which would display the location of the fire. However, there was no 'fire' phone in the centre and the emergency fire action plan did not provide guidance on same.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' health care needs were regularly assessed and care plans were developed, where required. Support plans were found to be individualised, person centered and provided clear guidance for staff. However, some improvements were required to ensure that personal planning records reflected how residents were supported to identify and achieve personal goals. There were no goals set out for one resident in the records reviewed. Residents had hospital passports which included important and useful information specific to each resident in the event of they requiring hospital admission in an emergency, however, one of the passports reviewed required updating to reflect the residents current living arrangements in the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Staff continued to ensure that respite residents had access to the health-care that they needed. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents' files indicated that residents had been regularly reviewed by the occupational therapist, speech and language therapist, dietitian, psychologist and behaviour support therapist. Files reviewed showed that residents had an annual medical review.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to psychology services and had positive behaviour support plans in place. Staff spoken with reported good supports in place from the behaviour support specialist. There was evidence of regular review of positive behaviour support plans in place. There were some restrictive practices in

use, these were maintained under regular multi-disciplinary review and their were protocols in place outlining the rationale and guidance for staff to ensure that they were used for the shortest time possible. At the time of this inspection, some of these were subject to further review by the provider in conjunction with the organisation's restrictive practice committee.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans. At the time of the inspection, there were no active safeguarding concerns at the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents and service users were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to communicate in accordance with their needs and to avail of advocacy services. Restrictive practices in use were reviewed regularly by the organisations human rights committee. Residents were supported to visit and attend their preferred religious places of interest.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Eden House Respite Service OSV-0008199

Inspection ID: MON-0037197

Date of inspection: 04/03/2024

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
Outline how you are going to come into compliance with Regulation 15: Staffing: • Assessment of night support requirement for each resident in Eden House to be completed identifying the assessed support needs at night. • Housekeeping staff included on roster from 10/03/2024 • Staff working with one person supported from another area are now included on roster from 10/03/2024	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All staff including agency staff supporting residents with FEDS plans as recommended by SLT have attended or are scheduled for FEDS training. • All staff including agency staff supporting residents have completed or are scheduled for mandatory training. • Supporting documentation for staff from another service area working in the centre will be made available in the centre.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Planned improvement for 2024 have been initiated to ensure that people supported are involved in decisions regarding all aspects of their lives through discussion of information are planned weekly going forward. Minuted house meetings commenced on 10/03/2023. • Works planned to clean up pathways in the garden area and prune shrubs and trees. These works will be completed by 31/05/2024. • Assessment of night support requirement for each resident in Eden House to be completed identifying the assessed support needs at night.	

• Risk assessment associated with fire and rating of same was reviewed on 05/03/2024 with the fire officer and Health & safety officer and amended to reflect the risk involved in the evacuation of residents in the event of a fire.
• A personal outcomes folder with documentation regarding goals is now available in the centre and will be reviewed on a quarterly basis 14/03/2024
• The fire evacuation plan has been updated and now gives clear procedures in the event of fire at night time and gives clarity around who is responsible for contacting the fire brigade in the event of fire.
• The fire plan now includes guidance on the use of the walkie talkie to identify the location of the fire at night time.
• The amendments in the fire plan were discussed with all staff at the team meeting on 19/03/2024

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Improvements are planned for the garden area which will be completed by May 31st 2024 to include cleaning up of pathways, pruning and cutting back shrubs.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• Risk assessment associated with fire and rating of same was reviewed on 05/03/2024 with the fire officer and Health & safety officer and amended to reflect the risk involved in the evacuation of residents in the event of a fire.
• The risk associated with the use of bed rails is now included on each individuals risk register.
• Rating of risk associated with Infection Prevention Control and Manual Handling have been amended.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Risk assessment associated with fire and rating of same was reviewed on 05/03/2024 with the fire officer and Health & safety officer and amended to reflect the risk involved in the evacuation of residents in the event of a fire.
• The fire evacuation plan was updated on the day of inspection and now gives clear procedures in the event of fire at night time and gives clarity around who is responsible for contacting the fire brigade in the event of fire.
• The fire plan now includes guidance on the use of the walkie talkie to identify the location of the fire at night time.
• The amendments in the fire plan were discussed with staff at the team meeting on 19/03/2024

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• Hospital Passport updated now reflect the current living arrangements in the centre 14/03/2024

• Personal Outcomes plan was updated and is now available in the centre for resident living in the centre on an emergency basis.
• Admissions meeting to be organised with MDT to formalize admission of resident to designated centre.
• Personal plan for new resident to be updated to accurately reflect living arrangements and assessed needs of resident.

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	22/03/2024
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	30/04/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	31/05/2024

	are of sound construction and kept in a good state of repair externally and internally.			
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	31/05/2024
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	20/03/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	19/03/2024
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	Substantially Compliant	Yellow	30/04/2024

	resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(4)(b)	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 outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/04/2024
Regulation 05(4)(c)	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 is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/04/2024