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Mountain View Residential Service, OSV-0007435, 11 May 2022

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

Issued by the Chief Inspector

Name of designated centre:	Mountain View Residential Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	11 May 2022
Centre ID:	OSV-0007435
Fieldwork ID:	MON-0032271

About the designated centre

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

Mountain View Residential Service is a large detached bungalow located in a rural area but within relatively short driving distance of a number of towns. The centre provides full-time residential support for a maximum of two female residents between the ages of 18 and 65. Residents with intellectual disabilities, autism and mental health needs are supported and the centre is subdivided in two to provide each resident with their own separate living area with residents having their own bedrooms. Other facilities in the centre include bathrooms, sitting rooms, kitchens, a utility room and staff rooms. Residents are supported by the person in charge, a team leader and care workers.

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
Wednesday 11 May 2022	13:30hrs to 22:35hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Staff members on duty were seen to interact appropriately with the two residents living in this centre during this inspection. Both residents met by the inspector appeared calm and comfortable. Parts of the premises provided were seen to be generally well maintained but some areas did require some maintenance.

On arrival at the centre the inspector observed clearly marked external signs directing any visitor to enter via a designated entry and exit point. The inspector arrived at this point and was greeted by a staff member who was incorrectly wearing a face mask upon opening the door but quickly readjusted this once the inspector introduced himself (for the remainder of the inspection all staff were seen to wear such face masks correctly). The inspector was then directed to sign into a contract tracing log and to take his temperature using a digital thermometer provided. As this time only one of the two residents living in this centre was present with the other away from the centre attending a medical appointment.

The resident initially present seemed calm and relaxed during this period and was noted to smile on occasion. The inspector spoke to the resident but aside from mentioning a family member they did not engage further with the inspector. Shortly after the inspection commenced, this resident left the centre with two staff members to attend a hair dressing appointment. Both of these staff interacted respectfully and pleasantly with the resident before leaving. The inspector then proceeded to review the premises provided for the two residents to live in and it was noted that premises was divided in two which created a separate living area for both residents.

It was seen that there was a noted difference in the overall appearance of both areas which was linked to the respective needs of both residents. One area was seen to be very homelike, well-maintained and brightly decorated with numerous photos on display along with a mural in a hall area. The other area appeared generally bare in its appearance and areas were seen where maintenance was needed. For example, a bathroom door was damaged, a ceiling was chipped, there appeared to be varnish stains on the floor and a door, while some walls had been damaged. It was noted that early on during this inspection, a maintenance person was present performing some repairs.

Despite this it was generally observed that both living areas were reasonably clean on the day of inspection. However, while reviewing the premises, the inspector did observe what appeared to be a number of dead millipedes in a light fixture on the ceiling which were clearly visible. These were highlighted to a staff member present and the millipedes were removed before the end of the inspection. It was seen that facilities were provided within the centre to promote effective infection prevention and control.

For example, there were some wall mounted hand sanitiser dispensers present while personal protective equipment stocks were maintained. Signage was also on display

in the centre's utility room highlighting that coloured coded mops heads were to be used to clean certain rooms (blue for kitchens, green for general areas and red for bathrooms). However, while mop heads were stored in this utility room, the inspector did not observe any red colour coded mop heads but did see some blue, green and yellow mop heads present. The guidance on display did not indicate what rooms yellow mop heads were to be used in and the inspector was later informed that these had been purchased due to the lack of availability of other mop heads.

Some mops heads were seen drying on a radiator and stored in a press in the utility room. However, during the early part of the inspection two mops head were observed to have been left on the floor of the utility room. Both appeared either used or wet and it was unclear why they had been left on the floor or for how long. The utility room also had baskets for laundry to be stored but despite their presence the inspector observed some laundry of one resident left on the floor in the hall of their living area. Both the mops head and the laundry that were seen to have been left on the floor in different areas were highlighted to a staff member and were later observed to have been removed before the end of the inspection.

As the inspection progressed, both residents returned to the designated centre. The inspector met the resident who had been away from the centre at the start of the inspection in their living area. The resident seem very relaxed and comfortable while interacting with the person in charge who was very attentive with the resident in supporting them to search online for an item of interest. The resident did not engage with the inspector at this time. Later on when in another part of the centre, the inspector heard this resident vocalising for a period. The inspector was informed that this was a regular occurrence and was being kept under review. The other resident did not appear impacted by this at the time and when the inspector was leaving this resident was seen relaxing in their bedroom.

In summary, there was a noticeable difference in the presentation of two separate living areas that were present in the centre. When the two residents living in this centre were met in their respective areas they appeared calm and comfortable. The staff members supporting these residents were observed to interact appropriately with them during this 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

At the time of this inspection, the staffing arrangements in place were not in keeping with the assessed needs of residents. The provider had monitoring systems in operation but it was noted that a high number of actions had been identified in

the two most recent provider unannounced visits conducted for the centre.

This designated centre first opened in October 2019 and was inspected three times by HIQA in 2020 while also being subject to a warning letter owing to concerns around the suitability of the three residents who initially moved into the centre to live together. Throughout 2020 the provider responded to such concerns which included one resident moving to another centre. An overall of good level of compliance was subsequently found during the previous inspection of this centre in December 2020 when just two residents were living in the centre. At that time the provider had plans to reconfigure the premises provided and create two separate living areas while keeping the maximum capacity of centre at three. During early 2021 HIQA progressed a registration application for the centre to reflect a change in provider entity but were only assured to allow a maximum capacity of two residents given previous concerns.

While HIQA had sought assurances around aspects of this designated centre during 2021, towards the end of that year premises works had been completed that created two separate living areas. Shortly after these works were completed the provider submitted an application to increase in the capacity of the centre to three residents in December 2021. However, due to some notifications received by HIQA in January 2022 which raised concerns around the suitability of this application, the provider subsequently withdrew the application but indicated that they would look to complete a comprehensive assessment for a potential third resident in May 2022. As a result the centre remained registered for a maximum capacity of two until February 2024. Given the length of time since the previous HIQA inspection it was decided to carry out the current inspection to assess the supports that were being provided to the current two residents.

When reviewing certain documents during this inspection, the inspector noted that reference was made to reviewing an assessment of need for a potential third resident during the second quarter of 2022. However, the needs of the current two residents had changed since the previous inspection and the inspector was informed that there were currently no plans to complete an assessment for any potential third resident. Where the provider is to consider admitting a third resident to the centre, they would need to apply to HIQA to increase the centre's capacity. Under the Health Act 2007, such an application will only be granted if it is appropriate in the circumstances and will not adversely impact existing residents. Where the provider to consider such application again in the future, it would need to be assured in the first instance that the needs of the current residents could be adequately supported and that any new admission would not negatively impact any individual residents.

Assessments of needs had been recently carried out for the current two residents and when reviewing one of these it was noted that the resident was assessed as requiring the support of two staff. This was also indicated in relevant risk assessments and by staff members spoken with. However, staff also highlighted that there were times when the required staffing levels would not be in place for support residents. This was also evident from staff rosters reviewed. While it was highlighted to the inspector that the centre had experienced a staffing shortage in recent months and that the provider was making efforts to address the issue, such findings

did not provide assurances that the staffing arrangements in place for this designated centre at the time of this inspection were appropriate to residents' assessed needs. Staffing was an area that was reviewed by the provider's monitoring systems in place that included conducting annual reviews and provider unannounced to the centre at six month intervals.

The most recent annual review was completed in December 2021 and while it contained relevant information and covered many key areas, it did not assess if the care and support provided was in accordance with relevant national standards. The annual review did contain some feedback from residents but, while efforts had been made to get feedback from family members, it was not clearly stated in the annual review what their views on the centre were. Reports of provider unannounced visits were reviewed from September 2021 and March 2022. It was noted that these reviews were detailed and focused on areas directly relating to the services experienced by residents. It was noted though that a high number of actions had been identified in both reports. It was indicated that some actions from the most recent report were contributed to by staffing issues. An action plan was in place following the March 2022 unannounced visit and it was also noted that some additional management support was being provided to the centre.

Regulation 15: Staffing

From speaking with staff and reviewing documentation such as residents' assessments of needs, risk assessments and staff rosters, the staffing arrangements in place in this centre were not meeting the assessed needs of residents.

Judgment: Not compliant

Regulation 23: Governance and management

Systems were in place to monitor the services provided to residents which included key regulatory requirements such as provider announced visits and annual reviews. Reports of such monitoring systems were available for the inspector to review. It was noted though that a high number of actions had been identified in the two most recent provider unannounced visit reports. The most recent annual review completed did not assess if the care and support provided was in accordance with relevant national standards.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

When reviewing one resident's contract for the provision of services it was noted that some of the fees the resident was paying were not correctly stated. There had been no new admission to this centre since 2020 but any potential future admission would need to be carefully considered.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place but it was noted that it had not been updated to reflect a change in the wording of one of the centre's conditions of registration as outlined in its most recent registration certificate issued while the statement of purpose made reference to the centre having a capacity of three despite only being registered for two.

Judgment: Substantially compliant

Quality and safety

Personal plans were provided for all residents which contained a good level of guidance on how to support the residents' assessed needs. Improvement was found to be required in some areas particularly for infection prevention and control.

The residents living in this designated centre had individualised personal plans in place. These are required by the regulations and are important in setting out the needs of the residents and how such needs are to be met. Personal plans should be informed by assessments that are to be carried out at a minimum on an annual basis or when required to reflect a change in needs or circumstances. As referenced earlier the needs of residents had changed and it was noted that assessments of needs had been recently completed for both residents. Given the nature of these changes, this would need to be kept under close review. A process of person-centred planning was following in this centre to help ensure that residents and their families were involved in the development of their personal plans and in the identification of goals for residents to achieve. It was highlighted to the inspector though that one resident had not had a person-centred planning meeting since they moved into this centre although it was hoped that one would happen shortly after this inspection.

It was seen though that personal plans generally provided a good level of guidance for supporting residents related to their health, personal and social care needs. Guidance was also in place relating to supporting residents to engage in positive

behaviour. The inspector reviewed the positive behaviour support plan for one resident and noted that while it did appear to contain some outdated information, it had been updated in other areas to reflect recent developments while various proactive and reactive strategies were outlined which were intended to encourage the resident to engage in positive behaviour. A staff member spoken demonstrated a good knowledge of this plan while records provided indicated that most staff had undergone relevant training in de-escalation and intervention. It was indicated though that one staff member was pending such training at the time of inspection.

When reviewing the positive behaviour support plan, the inspector noted that reference was made to a particular physical intervention being used to prevent the resident sustaining an injury. However, when reviewing the notes of a recent staff team meeting from April 2022 it was indicated that all staff did not understand what was involved with this intervention. Given that the current positive behaviour support plan had been reviewed most recently in December 2021, this did not provide assurance that all staff were fully aware of the contents of this plan. In addition, when reviewing a relevant risk assessment related to positive behaviour, it was noted that reference was made to potentially using PRN medicine (medicines only taken as the need arises). While a separate protocol was in place relating to this PRN medicine, the inspector did not see reference to the use of PRN in the resident's positive behaviour support plan.

Regarding the medicines provided for the other resident, the inspector was informed that medicines could be given to this resident in a crushed form and that medicines could also be given covertly if required (medicines administered in a disguised format without the knowledge or consent of the person receiving them). The inspector was also provided with a recent letter from a relevant health and social care professional supporting this and it was acknowledged that such measures were being considered with the needs of the resident in mind. However, when reviewing medicines records relating to this resident it was not indicated that certain medicines could be given in a crushed format while certain documentation expressly stated that some medicines were not be crushed. As the inspector was informed that the resident had received some medicines crushed, this did not provide assurance that medicines were being given as prescribed. The inspector was informed though that the resident had not received any medicines covertly at the time of inspection.

However, aside from the letter provided, no other evidence was provided that a multidisciplinary agreement had not been made at the time of this inspection to administer medicines covertly to ensure that any use of this would be keeping with the resident's best interests and their rights. Despite this it was noted that most staff working in the centre had been provided with training in the administration of medicines but it was indicated that three staff member were pending such training. Relevant training in safeguarding had been provided to all staff members also and it was noted that while there had been a high volume of safeguarding notifications received for this centre in 2021 involving negative interactions between residents, the creation of two separate living areas had reduced, but not fully eliminated, the potential for these to occur. Regarding any safeguarding incidents or allegations that occurred it was seen that relevant safeguarding plans were put in place with relevant referrals also made. In addition, it was seen that a safeguarding review of

the centre had taken place in April 2022 while information about how to raise a safeguarding concern was in display in the designated centre. Information related to COVID-19 measures was also on display.

Given the ongoing COVID-19 pandemic it was indicated that particular measures were being followed in the centre such as staff checking their temperatures twice a day and commonly touched items such as door handles being cleaned up to four times a day. As highlighted earlier the designated centre was to be seen to be generally clean on the day of inspection. However, when reviewing recent records of commonly touched items, it was noted that there were days when such cleaning was not indicated as being done while on numerous days such cleaning was only indicated as being done once. In addition, there was noticeable gaps in cleaning records for other tasks such as general mopping while it was also noted that not all staff were recording their temperatures twice a day nor signing out of the centre which could have impacts for contact tracing purposes. Taking into account such findings as well as other observations made, this did not provide assurances that infection prevention and control measures were being consistently followed. Training records provide though did indicated that most staff had undergone relevant training although some staff were pending training in some areas such as relevant national standards and cough etiquette.

Regulation 17: Premises

While one part of the premises provided was seen to be homely, well-furnished and well maintained, the other part was seen to require maintenance in some areas.

Judgment: Substantially compliant

Regulation 27: Protection against infection

During this inspection gaps were noted in cleaning records and staff contact tracing/temperature logs. No guidance was on display around the use of yellow colour coded mops head with some mop head seen on the floor. The laundry of one resident was also seen on the floor. Some bins did not have bin liners while dead millipedes were observed in a light fixture. A staff member was seen incorrectly wearing a face mask at the start of inspection. Most staff had undergone relevant infection prevention and control training but some were pending such training in some areas.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire safety systems were in place in the centre including a fire alarm, emergency lighting, fire extinguishers and fire doors while fire evacuation procedures were also on display. Most staff had received fire safety training but one staff member was pending this training at the time of inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

During this inspection it was indicated that some medicines had been given to a resident in a crushed format but this was not consistent with some medicines records reviewed. Some staff also required medicines training.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were informed by relevant assessments and provided guidance on to support residents with the various assessed health, personal and social care needs. The inspector was informed though a person-centred planning meeting had not taken place for one resident since they moved into the centre.

Judgment: Substantially compliant

Regulation 6: Health care

While HIQA had previously sought assurances on the provision of health care in this designated centre during 2021, on the current inspection it was noted that there was a good level of guidance on supporting residents with their health needs. It was noted though that there was gaps in monitoring of weight for one resident.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

A staff member spoken with demonstrated a good awareness of this a resident's positive behaviour support plan. However, this plan referenced the use of a physical intervention and in the notes of a recent staff team meeting it was indicated that all staff understood what was involved with this particular physical intervention. The positive behaviour support plan did not reference the use of a particular PRN medicine as a response strategy. Most staff had been provided with training in de-escalation and intervention but one was pending such training at the time of inspection.

Judgment: Substantially compliant

Regulation 8: Protection

The creation of separate living areas had reduced the potential for negative interactions to occur between residents. All staff had undergone relevant safeguarding training. Relevant safeguarding plans were put in place where necessary with relevant referrals also made. A safeguarding review for the centre had taken place the month before this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully during this inspection by staff members present but it was noted that the potential use of covert administration of medicines for one resident was not subject to a multidisciplinary agreement to ensure that any use of this would be keeping with the resident's best interests and their rights.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Mountain View Residential Service OSV-0007435

Inspection ID: MON-0032271

Date of inspection: 11/05/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • Recruitment is underway for vacant staffing posts interviews took place on 08/06/2022 however no suitable candidates were identified. Two permanent and two relief posts will now be re-advertised. It is expected that these posts will be filled by 31/08/2022. • In the interim, agency staff have been sourced to provide adequate staffing levels. • The assessment of needs for each resident will be reviewed to reflect the changes in resident's needs that are impacting the staffing requirement. The individualized risk assessments for each resident will be reviewed to reflect current risk levels and identify the appropriate control measures. These assessments will be completed by 17/06/2022. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Provider has reviewed the annual review process / template to ensure it captures both regulation and standards and feedback from residents and families. The new process will be implemented in this service at the time of the next annual review, this will be completed by 08/12/2022. • Actions from previous internal reviews will be reviewed as part of the PICs monthly audit for June, plans will be put in place to address any outstanding actions. • Actions related to Non Compliances in this report have been added to the Provider Level Action Tracker which is reviewed by the Board, this was completed on 31/05/2022. A further update will be provided on 30/06/2022. 	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The contracts of care for both residents have been reviewed and updated in line with regulatory requirements. Date action completed – 23/05/2022 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • The Statement of Purpose has been revised and forwarded to HIQA. Date action completed - 08/06/2022. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The provider, in line with the will and preference of the resident, will further improve the interior of the accommodation to create a more homely environment and ensure that it is more easily maintained. Meeting to be held between Behaviour Therapist, Property Department, Key Worker and the PIC to discuss sustainable maintenance plan. Works will be completed by 10/09/2022. 	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection</p>	

against infection:

- The importance of consistent cleaning and issue of gaps on cleaning records will be addressed by the PIC by discussion at team meetings, through individual supervision and spot checks facilitated by the team Leader and the PIC.
- Staff have been reminded to complete the daily contact tracing log and to make sure they take temperature records twice daily. Spot checks to be carried out by the team leader and the PIC.
- New guidance has been devised on the use of colour coded mop heads and these are in place where mops are stored. Staff have been informed of same through the team meeting and the read and sign folder.
- Staff members requiring outstanding IPC training will have completed the training by 17/06/2022.
- Issues relating to incorrect mask wearing are being addressed through appropriate channels.
- Checking of light fittings has been added to the weekly cleaning schedule.
- Protocol will be written in respect of the management of laundry. This will be completed by 17/06/2022.
- All bins now have bin liners and this is checked on daily basis as part of the daily cleaning schedule.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- One staff member requiring fire safety training completed the training on 08/06/2022.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- A multidisciplinary review of the prescription of crushed medication will be scheduled, the Individual Medication Management Plan for the resident will be updated accordingly. The Meeting to be held on 12/07/2022, this will be attended by the Provider's lead for medication management. The plan will be updated by 15/07/2022.
- Staff requiring medicines training will have completed the training by 30/06/2022.

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 overdue Person Centred Plan meeting has taken place and the PCP document has been updated. Date action completed – 23/05/2022. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Weight Monitoring Chart is in place under the direction of a dietician, it will be noted on the weight monitoring chart if the Resident declines to have their weight recorded. This chart will be in place by 10/06/2022. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • A review of the positive behaviour support plan for one resident will be completed by 11/07/2022, this will ensure that a particular PRN medicine is referenced as a response strategy. • One staff member to complete training in de-escalation and intervention. This will be completed by 20/07/2022. • A meeting will be held with the staff team and behaviour therapist on 21/06/2022 to address any concerns that staff have in relation to the use of an approved hold for one resident. • A series of virtual training sessions with the MAPA trainer have been organised with the staff team to support them with the use of an approved hold for 1 resident. These will be complete by 31/08/2022. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none">• An application will be made to the Providers Rights Promotion committee for the covert administration of medication for 1 resident. This application will be completed by 15/06/2022.• A decision in relation to this application will be made by with the rights promotion committee by 29/07/2022.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/08/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	10/09/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	30/06/2022

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	08/12/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	23/05/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and	Not Compliant	Orange	17/06/2022

	control of healthcare associated infections published by the Authority.			
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	08/06/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	15/07/2022
Regulation 03(1)	The registered	Substantially	Yellow	08/06/2022

	provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Compliant		
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	23/05/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	10/06/2022
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	Substantially Compliant	Yellow	31/08/2022

	behaviour that is challenging and to support residents 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	30/06/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	29/07/2022