

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 4
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	23 July 2024
Centre ID:	OSV-0003749
Fieldwork ID:	MON-0044103

About the designated centre

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

Community Living Area 4 is a designated centre operated by Muiriosa Foundation. The centre can provide residential care for up to three male and female residents, who are over the age of 18 years with an intellectual disability. The centre comprises of one bungalow dwelling located in a rural setting in Co. Laois, where residents have their own bedroom, some en-suite facilities, bathroom, kitchen, conservatory, sitting room and large garden area for residents to use as they wish. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 23 July 2024	10:30hrs to 16:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and two members of staff, and later joined by the person participating in management. In the earlier part of the day, the inspector also had the chance to meet with the two residents that lived in this centre, before they headed out for their lunch. One of these residents spoke at length with the inspector about various aspects of the service delivered to them, and voiced how happy they were living in this centre, over the past number of years. The second resident, did briefly meet to greet the inspector; however, they were unable to engage directly with her, due to their assessed communication needs.

The staff support that these residents were assessed as requiring, largely related to mobility and falls management, some support was required with regards to nutritional care, communication and personal and intimate care needs, along with both residents requiring a certain level of staff support with their social care. The centre comprised of one spacious bungalow dwelling, located a few kilometres from a town in Co. Laois. The house was clean, well-maintained, nicely furnished and had a calm and relaxed atmosphere. Both residents had their own bedroom, one of which was en-suite, and there were also two staff bedrooms to allow for sleepover arrangements. One of these residents had assessed mobility needs, and there was a large accessible bathroom available. Communal rooms comprised of a kitchen, conservatory, a large sitting room, and there was also a large rear garden for residents to use, as they wished. Residents' bedrooms were personalised to their own taste, with one of the residents having recently decorated a feature area behind their bed with decorative wallpaper. These residents also loved displaying photographs, both within their bedrooms and in the communal areas. Multiple photographs of their family members, and outings they had shared together were nicely framed around the house.

Upon the inspector's arrival, one of these residents was sitting in the kitchen, while the other was relaxing on their own in the sitting room looking through brochures, which was something they loved to do. Two staff were on duty, one of whom was an agency staff member, and they were planning to bring the residents out for their lunch. Agency staff was required from time to time in this centre, to fill gaps in the roster, and regular agency staff were only ever appointed to work in this centre. Both of these staff members spoke confidently about the care and support they provided to each resident, and were observed to be very attentive to both residents. For example, one resident with assessed communication needs, used vocalisations to get the attention of staff, and to also communicate their wishes. Staff were observed to attend to this resident at very regular intervals, and were able to effectively interpret what the resident wanted. There was pleasant and friendly banter between the other resident and the two staff who were on duty, who spoke about the plan for the day, with the inspector, this resident and a staff member casually sitting in the kitchen to talk about the service, until the person in charge

arrived to the centre.

These two residents lived in this centre for a number of years and got on very well. They often headed out together with the support of staff, and lived very active lifestyles. The resident who met with the inspector, said that they liked to go shopping, loved to eat out, attended active retirement, held employment with a local charity shop, and also loved going to various social occasions. One of these residents had recently celebrated a milestone birthday, and had celebrated with their peer, staff, family and friends. Personal goal setting was important to these residents, with one taking part in a local weight-loss group, as part of their chosen goals. They told the inspector that had been very successful with achieving this goal, and were delighted with the progress they had made to date. They said that they received much support from staff with this, and were very happy with all of the encouragement they had received. The way in which this centre was operated was very much resident-led, with regular resident meetings happening to let residents decide what activities they wanted to do, choose what menu they wanted for the coming week, and to also discuss other areas relevant to the service they received. They also were supported to maintain good family engagement, with some often heading off to visit their family members. In more recent times, new transport was provided to this centre, with one of the residents telling the inspector that they were very happy about this, and that there was always enough staff on duty to bring them out for the day.

Since the last inspection of this centre, considerable work had been completed by the provider, at an organisational level, to improve their own monitoring systems. This had allowed for the provider to focus in on specific aspects of this service, and to identify where improvements were required to these areas. For example, the most recent provider-led visit identified that consideration was needed to the re-configuration of bedrooms, so as to facilitate a bed evacuation for a resident, if it was required. The resident who spoke with the inspector, was aware of this and was happy to change bedrooms, and was looking forward to picking out colours and furnishings to decorate their new bedroom with. The visit also highlighted that consideration could also be given to reviewing night-time staffing arrangements, as a result of this re-configuration. At the time of this inspection, the provider was in the process of conducting a number of re-assessments and reviews, so as to inform any changes that may be made to night-time staffing arrangements. As well as this, the provider had also identified the same improvements that were found upon this inspection, in relation to aspects of fire evacuation and to re-assessment and personal planning arrangements. However, some of the time frames for completion were extensive and didn't allow for the provider to act quickly, where some of these improvements needed more timely rectification. This did result in one immediate action being issued to the provider, which will be discussed in more detail later on in the report.

Overall, this centre did provide the residents with the type of service that they were assessed as requiring. They were supported by a consistent staff team, who knew them well, and whom residents were also familiar with. There were multiple opportunities afforded to residents each week to get out and about, and numerous examples of good quality care and support were observed by the inspector to be

delivered to residents, in a manner that focused consistently on residents' assessed needs, preferences, and capacities.

The specific findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was a well-run and well-managed centre, that ensured residents were receiving the care and support that they required. The provider had ensured the centre was adequately resourced to meet the needs of residents, and had suitable persons appointed to manage and oversee the running of the service. However, where the provider had identified specific improvements were required to this service, improvement was required by them, to ensure better oversight of the timely addressing of these improvements.

The person in charge was regularly present at the centre to meet with residents and with their staff team. They held regular staff team meetings, and on days where they themselves were not present at the centre, they made contact with staff to enquire about the residents and any other matters. They also linked in frequently with their line manager, to review any issues arising in the centre. They were appointed to their role a few months prior to this inspection, and in that time, had gotten to know the service and the needs of the residents very well.

Two staff were on duty both day and night to support these residents, and these were a well-established staff team, which provided continuity of care in this service. When agency staff was required from time to time, one of the residents told the inspector that it was always the same agency staff members that they were supported by. One of whom, was on duty the morning of this inspection, and it was clear that both this staff member and the resident were very familiar with each other. At the time of this inspection, the provider was in the process of reviewing night-time staffing arrangements, and had plans to complete a number of assessments and reviews in the weeks following, so as to inform any changes that may be made.

In recent months, the provider revised some of their monitoring systems, so as to place more focus on key aspects of service, when reviewing the quality and safety of care. This included a complete revision of how six monthly provider-led visits were being conducted, which had proved more effective in identifying where specific improvements were required within this centre. Although this resulted in a more concise and effective approach to overseeing relevant areas of care and service, further improvement was required by the provider to ensure more timely addressing where improvements were identified.

Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily submitted an application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time role, and demonstrated good knowledge of the residents' needs and of the operational needs of the service delivered to them. They were supported in their role by their line manager and staff team. They did have responsibility for another centre operated by this provider, and current governance and management arrangements gave them the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review, to ensure a suitable number and skill-mix of staff were at all times on duty to support the assessed needs of residents. Where additional staffing resources were required, from time to time, the provider had adequate arrangements in place for this. Of the staff who met with the inspector as part of this inspection, they demonstrated good knowledge of the residents' assessed needs, and of their roles and responsibilities in supporting them.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced to meet the assessed needs of residents, and in meeting the objective set out in the centre's statement of purpose. The person in charge held regular meetings with their staff team to discuss resident related care, and also was in regular contact with their line manager to review operational matters.

Since the last inspection of this centre, the provider had revised the way in which six

monthly provider-led visits were occurring. A copy of the most recent visit completed in April 2024, was reviewed by the inspector, and was found to be more comprehensive in reviewing specific aspects of care and support, that were relevant to this centre. This had resulted in the provider identifying similar improvements, that were identified by the inspector upon this inspection, particularly in relation to fire evacuation and resident re-assessment arrangements. Although these had been identified, the provider had not yet addressed the improvements required to these areas. This was primarily as a result from the dates of completion being extensive, and not allowing for high priority areas of care and service that required improvement, to be addressed in a more timely manner. In relation to one of these improvements relating for fire evacuation, an immediate action was required to be issued to the provider to rectify by close of the day.

Although there was clear evidence that the provider's monitoring systems for this centre had significantly improved since the last inspection, going forward, better oversight was required to ensure that more timely dates for addressing areas of improvement were identified, particularly where any risk to resident's safety and welfare were found.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose available in this centre, which contained all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place for the identification, reporting, review and monitoring of all incidents occurring in this centre. They had also ensured all incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

Quality and safety

This was a centre that operated in a manner that was cognisant of residents'

assessed needs, and their individual preferences and wishes. Residents were actively involved in how their home was ran, and staff were very knowledgeable of the care and support that residents required. However, this inspection did identify where improvement was required to aspects of night-time fire evacuation arrangements, and in also ensuring that any re-assessment of residents' needs, was completed in a timely manner.

Fire safety was an aspect of this service that was subject to regular review. Staff conducted regular fire safety checks, fire drills were completed at a minimum of three monthly intervals, and at the time of this inspection, the provider was in the process of reconfiguring bedrooms, to allow for a bed evacuation to be possible route of exit for one particular resident, if so required. One resident who spoke with the inspector said they had taken part in a number of fire drills, and confidently told of what they would do, if the fire alarm sounded. Although there was evidence of good fire safety practices, an immediate action was required to be issued to the provider on the day of inspection, with regards to reviewing the specific night-time evacuation arrangements in place for one resident. Although this was an issue already highlighted by the provider themselves through their own monitoring systems, it had not been addressed by the time this inspection was conducted.

The assessed needs of these residents were well-known by staff and local management, and good examples of care and support were observed by the inspector over the course of the inspection. A resident who met with the inspector, spoke highly of the care they received and of how staff continually consulted with them regarding any changes. There was good multi-disciplinary input where needed, and in general, at the time of this inspection, residents were in a good state of health. However, this inspection did identify where better oversight was required to ensure timely review and re-assessment of residents' needs and review of their personal plans, particularly in relation to mobility management.

Risk management was discussed regularly with staff, to ensure they were aware of any new risks occurring in the centre. Where incidents happened, these also informed any new risk management activities that were required. Although it was evident that the person in charge maintained oversight of specific risks relating to this centre, improvement was required to ensure specific risk assessments were in place to support them in their on-going monitoring.

Overall, although there were some improvements identified over the course of this inspection, residents did not encounter any negative impact from these findings. Residents experienced a good quality of life, where they got on and about on daily basis to do the activities they liked to do, and were at all times supported by a staff team who were familiar to them.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured adequate support arrangements were in place for these residents. Staff were very

<p>aware of the preferred communication style of some residents, and this was a fundamental aspect to the induction of any new staff members to this centre, to ensure they were also supported to understand, and interpret residents' wishes. Residents were supported to use hand held electronic devices to support their communication needs, and each resident also had access television, radio and Internet, if they so wished.</p>
<p>Judgment: Compliant</p>
<p>Regulation 11: Visits</p>
<p>Residents were encouraged to have visitors to their home, and were equally supported to go to visit their families. Due to the layout of this centre, residents had areas available to them., to meet with their visitors in private, if they so wished.</p>
<p>Judgment: Compliant</p>
<p>Regulation 17: Premises</p>
<p>This designated centre comprised of one bungalow house, and was maintained to a high standard, was clean, spacious and provided residents with a comfortable living environment. Where any maintenance works were required, the provider had a system in place to allow for these to be reported, to be rectified. The most recent provider-led audit did identify some areas of improvement required to the premises and had an action plan in place to address these.</p>
<p>Judgment: Compliant</p>
<p>Regulation 20: Information for residents</p>
<p>There was a residents' guide available in this centre, and it contained all information as required by the regulations.</p>
<p>Judgment: Compliant</p>
<p>Regulation 26: Risk management procedures</p>
<p>The provider had a system in place for the identification, response and monitoring of</p>

all risk in this centre. New risks were discussed with staff, to ensure they were made aware of any additional controls to be implemented to keep residents' safe. Risks relating to the operational running of the service, were also regularly reviewed by local management.

However, some improvement was required to the overall assessment of risk in this centre. For example, although risks relating to staffing, residents' changing needs and fire safety were regularly monitored by the person in charge, some of these areas of service did not have a supporting risk assessment in place, to support the person in charge in their on-going review of these areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had many effective fire safety systems in place, to include, fire detection and containment arrangements, regular fire safety checks were carried out, emergency lighting was available, and there were also multiple clear fire exits. However, improvement was required in relation to the oversight of some fundamental aspects of this aspect of service, particularly in relation to fire evacuation arrangements.

Fire drills were occurring on a scheduled basis; however the outcome of a previously completed night-time fire drill resulted in an extended evacuation timeframe for a resident, who required specific manual handling support. At the time of this inspection, the provider was in the process of re-configuring bedrooms, so as to allow a bed evacuation to be possible for this resident. Until this re-configuration was completed, this resident was residing in a bedroom which did not allow for a bed evacuation. Upon review of this resident's evacuation plan by the inspector, along with discussions with a staff member and with the person in charge, it was unclear as to what the specific night-time fire evacuation arrangements were for this resident, while they continued to reside in their current bedroom. This was an issue that was identified by the provider within their last six monthly provider-led visit which was conducted in April 2024, who identified that a re-assessment of this resident's night-time fire evacuation arrangements was required. However, the date for completing this action was not until the end of September 2024. An immediate action was given to the provider on the day of this inspection to review and clarify this resident's night-time fire evacuation arrangements by close of the day.

Through the inspector's discussions with the person in charge, staff and with one resident, it was clear that all were familiar with what to do, should a fire occur in this centre. However, upon review of the centre's fire procedure, it required improvement to ensure it provided better clarity on the specific fire evacuation arrangements for this centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The provider had assessment and personal planning arrangements in place in this centre, and staff who met with the inspector were confident in how they were required to support these residents with their assessed needs. However, some improvement was required to ensuring the re-assessment of residents' needs was occurring on a minimum annual basis, and more frequently, if required.

For example, for one resident, a key aspect of their care related to their assessed mobility needs. However, despite having a reported fall a few months prior to this inspection, this resident's falls risk assessment had not been revised since this fall had occurred, and had also fallen outside its annual review date. Similar improvements were also found to this resident's care plan, which had also not been updated within the required time frame. This had been highlighted by the provider through their most recent visit to the centre in April 2024; however, the completion date was not until the end of August 2024. Although the person in charge was in the process of reviewing these documents at the time of this inspection, better oversight was required to ensure a more timely review of residents' assessments and related personal plans were completed, particularly when these related to key aspects of residents' care.

Judgment: Substantially compliant

Regulation 6: Health care

Where residents' had assessed health care needs, the provider had adequate arrangements in place to support them with this aspect of their care. The centre was supported by multi-disciplinary reviews, as and when required. Where residents had medical related appointments, arrangements were made to ensure they attended these, with the support of staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had ensured these residents were adequately supported. There were also some restrictive practices in use in this centre. These were reviewed on a regular basis, to ensure the least restrictive practice was at all times used. The centre was also supported by

multi-disciplinary input, where any decision was made to incorporate a restrictive practice intervention, as part of any residents care and support arrangements.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to support the identification, response and monitoring of any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding, and at the time of this inspection, there were no safeguarding concerns in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre. Residents were consulted in the running of their home, and were also actively involved in decisions around their support and care. The individual interests, preferences, wishes and capacities of each resident were considered by staff in the planning of daily activities, with a resident-led approach being a fundamental aspect to how this centre was operated.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not 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 Community Living Area 4

OSV-0003749

Inspection ID: MON-0044103

Date of inspection: 23/07/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23 (1)(c) The Provider Nominee has taken into account feedback of the inspector in relation to the timeframes of action plan following the six monthly unannounced visit to the designated centre in April 2024; going forward the register provider will ensure more timely dates for addressing areas of improvement are identified, particularly where any risk to resident's safety and welfare were found. The Person in Charge has reviewed all actions as identified in the previous unannounced provider April 2024 and prioritised actions for completion. The Person in Charge will discuss these action on a monthly basis with the Area Director until all identified actions are closed.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 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.	

Following the inspection the Person in Charge has conducted a review of all risk assessment pertaining to the residents taking into account the health and welfare of the residents in this designated centre. The Person in Charge has identified and established areas of improvement.

The Person in Charge will review the risk register following comprehensive review and ensure a system in place to ensure oversight and monitoring is improved.

The Person in Charge and Senior Occupational Therapist reviewed aspects of one resident's mobility and falls risk. Risk assessments were reviewed and updated completed on the 30.07.2024

A meeting was conducted at the designated centre in relation to fire safety and evacuation procedure by the person in charge and senior occupational therapist and fire officer. Thereafter this a robust risk assessment was developed to ensure clear instructions to direct and guide staff and improve practices.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Regulation 28(3)(d)

The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.

Following the inspection the fire evacuation procedure for one resident was reviewed an immediate solution was implemented to safely evacuate the designated centre in the event of a fire. All relevant fire documentation was reviewed.

Regulation 28(5)

The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations

Further improvements completed or scheduled

1. Assess if residents could relocate bedroom to support safer evacuation
2. The Fire Officer conducted a review for bed evacuation and review of fire procedures
3. The Occupational Assessment conducted an assessment regarding residents needs/mobility/egress
4. Consent obtained from service users to change bedroom
5. Equipment for residents moved by appropriate contractors scheduled 16.08.2024
6. PEEPs reviewed and updated with clear instructions
7. Fire orders updated with greater clarity for evacuation
8. Fire assembly point relocated and new signage ordered

9. Reviewed fire evacuation risk assessment
10. Simulation fire drills completed by all staff
11. Scheduled Plan to do a fire drill once a month for six months following the change in bedrooms. This will allow the opportunity to assess if our PEEPS/Fire Orders and risk assessment is fit for purpose
12. Fire Safety and Evacuation procedure will be a standing item on team agenda
13. Improvement plan in relation to the use of FLEX system when recording fire drills is scheduled
14. Fire register reviewed by the person in charge
15. Risk assessment meeting scheduled with fire safety department, person in charge and area director

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Regulation 05(1)(b)</p> <p>The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.</p> <p>The Person in Charge has conducted with the staff team a full review of the personal plans for the residents. All updates have taken into account the recent assessment of needs, care plan audits and relevant updates/recommendations have been reflected. The Person in Charge shall ensure the personal plan is reviewed every six-months or sooner if required.</p>	

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 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	23/08/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/08/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	23/07/2024

	evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	30/07/2024
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/08/2024