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Parkside Residential Supports Services, OSV-0005095, 28 February 2020

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

Issued by the Chief Inspector

Name of designated centre:	Parkside Residential Supports Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	28 February 2020
Centre ID:	OSV-0005095
Fieldwork ID:	MON-0024775

About the designated centre

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

This centre is comprised of two houses in the suburbs of Waterford city. One is a three storied semi-detached house that can cater for up to four individuals and the other a two storey terraced house that caters for two individuals on a part time respite basis. Residents in this centre present with mild to moderate intellectual disability and some additional needs. The centre operates on a full time basis. However on Monday to Friday between 09.30 and 15.30 there are no staff present as all residents attend a day service. Individuals in this centre are supported by a staff team of social care workers or care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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
Friday 28 February 2020	08:30hrs to 17:00hrs	Tanya Brady	Lead
Friday 28 February 2020	08:30hrs to 17:00hrs	Deirdre Duggan	Support

What residents told us and what inspectors observed

This centre comprises of two houses. There were two residents living in one house and the inspectors met with both of them. The other house is used for respite services for two individuals neither of whom were in respite on the day of inspection.

On arrival one resident was having breakfast and the other was volunteering at the local church. The resident present in the house welcomed the inspectors and said they were happy for the inspectors to look around their house and the garden. This resident was happy for inspectors to join them for a cup of coffee in the living area of the dining room. This resident spoke about upcoming plans for their birthday and discussed a trip to Disneyland that they described as having been a dream holiday. They showed inspectors a mindfulness colouring book they were in the process of completing and used this opportunity to explain the names of a variety of birds they had already coloured.

The other resident arrived home from their time in the local church shortly afterwards and engaged with inspectors using a number of communication systems including vocalisations, a manual sign system called Lámh and a symbol based App on their electronic tablet device. This resident communicated with inspectors about staff, family and sporting events that were of importance to them as well as a variety of community activities they are involved in. Both residents departed for a social day out with their day service shortly afterwards. Both residents appeared comfortable and relaxed in their home and appeared to have a good relationship with each other and with staff and management of the designated centre present on the day of the inspection.

Capacity and capability

Overall the provider and person in charge were striving to ensure a good quality of life and safe service for the residents who lived here. The governance and management systems in place were not however fully effective and some lack of managerial oversight in the centre did not assure the inspectors that all practices were consistently monitored and reviewed to ensure that residents were safe at all times.

Since the last inspection in March 2018, two residents had moved to other centres. The person in charge on the day of inspection was the third in the role since July 2019. While it was acknowledged, that the current person in charge was

new to the centre it was clear that there were limited systems in place for them to review and audit what had been happened to date. The provider had appointed a suitably qualified and experienced person in charge to this centre. They were responsible for two other designated centres and while new in post it was apparent that the scope of their role may need review to ensure they could provide effective governance, operational management and administration of the centres concerned.

The governance structure did not support clear lines of responsibility and accountability for the safety and quality of care in both houses. It was not clear who was accountable for the care and support of residents in the respite house where day service staff were employed. The provider had some systems in place to monitor the services provided but given the findings of this inspection it was evident that these systems were ineffective. An annual review had been conducted for 2019. However, the provider had not completed the six monthly unannounced quality and safety reviews as required under the regulations looking at the centre as a whole. They had been completed in one house but there was documentation to show that the respite house had not been included in these reviews.

For one of the houses, there were arrangements in place to ensure that there were sufficient staff on duty to support the current residents of the designated centre and offer continuity of care and support. The skill mix of staff was appropriate to the residents' needs as found in the centre on the day of the inspection. An actual and planned rota was developed and maintained by the person in charge for this one house. The person in charge, however, was not involved in the planning of the rota for the other house that provided respite for two individuals on a part time basis. The inspectors were told this was carried out by the multidisciplinary team, based in the day service, who were involved with the residents using this house. The staff rotas viewed for the full time residential house indicated that a consistent staff team supported residents and showed little or no reliance on unfamiliar relief or agency staff. A sample of staff files reviewed by inspectors contained all of the required information as set out in Schedule 2 of the regulations.

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff were seen to have completed training that supported them to communicate effectively with a resident who had additional communication needs. Mandatory training had been completed in areas such as manual handling and safeguarding procedures. However, there were a number of staff who required refresher training in line with the organisations policy, including training in areas such as fire safety and first aid. Formal supervision was not taking place in line with the organisational policy. In addition staff who supported residents receiving respite were not recorded on the supervision lists held by the person in charge. Records reviewed by inspectors for the full time residential house indicated that a number of staff had not taken part in any formal supervision throughout 2019.

An accessible system for making complaints was available to residents of the designated centre. This supported residents to raise complaints if they chose to do so. An accessible document outlining the process was available to residents and the registered provider had appointed a complaints officer. The provider had ensured a complaints log was maintained which outlined the nature and status of any

complaint made. Records viewed indicated that the provider took a responsive and appropriate approach to complaints.

While the majority of incidents were reported, not all incidents had been notified to the chief inspector as required. The system for reporting incidents required review to ensure that all incidents were logged appropriately so that they could be audited and submitted if required. Some environmental restraints in use had not been identified as restrictive in nature and as such had not been notified to the chief inspector as required.

Inspectors viewed a copy of the statement of purpose located in the designated centre dated 07 February 2020. This document had recently been amended to include recent changes to the management structure within the designated centre and contained all information as required in Schedule 1. A minor discrepancy relating to the age range of the individuals residing in the centre was noted. The service manager was made aware of this and committed to remedying this in a timely manner.

Regulation 14: Persons in charge

There was a new person in charge in the centre. There was evidence of the person in charge reviewing a number of systems for auditing and record keeping these were still to be implemented. They were responsible for two other designated centres and while new in post it was apparent that the scope of their role may need review to ensure they could provide effective governance, operational management and administration of the centres concerned.

Judgment: Substantially compliant

Regulation 15: Staffing

The registered provider had provided sufficient, suitably qualified staff to meet the assessed needs of the residents. The person in charge had no remit over the staff rota in one house of this centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had not ensured that all staff were appropriately supervised in line with the organisational policy. Some staff had not completed mandatory refresher training.

Judgment: Not compliant

Regulation 23: Governance and management

The governance structure did not support clear lines of responsibility and accountability for the safety and quality of care in both houses. The annual review of quality of care and support in the centre had been completed for 2019. The providers six monthly unannounced visits had not been comprehensively and consistently conducted across the houses in the centre. Audits were inconsistently completed and were not effective in recognising areas for improvement.

Judgment: Not compliant

Regulation 31: Notification of incidents

While most incidents had been notified as required to the chief inspector, the systems in place for reporting incidents required review. Some restrictive practices had not been identified and had not been notified to the chief inspector.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had put in place an effective complaints procedure for residents which was in an accessible and age-appropriate format. Complaints were responded to appropriately.

Judgment: Compliant

Quality and safety

The inspectors found that the residents living in this centre led busy, active lives and

were supported to engage in their community as often as they wished. Residents reported to the inspectors that they liked their home and were happy with the support they received from staff. They described opportunities for meaningful activities and told the inspectors about things they had to look forward to. However the quality and safety of care being provided in the centre required review in the majority of the regulations inspected under the dimension of quality and safety. The provider was issued with an urgent action plan following the inspection to submit assurances around fire safety and management of the premises relating to the respite house. Improvements were also required in personal plans, health care, and risk management.

Suitable fire equipment was provided and regularly serviced and residents had personal evacuation plans in place with fire drills completed regularly. However, where residents spent time independently in their homes there was no evidence of simulating fire drills to be assured they could follow the evacuation process in this situation. In one house a fire evacuation route was locked with no access to a key and not all fire doors provided appropriate containment as fixings on the doors had been altered. In the other house there were no fire containment systems in place and there was no way to provide residents with a safe means of exit from this house. Doors in place were not fire doors and the door between the kitchen and the rest of the ground floor did not close completely. There were curtains hanging across the appliances in the utility room and poor practices of maintaining appliances was apparent while upstairs poorly finished works in the bedrooms resulted in gaps and holes in the floor thus decreasing levels of fire containment between floors.

Areas of the centre were found to be clean, comfortable and homely including some residents' bedrooms and the living spaces on the ground floor in one house and living spaces in a second house. Files and personal resident information were stored in a work cabinet in a living room despite there being two office spaces within the house. In line with the findings of the last inspection in the centre, one house was not designed and laid out to meet the number and needs of residents it was registered to accommodate. Access to a second floor that comprised of two bedrooms was via a narrow and steep staircase with no bathroom facilities at this level. The provider had committed to seeking alternative housing following the previous inspection and this remained ongoing on the day of this inspection. Changes had been implemented to improve safety when accessing the steeply sloped garden such as handrails by steps as the garden was very important to one resident. In the second house some areas highlighted as needing attention in the last inspection report had not been addressed. The bathroom and toilet facilities on the ground floor were not fit for purpose with mould present on the walls and shower fittings cracked and in poor repair. The utility room had pooled water on the floor indicating a potentially leaking roof and the overall standard of cleaning in this house was poor.

Residents' had an assessment of need in place and a personal plan. These documents were found to be person-centred however, a number of assessments of need required review to ensure they were reflective of residents' needs. For some residents an annual review of their plans had not occurred in 2018 or in 2019.

Residents' preferred activities were highlighted in their personal plans as were the supports they required to engage in these activities. There was evidence that staff were supporting residents in achieving their goals however review of these was not happening in line with the providers own requirements.

Residents in this centre required assistance in both understanding and using their communication skills. Staff were seen to actively use a number of augmentative and alternative communication systems and to be proactive when supporting residents in their communication. Details were available regarding the residents' rights to make and receive telephone calls and emails in addition to the use of the Internet.

Residents' healthcare needs were appropriately assessed and support plans were in line with these assessed needs. However these support plans were not all available in the centre to guide staff. One such plan, on management of eating, drinking and swallowing skills was not available in the house to guide staff and a resident was observed to have their meal unsupervised despite the plan recommending otherwise. Each resident had access to appropriate health and social care professionals in line with their assessed needs.

The inspectors found that the provider and person in charge were protecting residents in the centre. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents. The inspectors reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents.

Risk management systems were not sufficient to assure inspectors that all residents were appropriately safeguarded from harm. For example, while a risk register had been compiled by the registered provider, not all risks were identified. In addition, some identified risks did not appear to have appropriate or sufficient control measures in place. However, where residents were supported to spend time independently in their home, improvement was required in ensuring they were supported to develop the knowledge, self-awareness, understanding and skills needed safely be in their home without staff support. In addition, inspectors were not satisfied that hazards associated with some of these activities were appropriately identified and that all necessary controls had put in place to mitigate against risks posed to residents at these times. While the person in charge had made efforts since their recent appointment to the role to identify these risks this remained an ongoing piece of work at the time of the inspection.

Regulation 10: Communication

Where residents presented with assessed communication needs, the registered provider had arrangements in place to ensure these residents were supported and staff demonstrated a strong knowledge on each resident's preferred way to express

their wishes.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre did not meet the number and needs of residents in line with schedule 6 of the regulations. One house in particular required cleaning.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management procedures within the designated centre were inadequate. All hazards were not appropriately identified or managed.

Judgment: Not compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations. However, suitable arrangements were not in place in relation to fire containment and in one house a fire evacuation route was locked.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Overall, residents' personal plans were person-centred. However, some documentation including assessments of need, annual reviews and care interventions required review to ensure they were current and reflective of residents' care and support needs.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, residents were supported to enjoy best possible health. They had access to the support of relevant health and social care professionals and appropriate medical professionals in line with their needs. Staff required information in order to ensure they were knowledgeable in relation to residents care and support needs and to guide them to appropriately and safely support residents.

Judgment: Substantially compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. All staff had received up-to-date training in safeguarding.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Parkside Residential Supports Services OSV-0005095

Inspection ID: MON-0024775

Date of inspection: 28/02/2020

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A review of the the scope of the role of the PIC will be undertaken to ensure that the PIC can provide effective governance, operational management and administration of the centre. This will include a detailed examination of the duties and responsibilities of the roles of all staff in the Designated Centre and the identification of lines of accountability for all involved in the designated centre</p>	
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"> • House 1: The registered provider removed the respite house from this designated centre on the 11-03-2020. • House 2: The Person in Charge has full remit over the planned and actual roster ensuring this house has the correct number of staff with the correct skill mix at the correct time. This is in full compliance with the regulations. 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Staff Supervision: All staff in this designated centre have had annual supervision completed as of 30-01-2020 and had done so at the time of inspection but the system for recording the supervision was not up to date to reflect same. This has since been updated and a system put in place for tracking same in this house. • Mandatory training refreshers have been scheduled for all staff. Due to Covid-19 restrictions all training has been postponed as per guidance from HSE. Training dates will be rescheduled. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • House 1: has since been removed as part of this designated centre. <p>House 2:</p> <ul style="list-style-type: none"> • There is a schedule of six monthly internal inspection visits to each designated centre. House 2 is included on the schedule and two visits were completed on 30-04-2019 and on 1-11-2019. Audits for 2020 will be completed in line with the regulations • The Services Manager and PIC will carry out a detailed review of the duties and responsibilities of all staff in the Designated Centre and will establish clear lines of accountability for all involved in the designated centre 	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The Person in Charge has set up a new handover system so that all houses will complete a written daily handover form which is sent to Person in Charge and Behaviourist. The handover form specifies that the team must inform if there has been any incidents/accidents/nearmiss, medication changes, medication errors, safeguarding, prn administrations, loss of heat/power, use of restrictive practices, any maintenance issues along with a brief synopsis of person supported current health and wellbeing. This has come into effect from 5-03-2020. • Notifications of incidents to HIQA will take place in line with regulations. • A review of restrictions currently in place will occur with the staff team and residents in this house. • Notifications of restrictions to HIQA will take place in line with regulations. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>House 1: The registered provider removed the respite house from this designated centre on the 11-03-2020</p> <p>House 2:</p> <ol style="list-style-type: none"> The preferred intention of the registered provider, continues to be to source more suitable accommodation in the same locality which can accommodate four residents. The cabinet storing files and personal information on residents will be removed from the living room to the office. The fourth bedroom on the third floor will not be utilised as it provides access to the fire escape for the other bedroom on that floor. A meeting has taken place with the Services Manager, the P.I.C. and the Facilities Manager to create a plan with regard to addressing the issues highlighted in respect of fire safety. Please see additional information under Regulation 28 There is a plan to replace the electricity meter which has some slight damage once the Covid-19 restrictions on workmen accessing the house are lifted. 	
Regulation 26: Risk management	Not Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>House 1: The registered provider removed the respite house from this designated centre on the 11-03-2020</p> <p>House 2:</p> <ul style="list-style-type: none"> • The person in charge has reviewed risk assessments in place for both gentlemen and identified new control measures to reduce risks • The new handover system in place (Ref Regulation 31 page 16) will support ongoing review of risk, current control measures ensuring these are up to date. • Members of the Multi Disciplinary Team have been asked to develop a social story for both gentlemen around safety in the home and in the community by incorporating risks identified by Person in Charge and the wider team. • Swallow care plan for one gentleman was received from Speech and Language Therapist as requested by Person in Charge on 25-02-2020 and forwarded to the house with corresponding risk assessment • Risk assessment also completed for second gentleman incorporating recommendations from Speech and Language Therapist • Two Panion bracelets were ordered 26-03-2020 as a control measure to allow these gentlemen to maintain their independence yet have the ability to raise the alarm immediately if seeking help. • There is a new Site Specific Safety Statement currently being developed by Health and Safety department that outlines risk assessments relevant to each area and detailed protocols to guide staff in identifying the risk, hazards and control measures. • The emergency evacuation plan was updated which removes side passage way as a emergency exit in line with Facilities Manager recommendations. The primary exits are now the front and back door and a second assembly point was added to the rear of the back garden on 27-03-2020 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>House 1: The registered provider removed the respite house from this designated centre on the 11-03-2020 due to insufficient capital to complete works to ensure it is fully compliant with the regulations.</p> <p>House 2: The following works have been identified for this house.</p> <p>03/03/2020 Fire safety PIC to meet with David Morrissey re fire compliance Assessment in this designated centre. PIC. Complete: 03/03/2020</p> <p>Magnetic stopper to be added to door across from front door. JEC 31-August 2020</p> <p>Emergency lighting x 3 indoor to be added. One illuminating steps from dining to kitchen. One illuminating staircase, 3rd illuminate corridor from front door to toilet. JEC 31-August 2020</p> <p>Emergency lighting x 2 outdoor to be added (One outside front green door to illuminate path across to assembly point) (one out back to illuminate steps up to assembly point).</p>	

JEC 31-August 2020

New assembly point sign to be purchased for rear of garden. PIC. Complete.

Fire checks of emergency exits. Clarify procedure with team -Update emergency evacuation plans. PIC. Complete.

One fire door to be repaired (dining room): add strips, replace handle. Contractor identified. 31-August 2020

New handles on windows x 3 (upstairs) Primary designated safe point is front Office bedroom upstairs. Contractor identified 31-August 2020

Thumb lock to be added to back door. Contractor identified 31-August 2020

Fire doors x 3 downstairs and 6 upstairs to be added. Contractor identified 31-August 2020

All above outstanding actions have been extended to August 2020 due to Covid-19 restrictions.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- An annual review was scheduled for one person supported in this designated centre for the 1st of April but same has been postponed due to Covid-19 restrictions. This will be rescheduled for a later date.
- An integrated care plan is being rolled out in the service and the person in charge has instructed this house to ensure same is in place for each person supported by 01-05-2020. This Integrated Care plan incorporates all the holistic needs of the person supported to include personal outcome measures, goals, social and health care needs

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- The swallow care plan for one gentleman was received from the Speech and Language Therapist as requested by Person in charge on 25-02-2020 and forwarded to the house with corresponding risk assessment.
- A Risk assessment has also completed for second gentleman incorporating recommendations from Speech and Language Therapist
- Each resident has an annual medical review with their GP
- The handover to be completed daily by all teams came into effect on 5-03-2020 will include any change in medication and update on health and wellbeing. If there have been any appointments, the person in charge can oversee and ensure that the team has taken appropriate measures such as updating care plans and risk assessments in a timely manner.

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	31/05/2020
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	11/03/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including	Substantially Compliant	Yellow	30/09/2020

	refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/12/2020
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.	Not Compliant	Red	30/06/2020
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 residents.	Not Compliant	Red	19/03/2020
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined	Substantially Compliant	Yellow	30/06/2020

	management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
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.	Not Compliant	Orange	30/06/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of	Not Compliant	Orange	31/12/2020

	care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	05/03/2020
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	31/08/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	31/08/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental	Substantially Compliant	Yellow	30/04/2020

	restraint was used.			
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 to a resident not required to be notified under paragraph (1)(d).	Substantially Compliant	Yellow	30/04/2020
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	31/08/2020
Regulation 05(6)(a)	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,	Substantially Compliant	Yellow	31/08/2020

	which review shall be multidisciplinary.			
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	31/08/2020
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	31/12/2020