



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

Issued by the Chief Inspector

Name of designated centre:	No 5 Seaholly
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	16 July 2024
Centre ID:	OSV-0005793
Fieldwork ID:	MON-0035385

About the designated centre

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

No 5 Seaholly is a large detached bungalow located in a small town on the outskirts of a city. The centre provides full-time residential care for four residents and respite for one resident. Overall, the centre has a maximum capacity for five male residents over the age of 18 with intellectual disabilities including those with autism and visual impairment. Each resident has their own individual bedroom and other facilities in the centre include an open plan communal area and bathrooms. Support to residents is provided by the person in charge, a social care leader, social care workers, care assistants and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 July 2024	08:30hrs to 17:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents had been provided with a homely setting to live in although one resident bedroom was noticeably smaller compared to all other bedrooms. Some residents in the centre were on holidays while other residents were seen to leave the centre multiple times throughout the day. Staff interacted with residents in a pleasant manner throughout.

This centre was registered for a maximum of five residents and provided full-time residential care to four residents. A fifth resident attended the centre for respite one day a week. On the day of this inspection the respite resident was not availing of the centre while two of the full-time residents were away from the centre on a holiday with the support of staff members. As a result only two residents were present on the day of the inspection, both of whom were met by the inspector while he was in the centre.

Upon arrival at the centre, the two residents present were in bed. During the course of an introduction meeting with management of the centre, one of these residents got up. The inspector greeted the resident who did not interact verbally with the inspector. This resident was soon supported to have their breakfast in the dining area by staff who were pleasant in their interactions with the resident at this time. As the dining area was part of a large open-plan communal area that also included an office area, the inspector moved to another area at this time while the resident had their breakfast.

This gave the inspector an opportunity to review surveys that had been completed on behalf of residents in advance of this announced inspection. The inspector was provided with surveys for all five residents who lived in or availed of this centre. Three of these surveys were indicated as being completed by staff, one was marked as being completed by a family member while the fifth was indicated as being completed by both staff and a family member. All five surveys contained positive responses to the areas questioned such as residents' home, what residents did every day and staff support.

While the inspector was reviewing these surveys, the second resident present in the centre got up and greeted the inspector. This resident seemed happy at the time and was greeted warmly by staff and management when they entered the communal area. This resident returned to their bedroom to watch television and was brought a cup of tea by a staff member. Soon after the resident was overheard being asked by another staff member about where they would like to go later in the day. At this time the first resident was seen doing some shredding in the centre's lounge and appeared content while doing so.

As the morning progressed, the second resident returned to the communal area of the centre and had breakfast. This resident continued to appear happy during this time and was seen smiling. Staff then began preparing to leave the centre with both

residents. One of the residents indicated that they were going to use their car that they owned. At the suggestion of a staff member, the resident showed the inspector this car with the staff member highlighting that the resident had picked out the car and its colour. The inspector was also informed that the provider covered petrol, insurance and tax costs for this car. Soon after this both residents left the centre with staff in this car.

With the centre empty after residents and staff had departed, the inspector used this time to review the premises provided. Overall, the premises that made up this centre was seen to be clean, homelike well-furnished and well-maintained. The centre had a large open-plan communal area that was comprised of a kitchen, dining area, lounge and staff office. This communal area had large windows which allowed for a lot of natural light on sunny days, such as the day of inspection. The kitchen and office décor had been changed since a previous inspection in March 2023 and appeared modern in their appearance.

The centre had a utility room also which had washing and drying machines present. During the March 2023 inspection it had been observed that there was a sheltered external area to the rear of the centre that could be accessed from the utility room. This area had been observed to have had mould present at the time of the March 2023 inspection. On the current inspection, it was seen that this sheltered area had since been removed. It was later indicated to the inspector that it had been removed as it was too difficult to keep clean.

Individual bedrooms were present in the centre for all five residents while there was also a separate bedroom for staff. The bedrooms of the four full-time resident were seen to be spacious and well-furnished with storage facilities provided. The bedroom for the respite resident was noticeably smaller in comparison to these bedrooms and the staff bedroom. When querying this later in the inspection, it was indicated to the inspector that no issues had been raised about the size of this bedroom which had been picked out for the resident by their family.

Externally, to the front of the centre, was a small garden area which was partly surrounded by some colourful fences while there was also some garden furniture, a swing, shrubs and potted plans present. The centre was located on a slope and it was seen that the front door of the centre could be accessed via steps and a ramp. A wheelchair lift was also present but the inspector had earlier been informed that this was not operational at the time of the inspection. It was also indicated that one resident, who used a rollator, had no issues in using the ramp. It was noted though that a door leading from the lounge area to the front of the centre had a slight step down when exiting the centre.

When the residents returned to the centre in the afternoon, it was seen that the resident with the rollator entered the centre via the same door and had to lift their rollator to enter the centre. The inspector had earlier been informed that this resident was slowing down and the resident also had a wheelchair available to them if needed. In recent times, the centre had been trialling a wheelchair bus in order to give the resident more options for outings away from the centre. It was indicated to the inspector though that the resident had no issue in availing of other vehicles

available to the centre, while using their rollator, to leave the centre.

One of the residents who returned to the centre in the afternoon indicated to the inspector that they had gone for coffee. Staff present continued to engage with residents in a pleasant and respectful manner as the inspection progressed. This included one staff asking a resident what they wanted for lunch while staff and management were overheard chatting with this resident also. As the day progressed one resident left the centre briefly to go for a walk before both residents left the centre again with staff in one of the centre's vehicles. Residents returned again before being overheard being asked if they wanted to go for dinner. The two residents then left the centre with staff and were not met again by the inspector.

In summary, one resident appeared happy during the inspection while positive responses around life in the centre were contained within surveys provided. Residents were observed and overheard to be supported by residents in a pleasant and respectful manner during the inspection. Overall, the centre was seen to be homely and well-presented on the day of inspection.

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

A good level of compliance was found during this inspection which indicated that residents were well-supported. It was identified though that not all required matters had been appropriately notified.

This designated centre was registered until January 2025 without any restrictive condition. It had last been inspected by the Chief inspector of Social Services in March 2023 in an inspection that focused on the area of infection prevention and control (IPC). That inspection found that aspects of IPC monitoring and practices needed improvement. A satisfactory compliance plan response had been submitted by the provider in response to the findings of the March 2023 inspection. Since that time, in July 2024, the provider had submitted an application to renew the centre's registration for a further three years beyond January 2025. As such the purpose of the current inspection was to inform a decision on this application and to assess compliance with the regulations.

Overall, this inspection found that the residents were being well-supported which was reflected in an overall good level of compliance with the regulations. This was contributed to by the provider ensuring that key regulatory requirements, such as conducting provider unannounced visits to the centre at six monthly intervals, were being completed. In keeping with the requirements of the regulations the provider had also ensured that a statement of purpose and appropriate insurance

arrangements were in place for the centre. Despite this, it was identified that not all required matters had been notified to the Chief Inspector at the time of inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete registration renewal application with all of the necessary documents. In providing this application, it was highlighted though that the premises of this centre was leased until an unspecified date in 2027. Given that the provider had applied to renew this centre until January 2028, further assurances had been requested that the premises would remain leased for the entirety of the proposed three year registration period to ensure that residents had security of tenure.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements in a centre must be in keeping with the needs of residents and the centre's statement of purpose. The current statement of purpose for the centre indicated that the staff team for this centre was made up of social care staff, care assistants and staff nurses comprising 7.6 full-time equivalent (FTE) staff. During the introduction meeting for the centre, it was indicated to the inspector that staffing support in the centre was unchanged from the time of the previous inspection. However, the inspector noted that the stated FTE for the centre in a March 2023 statement of purpose of the centre was 8.7.

When queried on the current inspection, the inspector was informed that the reduction in FTE was contributed an extended leave position being covered at the time of the March 2023 inspection. At the time of the current inspection, it was indicated that one staff nurse from the centre's stated 7.6 FTE was now on extended leave. While staffing levels, as outlined in the current statement of purpose, were being maintained, it was highlighted that the absent nurse was being covered by care assistants. It was also confirmed that 24 different staff had worked in the centre since 1 May 2024. This was a high number, relative to the 7.6 FTE, that had the potential to impact continuity of staff support. It was acknowledged though that this number was contributed to by the covering of the absent staff nurse.

Aside from this, it was found during this inspection that planned and actual staff rosters were being maintained. This is explicitly required by this regulation which also requires specific documentation about individual staff to be obtained. Such documentation included written references, full employment histories and evidence of Garda Síochána (police) vetting. At the request of the inspector, a sample of staff

files were made available for the inspector review. The inspector reviewed three staff files from this sample and found that they contained all of the required documents.

Judgment: Substantially compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

Under this regulation, the provider or their representative must conduct an unannounced visit to the centre every six months to review the quality and safety of care and support provided. During the March 2023 IPC inspection, it had been identified that the provider was not meeting this obligation. However, on the current inspection, reports of three unannounced visits conducted since that inspection were provided. These reports included action plans setting out time frames and responsibilities for responding to any issues identified. The reports of these provider unannounced visits confirmed that the provider was now discharging its responsibilities in this area.

Aside from such unannounced visits, the provider had also ensured that two annual reviews, another regulatory requirement, had been completed since the March 2023 IPC inspection. Reports of these annual reviews were present in the centre and were read by the inspector. These were noted to provide for resident and family consultation in keeping with the requirements of the regulations. The annual reviews also assessed the care and support provided in the centre against relevant national standards. It was noted though that both annual reviews did not assess the centre against all areas of such national standards.

The provider unannounced visits and annual reviews formed part of the monitoring systems for this centre. These systems also included auditing in specific areas. To help in this auditing an audit schedule was in place for the centre. Such a schedule helps to promote systematic monitoring of the services provided in the centre. When reviewing this audit schedule, the inspector did note that when some audits were actually meant to occur was not stated although such audits were indicated as already being completed in 2024. This included a safeguarding audit which had been completed in the weeks leading up this inspection. While this provided evidence of oversight of the centre, the inspector did identify though that oversight of incidents

occurring in the centre could be improved. This is addressed under Regulation 31: Notification of incidents.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensured that a statement of purpose was in place for this centre. This statement of purpose had been reviewed during July 2024 and was present inside the front door of the centre. When reviewing the statement of purpose it was found that it contained all of the required information. This included details of the care and support needs the centre was intended to meet, the admission criteria, a description of the rooms in the centre and the information in the centre's certificate of registration.

Judgment: Compliant

Regulation 31: Notification of incidents

Under this regulation, injuries sustained by residents, which are not serious injuries, must be notified to the Chief Inspector on a quarterly basis. The centre had an incident log book where all incidents were to be entered and signed off by the person in charge. The inspector reviewed this log and noted that all incidents entered had been signed off by the person in charge. However, the inspector also noted that minor injuries for residents, such as cuts and bruises, which had occurred in November 2023, December 2023 and March 2024 were recorded. None of these had been notified to the Chief Inspector as no quarterly notification of any non-serious injury had been submitted from this centre since the March 2023 inspection. This was despite the incident log book having specific areas to record if any injuries sustained were to be notified to the Chief Inspector.

Judgment: Not compliant

Quality and safety

Support was being given to residents to access the community. Appropriate fire safety systems were provided in the centre. Some training gaps were highlighted though relating to fire safety and de-escalation and intervention.

Residents living in this centre were being supported to be part of the community.

Most notably, during this inspection it was highlighted how one resident, who previously lived in a campus based setting, had recently attended a cinema for the first time in their life. Aside from this, it was observed that measures had been provided to promote residents' safety while in the centre. These included the provision of appropriate fire safety systems. It was noted though that not all staff had completed training in fire safety or de-escalation and intervention. However, all staff had completed safeguarding training and appropriate screenings had been completed for any incident which had been deemed to be of a safeguarding nature. Given some of the incidents that were recorded in the centre, the inspector did query if some residents had been impacted by the presentation of one resident. It was indicated to the inspector that this had not been the case but it was noted that the resident had been awaiting a review from the provider's behaviour support services since December 2023.

Regulation 13: General welfare and development

There was clear evidence that residents were being supported to avail of the community and to engage in meaningful activities. For example, residents were supported to go for meals or coffee out, to go on holidays and join a library. A resident who had an interest in animals was supported to have contact with a dog while in recent months one resident had been supported to attend the cinema for the first time in their life. Plans were already underway to enhance residents' general welfare and their range of activities with the inspector informed future holidays aboard for some residents was being considered while accessing a men's shed was being explored for one resident.

Judgment: Compliant

Regulation 17: Premises

The premises provided for residents was seen to be clean, homely, well-furnished and well-maintained. Given that one resident was described as slowing down, already using a rollator and had a wheelchair also, the provider would need to ensure that premises adhered to best practice in promoting accessibility. While a ramp was available, which the resident with rollator could use, a wheelchair lift was not working at the time of this inspection while the resident had to lift their rollator when entering the premises via one doorway.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide for the centre was in place that was seen to be presented in an easy-to-read format. The inspector read this guide which was found to contain all of the required information such as the procedure respecting complaints and the arrangements for visiting.

Judgment: Compliant

Regulation 26: Risk management procedures

This regulation was not reviewed in full during this inspection. However, when reviewing the centre's incident log the inspector noted reference to a resident having "large bruising". A copy of the original incident report for this was provided but it was not documented what efforts had been made to determine the causing of the bruising. Discussions with management of the centre indicated that efforts had been made to determine the reasons for this and that there were no concerns around the bruising. The incident log included details of the same resident sustaining other bruises in recent months. Despite this, the inspector was informed that there was no risk assessment in place related to the resident and bruising with such an assessment being important to identify control measures to mitigate the potential risk. This did not assure that the risk of bruising for this resident had been assessed nor was subject to ongoing review as part of the risk management systems for this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre was provided with appropriate fire safety systems including a fire alarm, emergency lighting and fire extinguishers. Such systems were subject to external maintenance checks to ensure that they functioned correctly. Fire drills were being conducted regularly at varying times with low evacuation times recorded in drill records seen. Fire evacuation plans were in place and had been recently reviewed but it was observed that the procedures to be followed in the event of a fire were not displayed in a prominent place in the centre. However, they were readily available in a fire folder present in the centre. Of the 24 different staff who had worked in the centre since 1 May 2024, three had not completed fire safety training based on post inspection information received.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had individualised personal plans which were informed by relevant assessments. These plans generally set out their health, personal and social needs of residents while providing guidance on how to meet these needs. Such guidance included information about residents' likes and dislikes and how to support residents in areas such as personal care, eating and drinking. However, when reviewing the personal plan of one resident it was noted that some parts of their personal plan relating to their health needs had not been completed in full and did not list certain conditions that the resident had. In another resident's personal plan it was indicated that a resident was to be seen regularly by a psychiatrist but it was not set out how often this was. The resident had been reviewed by a psychiatrist in August 2022 and March 2023 but not since then and given the content of the personal plan it was unclear if the resident was overdue a review by a psychiatrist or not. This was queried during the inspection and in the days following the inspection, it was indicated that clarity would be sought on this matter with the resident's personal plan to be updated accordingly. Aside from this, health assessments for two residents, which had been completed in the weeks leading up to this inspection, contained outdated information relating to some vaccines for the residents. For example, one resident's health assessment indicated that they had last received a flu vaccine in October 2018 but following the inspection it was confirmed that the resident had received a flu vaccine in November 2023. This indicated that the health care assessments recently conducted had not included the most up-to-date information.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

When reviewing the centre's incident log and related incident reports, the inspector noted that there had been a number of incidents in recent months when one resident was engaging in particular behaviours. Given the nature of these incidents, which involved shouting or behaviour escalating, the inspector queried if other residents were impacted as this was not always directly addressed in individual incident reports. It was indicated to the inspector by staff and management that these did not impact other residents. A risk assessment related to this resident indicated that they had a behaviour support plan in place.

When the inspector requested to review this, he was provided with a positive behaviour support clinic consultation report from June 2019 when the resident lived in another centre. Other documentation reviewed indicated that the resident had been referred to the provider's behaviour support services in December 2023. At the time of inspection, the resident had not been reviewed by such services since this referral had been made. Following the inspection, it was indicated that the resident was to have a consultation with these services in August 2024. In the advance of

this it was seen that some other assessments had been completed with the resident and it was indicated that the resident had received input from a psychologist.

The resident also had an undated management plan which did outline proactive and reactive supports for the resident to promote positive behaviour. The inspector was informed that this management plan had been completed in recent months. A staff member spoken with demonstrated a good knowledge of this plan and how to support the resident with their behaviour. Relevant training had been provided for staff based on post inspection information received, but of the 24 staff that that worked in the centre since 1 May 2024, three core staff and four relief staff had not completed training in de-escalation and intervention. The remaining 17 staff had completed this training.

Judgment: Substantially compliant

Regulation 8: Protection

Where any matters had arisen since the March 2023 inspection that were deemed to be of a safeguarding nature, documentary evidence was provided that they had been appropriately screened with a safeguarding plan put in place in necessary. Staff members spoken with were aware of such matters. All 24 staff who had worked in the centre since 1 May 2024 had completed safeguarding training based on records reviewed and post inspection information received

Judgment: Compliant

Regulation 9: Residents' rights

Residents were treated respectfully throughout the inspection and were being given the opportunity to decide what they wanted to do. For example, a resident was heard being asked by a staff member about where they would like to go later in the day. Residents meetings were occurring monthly which were used to discuss matters such as outings, day services and hand hygiene.

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 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No 5 Seaholly OSV-0005793

Inspection ID: MON-0035385

Date of inspection: 16/07/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider is committed to ensuring that the staffing arrangements are kept under ongoing review to ensure it meets the assessed needs of the residents and rosters are in line with the statement of purpose.</p> <ul style="list-style-type: none"> • The statement of purpose will be updated to clarify that the staff complement is 7.6wte core staff plus relief (9wte in total) • Staffing vacancies will remain as an agenda item for meetings with the Person in Charge and Social Care Leader. • Every effort will be made to ensure all permanent vacancies are recruited for in a timely manner. • Regular review of the skills mix is ongoing. • The Person in Charge will ensure that regular relief staff members are available to cover the hours of one staff member currently on extended leave to ensure the residents receive continuity of care. The Provider’s relief staff co-ordinator will support this process (30.09.24) • Additional nursing oversight has been made available in the absence of one staff nurse to complete medication audits and review health care management plans (19.06.24) 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in Charge will ensure that all notifications to the Authority are completed in a written report to the chief inspector at the end of each quarter and in particular</p> <ul style="list-style-type: none"> • Injuries sustained by residents that are not serious injuries will be notified to the chief inspector on a quarterly basis. [31/10/2024] • The person in charge arranged a follow up meeting with the team 26.07.24 to discuss the learning and to ensure future compliance with this regulation. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider has a system in place to ensure that the premises is well maintained to a high standard, is clean and decorated in a manner of the residents choosing. The following will be actioned:-</p> <ul style="list-style-type: none"> • The property has an outdoor lift that requires repair. The lift is currently not in use as recommended by physiotherapy who recommend the residents use the ramp for exercise and mobility purposes. The lift will be serviced on 02.08.24 to ensure it is available should it be required. • Physiotherapy will conduct a review of these transfers as requested by the Person in Charge. Physiotherapy referral submitted (26.07.24). • A ramp will be installed to support rollator access via one door [30.09.2024] In the interim the staff team will encourage the resident to use the nearby front door of the property negating the need to lift a walking aid on entering. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The registered provider has ensured there are systems in place to identify, rate and escalate risks in the Centre. Learning from incidents including control measures are agenda items in local meetings as required.</p> <ul style="list-style-type: none"> • AIRs reporting forms are used by the staff team to report any accidents, incidents that may lead to minor injury for a resident. • Body mapping is in place to support recording. • A risk assessment in relation to bruising sustained by one resident during an activity was completed on 16.07.24 • The person in Charge held a meeting with the local team 24.07.24 to discuss incident recording to ensure the level of injury documented on the Airs reporting form is consistent with the entry on the incident log. • The Person in Charge has requested a review by occupational therapy to support control measures in relation to accidental bruising during activities for one resident. (26.07.24) and will have a consultation on this by 30.09.2024. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The Provider has fire safety management systems are in place which include ensuring Fire drills are occurring as per guidelines set out and more often if a risk is identified and A fire risk assessment is completed by the Person in Charge annually and reviewed. <p>The following will be actioned:-</p> <ul style="list-style-type: none"> • An easy read fire evacuation document was displayed in a prominent place in the Centre on 17.07.24 • Three staff requiring fire safety training will have completed it by 31.08.24 	

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> <ul style="list-style-type: none"> • The Person in Charge has a system of ensuring a comprehensive assessment by appropriate health care professionals is completed for each resident in No.5 Seaholly, that includes a review of the personal plan by members of the Multi-Disciplinary team on an annual basis, ensuring the Personal plan is subject to 6 monthly review to assess the effectiveness of the plan and ensures maximum participation of each resident. <p>The following has been actioned:-</p> <ul style="list-style-type: none"> • The list of conditions for one resident was updated on their plan on 19.08.24 • The frequency of reviews by Psychiatry has been updated on one residents plan i.e. Psychiatry advised that appointments for 1 gentleman should be approximately every 18th months with his current health presentation. • The Flu Vaccine information was updated on the plan on the 19.08.24 <p>All other relevant Information detailed in relation to health Care needs that required additional information and updating will be completed by 31.08.24</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person in Charge is ensured therapeutic interventions are implemented with the informed consent of each resident and are reviewed as part of the personal planning process.</p> <ul style="list-style-type: none"> • There is a support plan in place informed by Psychology to ensure consistent responses are in place for persons who can display dysregulated behaviours. The date that was not on this plan was updated on the 19.08.24 • A Positive behavior support referral was completed in December 2023 and a consultation is scheduled for 02/08/24 • 3 core staff requiring updated training in de-escalation and intervention will have completed 30/09/24 the roster will ensure core staff on duty who have completed this training. 	

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(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	30/08/2024
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by 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	Substantially Compliant	Yellow	30/09/2024

	residents.			
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	30/09/2024
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	31/08/2024
Regulation 31(3)(d)	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 relation to and of the following incidents occurring in the designated centre: any injury	Not Compliant	Orange	31/10/2024

	to a resident not required to be notified under paragraph (1)(d).			
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	31/08/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/08/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents	Substantially Compliant	Yellow	02/08/2024

	to manage their behaviour.			
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	30/09/2024