



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

Issued by the Chief Inspector

Name of designated centre:	The Spires
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	01 November 2023
Centre ID:	OSV-0008515
Fieldwork ID:	MON-0040211

About the designated centre

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

The Spires provides a residential service for up to six adults with intellectual disabilities, autism and/or acquired brain injuries who may also have mental health difficulties and behaviours of concern. This designated centre is located in a rural setting outside of a town in County Kildare with local amenities in the area such as shops, pubs, restaurants, and sports and recreation services. The premises consists of a single building containing four apartments, two of which are single-occupancy and two which can accommodate two people. Each apartment features separate living areas and kitchens, in which residents are encouraged to get involved with the preparation of meals and snacks. Residents are provided with private bedrooms, accessible bathroom facilities, and access to suitable vehicles. There is an open plan office in the main lobby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 November 2023	11:00hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the residents, speak with their team of support staff, and review documentation and records related to how their social, personal and clinical needs were being met. The inspector also observed support and interactions between residents and the staff team, and read guidance available to staff to progress each resident's personal objectives and routines. Overall the inspector found that residents were safe and appropriately cared for by a committed, friendly and supportive social care team, and that residents appeared generally relaxed and happy living in the house.

The inspection met five of the six residents living in the designated centre. During the day, residents were supported to go out for walks, attend medical appointments and go shopping. Residents were observed engaged in sensory play, making jigsaw puzzles and watching videos on their devices. The communication profile for most of the residents did not facilitate verbal conversation between the inspector and the residents, however the inspector observed mostly patient and respectful interactions between staff and residents. The inspector was able to sit and chat with one resident who had moved to this centre from a congregated setting. This resident commented that they felt happier and more relaxed having a living space which they could call their own home, with their own kitchen, dining space and bathroom not shared with other residents.

As the residents and the front-line staff team were new to this centre and service provider, many of the staff were still in the process of getting to know the residents and identifying meaningful opportunities for community participation and new social and recreational opportunities. One resident was interested in joining a gym, and others wanted to go swimming as part of their schedule. Two residents had attended a Halloween event. The service had access to two suitable vehicles for the six residents, and while some staff commented that this could present a challenge accessing the community without prior planning on some days, it could generally be managed by coordinating residents' days around when they were most active and identifying where residents were safe to travel together. Residents had weekly activity planners, however staff commented that in practice after learning more about them, not all residents took value from their days being laid out far in advance. As will be described later in this report, some of the activity planning tools, life enhancement goals and day-to-day support guidance documents required development and tailoring to be meaningful to each resident and reflective of their needs, capacities and interests. The inspector observed evidence of this being highlighted in a recent quality audit for attention in the coming months.

One resident's assessed needs included being unable to tolerate a lot of furniture in their living space and as such their apartment was cleared of most furniture and fixtures and the kitchen uninstalled. The provider was in the process of attaining specialist features to gradually reintroduce to the apartment which would be more safe, suitable and acceptable to the resident's needs and wishes. The other

apartments were suitably sized and furnished and kept in a good state of cleanliness and repair.

Residents were observed eating their meals with appropriate supervision by staff and modifications to facilitate safe eating and drinking. At the time of this inspection, the kitchen of one apartment was being used to cook and prepare meals for that apartment and two others whose residents and staff did not use their own kitchens. The need to ensure meals were served promptly and ensure the effect on the homeliness of each apartment was minimised while this arrangement was in place was discussed with provider management.

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

This was the first inspection of this designated centre for the purposes of monitoring the provider's regulatory compliance. This house was first registered in May 2023. As of the time of this inspection all apartments were fully occupied by service users and the service had a full team of staff. The front-line team of staff were all newly recruited by the provider company and were still in their probationary period. While there had been some delays in completing probationary reviews within the required time frames, the person in charge had scheduled dates for these to be addressed.

Staff demonstrated a generally good knowledge of the residents, despite still being in the early stages of understanding their needs and interests, with some structures around life enhancement and community activation goals still in their infancy. Some staff were not sure where to find some information on residents' assessed needs. However, the inspector observed friendly and respectful interactions between residents and staff, and a culture of encouragement and patience.

The registered provider had proactively identified where the service had been operating in accordance with regulations, standards and provider policy. Where areas for improvement were identified, these had time-bound objectives set out to bring the service into compliance and good practice. While some of the findings of this inspection had not been identified in the recent quality and safety inspection or in ongoing monitoring, in the main these provider-level audits were being conducted in the spirit of continuous service development. For some aspects of the service, the provider had identified a need for more thorough single-issue audits such as infection control and medicines management.

Regulation 15: Staffing

The designated centre was operating with a full complement of front-line staff and no vacancies at the time of inspection. Staffing rosters provided a clear record of who was in the centre each day.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had identified training which was required by this staff team to deliver on the assessed support needs of residents. The provider had a means of identifying training which had been completed by staff members. This system indicated that staff were up to date in mandatory training such as fire safety and safeguarding of adults at risk. Some supervisory meetings for staff were overdue; this is captured under Regulation 23 Governance and Management.

Judgment: Compliant

Regulation 21: Records

Records required under the regulations were available for inspection in the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The provider had appropriate insurance arrangements in place.

Judgment: Compliant

Regulation 23: Governance and management

Management structures and policies were in effect to manage and evaluate staff in their respective roles and responsibilities. The entire front-line staff team was newly

employed by this provider and were all still in their probationary period at the time of this inspection. There were some delays and gaps in staff probation meetings and evaluations taking place in line with the provider's policy. However, the person in charge had scheduled dates to catch up with these reviews.

The provider had completed an unannounced inspection in the designated centre the week prior to this inspection, and the findings and quality improvement plan were available for review. The provider had found themselves in compliance with 80% of the regulations, standards and provider policies reviewed, and had set out clear objectives and time frames to address service deficits or areas for further improvement. This included findings observed by the inspector, such as finalising residents' contracts, completing overdue staff probation reviews, addressing cosmetic premises repairs, seeking meaningful and varied community activities, and escalating the need to attain suitable access to local medical services. Specific audits were scheduled to take place on topics such as infection control and medication management practices.

Some findings of this inspection had not been identified through internal quality review and oversight, including the management of restrictive practices, and the monitoring of interim arrangements regarding mealtimes.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had written contracts of support agreed with the provider which outlined the terms and conditions associated with using this service. The provider provided information indicating that residents had been facilitated to visit the premises ahead of admission, and where residents would be living together, that the provider had been assured of their compatibility and safety to share an apartment.

Judgment: Compliant

Regulation 3: Statement of purpose

The designated centre had a statement of purpose in place which contained information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all practices in effect in this designated centre had been notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The provider had developed policies and procedures for the service in accordance with regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge of the designated centre was full-time in the role and was suitably qualified and experienced in leadership and management roles.

Judgment: Compliant

Quality and safety

In the main, the residents were observed being supported and spoken to with patience, encouragement and kindness by their support team. Residents were protected from potential abuse through timely reporting of safeguarding concerns, and staff were aware of potential abuse risks related to these service users and how to respond to any suspected or alleged incidents of concern. Staff were provided guidance in supporting residents with their assessed needs related to medicine, activities of daily living, and positive behaviour support. However some support structures required review to ensure they were consistent with latest assessments, updated as required, and clearly communicated to staff for their use.

The provider could supply evidence during the day of how they were addressing challenges which had arisen in the first six months of operation since registration. For example, works were in progress in attaining suitable access to resident finances, clinical services and doctors in the community, and exploring meaningful social and recreational opportunities based on residents' capacities and interests.

Improvement was required in how potential or actual risks in the designated centre were identified, risk assessed and had appropriate and proportional control

measures implemented. Some risks had not had a formal risk assessment carried out, and there were some gaps in evidence that control measures had been implemented in line with best practice and national policies. For example, there was limited evidence to indicate that where environmental, chemical or rights-based restrictive practices were implemented, that they had been subject to evidence-based and person-centred risk analysis to ensure they were the least restrictive option to mitigate the associated risk.

The premises was generally suitable for the number and assessed needs of the residents. The provider was in the process of refurbishing one of the apartments to be suitable and safe for the occupant's assessed needs. Where the assessed needs of some residents meant that meals were being cooked in another person's apartment, review of practices was required to ensure that the impact on the separate apartment model of support was minimised, and that the provider was assured residents received meals promptly and in line with their individual choices.

Regulation 11: Visits

There were no unnecessary restrictions in place preventing residents from receiving visitors into their apartments.

Judgment: Compliant

Regulation 12: Personal possessions

Some residents had yet to attain the ability to access, either independently or with their support staff, their personal money, cards and finances. The provider was in the process of ensuring all residents had appropriate access and control of their financial affairs and income sources.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Some support structures related to life enhancement, personal needs and recreation were in their infancy or required enhanced structure, as described in other sections of this report and identified by the provider's own quality review. However, overall the inspector observed evidence to indicate that staff were supporting residents to remain occupied with drives to community services, games, or sensory play. Staff spoken with were getting to know the residents to identify person-centred and

meaningful opportunities to be active in the community, such as going for forest walks, doing grocery shopping and attaining a gym membership.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was clean, in a good state of maintenance and was suitable for the number and assessed needs of service users.

One of the apartments had recently been cleared of most furniture and had its kitchen uninstalled, due to the assessed needs of the resident who lived there. The provider advised the inspector that they would be seeking specialist furniture and kitchen features to gradually reintroduce an environment which was suitable, accessible and safe.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had composed a guide for residents containing a summary of the services and facilities provided to them.

Judgment: Compliant

Regulation 26: Risk management procedures

For some risks which were identified through observations, staff commentary or documentary evidence, the provider had not assessed the level of risk and set out appropriate control measures to mitigate impact or likelihood of the relevant risks. Some decisions had been made in the service or in the residents' support structures without evidence that the level of risk had been reviewed. Records of incidents occurring in the designated centre were not complete.

Judgment: Not compliant

Regulation 27: Protection against infection

In the main, the environment was clean, and staff were appropriately cleaning and storing cloths, brooms and mop poles, heads and buckets. Each apartment had a space in which cleaning supplies could be appropriately stored after use.

The inspector observed examples during this inspection of practices which were not in line with good infection prevention and control. This included inappropriate management of soiled laundry, handling of food, and cleanliness of medical devices. Not all hand hygiene locations were equipped with a means of drying hands.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate practices were observed in how medicines were stored and their use recorded. Staff were trained in the safe administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed three of the six residents' plans for delivering on their personal, social and healthcare needs. In the main, these plans were developed based on a comprehensive assessment of need and information provided by their previous care setting. Some plans were still in their infancy and had not yet been fully developed, such as meaningful and person-centred objectives related to life skills, recreation opportunities, and long term personal goals. Other plans contained some contradictory information or had not been updated following more recent reviews. In the sample reviewed, some staff were unable to find some information related to resident assessed support needs including safe eating, use of some medicines and supporting activities of daily living.

Judgment: Substantially compliant

Regulation 6: Health care

The provider was in the process of attaining general practitioners (GPs) for residents in their new location. The provider had not yet identified services for residents who were awaiting reviews for healthcare needs such as eyesight, hearing and dental care.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Through speaking with staff, observing the environment and reviewing documentation and risk assessments, the inspector found areas of substantial improvement required in how restrictive practices were identified, implemented and kept under review in line with provider policy, national standards and guidelines.

A number of restrictive practices had not been identified on the restrictive practices register for the centre, and as such it was not evident what risk assessments and evidence contributed to the decision to implement the practice, and what alternative measures had been considered prior to implementation. There was limited evidence of how senior management oversight was carried out to ensure that there were plans in place to reduce or eliminate the restraints in place. It was not evident how the provider or centre management was trending or analysing the use of restrictions to identify opportunities to reduce their use. For some restrictive practices, the front-line staff were not clear why the restriction was required.

Where restrictive practices were used, the risks associated with having them in place was not assessed. This included risk rating and setting control measures to mitigate the impact of restraints implemented due to some residents, which affected other people living in the service.

Where chemical restraints had been utilised, there was gaps in information collected to provide assurance that they had been used when all other strategies in the person's behaviour support plan had been exhausted.

Judgment: Not compliant

Regulation 8: Protection

Where concerns were witnessed or reported relating to the protection of adults at risk of abuse, this was reported in a timely manner. There was an open safeguarding investigation in progress at the time of this inspection, and the provider had arrangements in place to reduce the risk of harm pending the conclusion of this investigation.

Judgment: Compliant

Regulation 9: Residents' rights

In the main, the residents were being supported with kindness and patience, and staff were observed supporting and speaking with residents in a respectful manner. Residents' personal plans were being developed to ensure that preferences and routines were kept updated as staff got to know the new residents, and that activity planners were to be tailored to a format most suitable to each resident.

Due to the assessed needs and risks associated with certain residents, the kitchen for one of the apartments was also being used to cook meals for two other apartments. The inspector observed how this was being done and spoke with staff about the arrangement. Observations included staff passing between the separate apartments carrying plated meals, and food going cold before being collected for another apartment. It was not evident how meal choices for each apartment was being optimised. Assurance was required on how the provider was ensuring that the impact on the homeliness and intended model of care of separate living spaces was mitigated in light of this interim arrangement.

Some assurance was required in how staff were supporting residents who often refused to engage in personal care routines to ensure that strategies were in place to guide staff support to encourage and protect residents' dignity and self-care.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially 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	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Spires OSV-0008515

Inspection ID: MON-0040211

Date of inspection: 01/11/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge (PIC) has completed as scheduled the remaining outstanding probations. A full schedule is in place for all staff regarding supervision.</p> <p>Restrictive practices are reviewed regularly by the PIC with support from the Multi-disciplinary team to review their necessity.</p> <p>As an assurance mechanism the Assistant Director of Service will undertake a full review of all restrictive practices within the Centre, ensuring all restrictions have a corresponding risk assessment with active control measures in place to manage the risk.</p> <p>A follow up unannounced comprehensive audit of the centre will be conducted by the Director of Services.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC and the Assistant Director of Services (AD) have undertaken a full review of all restrictions within the Centre to ensure all practices that are notifiable are identified and reported to the Office of the Chief Inspector.</p> <p>As a result, a retrospective notification of any non-reported restrictions will be submitted to the Office of the Chief Inspector.</p>	

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The PIC has undertaken a further review of all residents' finances. At the time of the inspection two residents were in the process of obtaining personal bank accounts as they were newly admitted to the service. This has now progressed further, and the remaining documentation required to complete this process has been achieved and both residents have successfully opened a bank account in their own name.</p> <p>These residents will be supported to have as much autonomy over their personal finances as possible, the PIC will continue to review and reconcile bank statements, ensuring all financial transactions are transparent. All financial assessments are in place and money management plans are reflective of the resident's support requirements.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The PIC has reviewed the premises in full. Due to the assessed needs of one resident within the centre, bespoke furniture has been ordered. This furniture is designed to meet their specific needs and support requirements.</p> <p>The kitchen area in one apartment is currently under review. Access to kitchen facilities will be kept under active review to ensure that the environment meets their behaviour support needs.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC has completed a review of all risks in the centre to ensure that they have been assessed in line with the Talbot Groups Risk Management Policy. This review has been</p>	

completed to ensure that all decisions made in the service relating to residents' support structures have been fully assessed. As a further assurance mechanism the Talbot Group Director of Quality and Safety will audit the risk management system in place , to ensure it is robust and effective.

All records of incidents occurring in the designated centre have been reviewed to ensure they have been effectively documented.

All staff have access to the local risk register and are provided with education and training in relation to current risks and the controls that are in place. Risks within the centre are discussed monthly at staff meetings, staff have the opportunity to provide input into the effectiveness of the controls in place regarding risks pertaining to residents. Risks are reviewed in line with Talbot policy.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The PIC reviewed all practices within the centre, in line with best practice.

The Talbot Group provide training to all staff in best practice in relation to Infection, Prevention and Control (IPC). Since the inspection, refresher training in this area has been delivered to all staff to ensure they are following the Standard precautions in relation to the management of

- laundry and linen,
- handling of food and
- management of residents equipment.

IPC is a standing agenda at monthly staff and resident meetings. All National standards and guidance documents in relation to best practice in the management of IPC is available and accessible to all staff in the designated centre.

Arrangements are now in place to ensure all hand hygiene locations are suitably equipped with a means of drying hands.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC has undertaken a review of all support plans for each resident. The PIC will ensure all identified support needs documented within their assessment of need has a corresponding support plan in place to guide Staff Practice.</p> <p>In collaboration with each resident, PIC and Keyworkers have identified SMART goals that are outcome based and in line with their personal preferences.</p> <p>Personal plans are updated and reviewed regularly ensuring all information is reflective of each resident’s current assessed needs. These plans identify what care plans are required for each resident to ensure staff are supporting the residents based on their individual will and preference. These plans also have input from the relevant Multi-disciplinary team member where applicable.</p> <p>The PIC will provide training and education to the staff team on 13.12.23 in developing planners that include enhanced community access to support the development of relationships in the wider community.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The PIC has reviewed the healthcare needs of the residents in the centre.</p> <p>The PIC will support the staff team in identifying and securing a suitable dentist in the local area that all residents can access as required.</p> <p>A referral has been on behalf of resident to have their eyesight and hearing reviewed by the local opticians. Once complete residents have a scheduled appointment staff will facilitate these appointments.</p> <p>The Talbot Group community nurse is supporting the PIC with the ongoing request to obtain a suitable GP in the local area for each resident.</p>	
Regulation 7: Positive behavioural support	Not Compliant

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

A full and comprehensive review of all restrictive practices within the centre has been completed. The purpose of this review is to ensure that where restrictive practices are necessary, there is a clear rational documented, evidence of alternatives being explored will be documented and any practice in place is the least restrictive and for the shortest duration possible. This review will be captured using the HIQA restrictive practice self-assessment tool. Any quality improvements will be captured via a QIP. Restrictive practices and their implementation will be subject to MDT input and review through each residents CANDID needs assessment. This includes all:

- Physical,
- Environmental,
- Chemical and
- Human Right restrictions.

As a result a retrospective notification of any non-reported restrictions will be submitted to the Office of the Chief Inspector.

All staff within the centre complete mandatory Positive Behaviour Support training and training in the Professional Management of Complex Behaviors. Residents that require a behaviour support plan have been reviewed by the behaviour support team and have a Positive behaviour support plan devised, these plans are implemented following training for all staff on the approaches and all staff working in the centre have been trained in the delivery of this plan.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: A comprehensive review of how residents rights are upheld has been completed within the centre. This includes a focus on ensuring that all residents are supported to make meaningful choices about their care and preferences. Where it has been assessed as necessary to prepare and cook residents meals outside of a residents own apartment, staff will ensure that residents have been involved in choosing what meals they want. A weekly meal plan is developed during residents meetings that is in line with their preferences. Suitable alternatives will also be made available should the resident require this. Appropriate arrangements will be in place to ensure that meals are presented at an appropriate temperature and served in a timely manner.

All residents in The Spires have a comprehensive intimate care plan in place to guide staff on their personal preferences when being supported with personal care. There are times when residents do refuse this support. The PIC has engaged with the multi-disciplinary team in relation to residents that can refuse personal care support. and has sought input from the Occupational Therapist and Behavior Support Specialist, to devise

a guidance document on how best to provide this support when residents refuse and what alternative arrangements can be offered to encourage the resident to engage whilst maintaining their dignity, will and preference- this will require data collection to complete in full.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/01/2024
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	31/01/2024
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by	Substantially Compliant	Yellow	31/01/2024

	residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	29/02/2024
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and	Substantially Compliant	Yellow	30/11/2023

	professional responsibility for the quality and safety of the services that they are delivering.			
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	31/01/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Not Compliant	Orange	31/12/2023

	relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
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	31/01/2024
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	28/02/2024
Regulation 06(2)(a)	The person in charge shall ensure that a medical practitioner of the resident's choice or acceptable to the resident is made	Substantially Compliant	Yellow	31/01/2024

	available to the resident.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	31/03/2024
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	31/01/2024
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/01/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates	Not Compliant	Orange	31/01/2024

	intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/12/2023