



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

Issued by the Chief Inspector

Name of designated centre:	Blackwater Lodge
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	05 November 2024
Centre ID:	OSV-0005889
Fieldwork ID:	MON-0036829

About the designated centre

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

This service provides residential care and support to adults with disabilities. The centre can accommodate up to five residents and is situated in a large town in County Meath. The house comprises a large two-storey dwelling with its own private gardens. There are adequate private and on-street parking facilities. Accommodation includes five bedrooms, three of which are en-suite, two communal bathrooms, a kitchen cum dining room, a utility room, a sun room, an office and a living room. The centre is staffed with person in charge, two team leaders, a social care worker and a team of direct support workers. Where or if required, community nursing support can also be provided for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 5 November 2024	09:50hrs to 16:40hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This service comprised of a large detached house in Co meath and at the time of this inspection, there were four residents living in the centre. The inspector met with all four of them at various times over the course of the inspection. The inspector also reviewed written feedback on the service provided from the four residents and spoke with one family representative over the phone so as to get their feedback on the quality and safety of care provided in the centre.

On arrival to the centre, the inspector observed that the house was clean, warm and welcoming. There was a large private garden area to the front of the property and a large private well-maintained garden areas to the rear. The gardens provided a private and tranquil space for residents to enjoy in times of good weather. Additionally, each resident had their own bedroom (three being ensuite) and the inspector observed that they were decorated to their individual style and preference.

On reviewing a sample of files, the inspector noticed that residents were being supported to engage in social and recreational activities of their choosing. For example, residents liked to go for drives, go shopping, play soccer, go swimming, visit sensory rooms, take day trips to the coast to observe boats and go for walks and hikes in the forest and/or national parks. Residents also liked have meals out, go for a coffee, have a pint in the local pub, go to the cinema and go to the local barbers/hairdressers to get their hair cut.

Where a resident had an interest in a specific topic, the inspector observed that this was being supported by the staff team. For example, one resident who liked history was supported to visit a war museum and to visit a coin fair. Other residents who liked music and concerts were supported to attend an inclusive music and arts festival, a pop concert and go to the circus. Another resident who enjoyed arts and crafts was supported to attend a build a bear workshop.

Residents also liked to participate in household activities such as doing the weekly shop for the house with staff support and recycling. They were also supported to keep in contact with their family members.

Later in the inspection process two residents returned to the centre from a shopping trip. They didn't engage very much with the inspector however, when asked were they happy in the house one said that they were and that they had a nice day shopping. The inspector observed that both residents appeared happy and settled in the house and, were very comfortable in the company and presence of staff members. Staff were also observed to be attentive to the residents. For example, one resident asked a staff member for support to make a telephone call and staff immediately responded to this request.

Another resident was observed to be relaxing in the sitting room watching television. The inspector said hello to them and they smiled back. When asked where they

happy in the house they also said yes. Again, this resident did not speak much with the inspector however, they appeared happy, content and relaxed in their home.

From a review of a sample of training records the inspector noted that staff had undertaken training in human rights. The inspector observed that concepts such as rights, advocacy and how to make a complaint was discussed with the residents on a regular basis. Additionally, at a weekly residents meeting in October 2024, staff went through the statement of purpose with the residents with a specific focus on the section dealing with 'empowering residents to exercise their rights'. The person in charge informed the inspector that there were a number of mechanisms in place so as to ensure the residents individual choices and preferences were supported and respected. For example, this was achieved at weekly residents meetings, key working sessions with the residents and weekly welfare check ins with the residents. This facilitated residents to provide feedback on the service, discuss any issues they may have with their key workers and, make their individual choices and preferences known on what social activities they wanted to partake in each week.

Written feedback on the service from three residents was positive and complimentary. All three needed staff support in compiling their feedback. They reported that the house was a nice place to live in, they made their own choices, people were kind to them and they felt safe in their home. They also said that they could make calls and receive visitors in private and staff provided support to them when it was needed.

One resident however, reported that they were dissatisfied with a number of aspects of the service. When this was brought to the attention of the person in charge they informed the inspector that there had been compatibility issues between this resident and another resident in the past. They also said that the other resident had transitioned to a new home a number of months ago and this had resolved the issues as raised in the written feedback. Additionally, the inspector met with this resident (briefly) at the end of the inspection process and they were smiling, said that they were in good form and that they were happy. They were enjoying their evening meal and appeared settled and content in the house and, were also observed to be comfortable and relaxed in the company and presence of the staff members present.

The inspector also observed that one family (via the complaints process) had expressed that they were not satisfied with aspects of the service. This issue was ongoing at the time of this inspection, it had been recorded and logged in the complaints folder, management were working with the family to resolve the issue and, a referral for the resident had been made to an independent advocacy agency.

Notwithstanding, one family representatives spoken with over the phone on the day of this inspection was positive and complimentary about the quality and safety of care provided in the centre. They said that they usually visit once a week to take their relative out for a meal, were always made to feel welcome and staff were helpful and friendly. They also said that their relative had everything they needed, got to go on outings and trips and that staff kept the family updated on their relatives health and well being. When asked had they any complaints about the

service they said that they had none.

While some issues were identified with the auditing of the service and fire safety arrangements, residents appeared happy and content in their home on the day of this inspection. Staff were observed to be professional, kind and caring in their interactions with the residents and, residents appeared relaxed and comfortable in the company and presence of the staff members present on the day of this inspection.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, aspects of the auditing process of the centre required review.

The centre had a clearly defined management structure in place which was led by a person in charge who was a health care professional. A review of a sample of rosters from September and October 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge.

One staff member spoken with had a knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The inspector observed that a number of staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support and respect the individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023/2024 and, a six-monthly unannounced visit to the centre had been carried out in June 2023. However and as stated above, aspects of the auditing process required review so as to ensure they were picking up issues to do with some care plans and, minor issues in relation to the staff rosters and premises.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They held a qualification in healthcare with an additional qualification in management. They demonstrated a knowledge of their legal remit to the regulations and, were found to be responsive to the inspection process.

They also had systems in place for the oversight of the centre to include the supervision of staff and localised audits.

Judgment: Compliant

Regulation 15: Staffing

From a review of a sample of rosters from October 17, 2024 to November 04, 2024 the inspector found there were adequate staffing arrangements in place to meet the assessed needs of the residents as described by the person in charge on the day of this inspection.

For example,

- two staff members worked 8am to 8pm each day in the designated centre
- two staff members provided waking-night cover from 8pm to 8am each night.

The person in charge also worked in the centre Monday through to Friday each week.

Planned and actual rosters were being maintained in the centre. For the most part they clearly showed what staff were on duty each day and night. It was observed however, that aspects of this required review as it appeared there were shortfalls of staff on some dates on the sample of rosters reviewed by the inspector. On following up on this with the person in charge, the inspector was assured that this

was not the case and, it was an issue with the actual roster itself. This was actioned under Regulation 23: Governance and Management.

The inspector also observed that a risk assessment and contingency plans were in place for unexpected leave or absences.

From reviewing two staff files, the inspector observed that the centre maintained relevant information and documents as specified in Schedule 2 of the Regulations.

Over the course of this inspection staff were observed to be person centred, kind and caring in their interactions with the residents and, residents were observed to be relaxed in the company and presence of the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing three files on the centres training matrix, the inspector found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- infection prevention and control (IPC)
- donning and doffing of personal protective equipment (PPE)
- respiratory hygiene and cough etiquette
- capacity legislation
- Children's First
- communicating effectively through open disclosure
- trust in care
- safeguarding of vulnerable adults/adult protection
- feeding, eating, drinking and swallowing difficulties (FEDs)
- fire protection equipment demonstration
- fire safety
- first aid
- food safety
- medication management (theory and practical)
- moving and handling
- positive behavioural support
- positive risk taking
- putting people at the centre of the decision making process.

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the individual choices of the residents were included in the first section of this report: *'What residents told us and*

what inspectors observed'.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by an experienced and qualified person in charge. They were supported in their role by an experienced assistant director of services and and two team leaders.

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2023/2024 along with a six-monthly unannounced visit to the centre in carried out in September 2024.

Additionally, local audits of the centre were being facilitated by the person in charge and/or team leader.

The auditing process identified any issues in the centre along with a plan of action to address such issues in a timely manner.

For example, the auditing processes identified the following:

- the index on the policy folder maintained in the centre needed review and policies were to be signed of by staff once they read them
- the statement of purpose required a minor update
- a maintenance log needed to maintained in the centre
- a complaints log needed to be developed
- a new day service placement for one resident was to be explored.

All these issues had been identified via the auditing processes, actioned and addressed (or a plan was in place to address them) at the time of this inspection.

It was observed however, that aspects of the auditing process required so as to ensure the centre was being consistent and effectively monitored. For example, the audits had not picked up on some issues as found in this inspection as follows.

- two healthcare-related plans required review and/or updating (one was to do with the required frequency of the recording of a residents blood pressure and the other was to do with the recording of a residents fluid intake)
- aspects of the recording and maintenance of the actual roster required review
- the designated smoking area used by one of the residents required review as it provided little shelter in times of bad weather.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

It was observed that a minor update was required to the statement of purpose however, the person in charge and assistant director of services assured the inspector that this would be addressed as a priority.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of Social Services of any adverse incident occurring in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and assessed needs. It was observed however, that an aspect of the fire safety arrangements required review.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services. Residents also had access to mental health and well being support (as or if required) to include input from a behavioural specialist.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre.

Additionally, adequate fire-fighting equipment was provided for and was being serviced as required by the regulations. It was observed however, that an aspect of the fire safety arrangements required review.

The house was found to be well maintained, clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents.

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents met with on the day of this inspection, appeared happy and content in their home.

Regulation 13: General welfare and development

Residents had access to facilities and supports to engage in recreational and social activities of their interest, choosing and preference.

As already highlighted in section one of this report *'What residents told us and what inspectors observed'* residents liked to go for drives, go shopping, play soccer, go swimming, visit sensory rooms, take day trips to the coast to observe boats and go for walks and hikes in the forest and/or national parks.

Residents also liked have meals out, go for a coffee, have a pint in the local pub, go to the cinema and go to the local barbers/hairdressers to get their hair cut.

Where a resident had an interest in a specific topic the inspector observed that this was being supported by the staff team. For example, one resident who liked history was supported to visit a war museum and to visit a coin fair. Other residents who liked music and concerts were supported to attend an inclusive music and arts festival, a pop concert and go to the circus. Another resident who enjoyed arts and crafts was supported to attend a build a bear workshop.

Residents also liked to participate in household activities such as doing the weekly shop for the house with staff support and recycling. They were also supported to

keep in contact with their family members.

Some residents also attended a day service on particular days each week where they engaged in social and educational activities of interest.

Judgment: Compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference. Three of these bedrooms had an ensuite facility.

The premises were well maintained, warm and welcoming. Accommodation also included a communal sitting room, a kitchen cum dining room, a utility room, a sun room, an office and two communal bathrooms.

Adequate private parking facilities were provided to the front of the property and adequate space was available to the residents so as they could receive visitors in private.

There were large garden areas to the front and rear of the property and the grounds of the property were very well maintained. However, the designated smoking area to the rear of the house used by one of the residents required review as it provided little shelter in times of bad weather. This was actioned under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management in the centre and each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being.

For example, where a resident may be at risk due to a health-related issue the following measures were in place:

- as required access to GP and other allied healthcare-related services
- education was provided to the resident on their condition
- care plans were in place to guide practice

- staff were to raise any concerns they may have about the residents health with the person in charge and seek advice from a GP where required.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, fire blanket and emergency lighting. However, aspects of the fire safety arrangements required review.

On reviewing the fire documentation in the centre the inspector observed that fire equipment was being serviced as required by the regulations. For example:

- the fire alarm system was serviced by a fire consultancy company in March, June and September 2024
- the emergency lighting was also serviced by a fire consultancy company in March, June and September 2024
- the fire extinguishers and fire blanket were serviced/checked in March 2024

Staff completed daily checks on all escape routes, weekly checks on emergency lighting and weekly checks on the fire alarm system.

Fire drills were being facilitated as required by the regulations and each resident had a personal emergency evacuation plan in place.

However, aspects of the fire precautions in place in the centre required review to include the personal emergency evacuation plans and fire drills.

It was reported in the personal emergency evacuation plans that each individual resident could evacuate the centre in two minutes or less. However, on the last two fire drills facilitated in October 2024, it took over 5 minutes to evacuate the residents during one of these drills and over four minutes on the other. This required review so as the service could assure themselves that the arrangements for evacuating the residents from the centre during a fire drill were adequate and effective.

Judgment: Substantially compliant

Regulation 6: Health care

On review of two files, the inspector observed that residents were being supported with their healthcare-related needs and had as required access to a range of allied

healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- optician
- audiology
- dentist
- dietitian
- chiropody
- cardiology clinic
- respiratory clinic

Care plans were also in place to guide practice and where required, hospital appointments were being facilitated. It was observed that at the time of this inspection, one resident was due to have an electrocardiogram (ECT) and their bloods taken however, the person in charge informed the inspector that these had been scheduled for the resident on November 13, 2024.

Additionally, two care plans required review and/or updating however, this was discussed and actioned under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 7: Positive behavioural support

Therapeutic interventions were available to the residents and formed part of their personal plans. Residents had access to a range of multi-disciplinary professionals including as required access to a behavioural specialist and mental health professionals.

Where required, residents had a positive behavioural support plan in place. Additionally, from reviewing three files, staff had training in positive behavioural support and active listening and positive behavioural support in responding to behaviours of concern.

One staff member spoken with on the day of this inspection demonstrated a good knowledge of one of the residents behavioural support plans including how best to support the resident with managing behaviour.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was one active safeguarding issue and, a number of steps had been taken to ensure the residents safety. For example, it had been reported in line with policy and procedure, a safeguarding plan was in place and the resident in question was in receipt of weekly allied healthcare professional support.

The person in charge also informed the inspector that any allegation of abuse in the centre would be reported to the management team and safeguarding officer, it would be reviewed and screened, reported to the national safeguarding team, reported to the Chief Inspector and where or if required, reported to An Gardaí.

The inspector also observed that at a residents meeting in October 2024, the adult safeguarding policy was discussed with the residents as was the complaints policy and advocacy. Additionally, at a staff meeting in October 2024, the inspector noted that safeguarding was discussed to include the trust in care policy. Adverse incidents were also discussed and reviewed at this meeting as were any open/active safeguarding plans.

The inspector also observed the following:

- information on how to contact the safeguarding officer was on display in the centre
- information on how to contact the complaints officer was on display in the centre
- information on how to contact an independent advocate was on display on the centre
- the team leader reported to the inspector that they were confident that staff would speak with management if they had any concerns about the safety or welfare of the residents
- one family representative spoken with by the inspector on the day of this inspection was positive about the quality of care their relative received
- staff facilitated weekly check ins with the residents so as to ensure they had no issues and were happy in their home

Additionally, from reviewing three files, staff had training in the following

- safeguarding of vulnerable adults/adult protection
- communicating effectively through open disclosure
- trust in care
- Children's First.

Judgment: Compliant

Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and

supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Additionally, residents were consulted with about decisions that impacted them through residents weekly meetings, key working sessions and weekly check ins by the staff team.

Staff were observed to be person centred, kind and caring in their interactions with the residents and on the day of this inspection, residents appeared happy and content in their home.

Rights and advocacy were discussed with the residents at their weekly meetings. Additionally, at weekly residents meeting in October 2024 staff went through the statement of purpose with the residents with a specific focus on the section dealing with empowering residents to exercise their rights

Staff also had training in human rights. Examples of how they put this additional training into practice so as to further support the individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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 Blackwater Lodge OSV-0005889

Inspection ID: MON-0036829

Date of inspection: 05/11/2024

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of how audits are being completed across centers within the organization has been completed. There will be additional training provided to Assistant Directors of Service and Directors of Service in December 2024, with a view to enhancing the overall audit practice within the organization.</p> <p>The Person in Charge and the Community Nurse have reviewed the health care plan in relation to blood pressure monitoring and the recording of resident's fluid intake and this has been updated on the 06.11.24.</p> <p>The smoking area for the residents has been reviewed by the maintenance team. A new smoking area will be allocated to the residents at the back of the Centre to ensure that residents are sheltered while using the smoking area.</p> <p>The actual roster has been reviewed by the Person in Charge and there is now a system which reflects where all staff are allocated and working daily on the actual roster.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Person in Charge has completed a full review of the personal emergency evacuation plans (PEEPS) are reflective of the residents support needs. A schedule of fire evacuations are now in place and any learning taken from these will be used to continually enhance the PEEPS that are in place.</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	11/12/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2024