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Brompton - Community Residential Service, OSV-0003069, 06 November 2020

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

Issued by the Chief Inspector

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| Name of designated centre: | Brompton - Community Residential Service |
| Name of provider: | Daughters of Charity Disability Support Services Company Limited by Guarantee |
| Address of centre: | Dublin 15 |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 06 November 2020 |
| Centre ID: | OSV-0003069 |
| Fieldwork ID: | MON-0026228 |

About the designated centre

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

Brompton is a community based home for adult ladies with an intellectual disability. The centre is situated in Co. Dublin within walking distance of a local village which has amenities such as shops, cafes, restaurants, and a shopping centre. The premises consists of a two-storey building with four bedrooms, two bathrooms, a kitchen-dining room, a living room and a self contained one-bedroomed apartment. Four residents live in the main part of the house and one resident in the apartment. Staff encourage residents to be active members in their communities and to sustain good relationships with their family and friends. The staff team comprises a person in charge, and social care workers. Staffing resources are arranged in the centre in line with residents' needs.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 5 |
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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 - 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 6 November 2020 | 09:30hrs to 15:00hrs | Marie Byrne | Lead |

What residents told us and what inspectors observed

During the inspection, the inspector had the opportunity to meet the five residents living in the centre, and to speak to four of them briefly in line with public health measures during the COVID-19 pandemic. In addition, all five residents completed a questionnaire in relation to care and support in the designated centre, prior to the inspection.

Four of the residents had been living in this designated centre for 32 years and the other resident for over 25 years. When the inspector visited them in their home, they all appeared comfortable, relaxed and content. They had been for a walk earlier in the day and were relaxing in the living room and kitchen at the time of the visit. Those who spoke with the inspector were keen to tell them what it was like to live in the centre and what they enjoyed doing. Each of them told the inspector that they were happy and felt safe in their home. They were all aware of the complaints procedure and told the inspector who they would go to if they had any concerns or complaints. A number of residents told the inspector that they were missing going to day services and meeting their friends and families during the pandemic, but they said that they understood the importance of limiting their movements in line with public health advice. They talked about how they were keeping in touch with friends and family on the phone. They also talked about keeping in contact with day service staff by phone and video call. They were also attending some sessions and classes with day services via video call.

Residents described their involvement in the day-to-day running of the centre. They talked about cleaning and hoovering and preparing meals and snacks. A number of residents talked about how important it was to keep their home clean during the pandemic. They all said the food was good and that they had plenty of choices when it came to meals and snacks. Two residents told the inspector about how much they enjoyed cooking and baking and described meals and desserts that they liked to cook. One resident showed the inspector and person in charge pictures of a coffee machine that they would like to buy.

Residents told the inspector what they were doing to keep busy during the pandemic. A number of residents showed the inspector some craft projects which they had, or were in the middle of completing. These included knitting, crochet and art projects. They described other activities they were enjoying regularly such as, watching their favourite television programmes, completing puzzles on their tablet computers, doing jigsaw puzzles, and going for long walks.

One resident told the inspector about getting their own bedroom since the last inspection. They said they were very happy in their new room and happy that they were not sharing their bedroom anymore. They told the inspector about their new wardrobe and said that they planned get their room painted in the near future.

Residents talked to the inspector about their goals and things they had to look

forward to. They talked about developing their independence skills and taking responsibility for keeping their home clean and tidy and preparing meals and snacks. One resident talked about using the bus independently and about how much they enjoyed just walking around town or a shopping centre after taking the bus. They talked about how important it was to them to be independent and do things like their own grocery shopping.

One resident talked about their recent birthday celebrations. They told the inspector that they had a nice take away meal and a lovely cake. They described some of the gifts and birthday cards they had received and told the inspector how much these meant to them.

Each of the residents were very complimentary towards the staff team. One resident told the inspector that staff were very good to them and another talked about how important their keyworker was to them. They described the importance of having them in their life and how much their support meant to them.

A number of residents described some improvements they would like to see in the designated centre. One resident talked about a few cracks in a wall and the ceiling which they would like repaired and some painting that they would like to see done. They told the inspector they would talk to the person in charge to make arrangements for these works to be done after the inspection. Another residents told the inspector that they were not happy when some of their housemates were not getting on well with each other. However, they said they always feel safe and would talk to staff if this changed or if they had any concerns.

The feedback in the questionnaires completed by residents prior to the inspection was very positive. Residents indicated that they were happy with the warmth and comfort in the designated centre. They also indicated they were happy with their bedrooms, arrangements for visitors, and choices available to them. All four residents indicated that they were happy with the support offered by the staff team. Residents described the staff team in the questionnaire as helpful, and said that they listened to them. One resident stated in the questionnaire that they were happy, but would talk to staff if they were unhappy. Another resident said they would speak with their keyworker or staff if they were unhappy.

Residents included information in the questionnaires relating to home and community-based activities they were enjoying. They listed activities they enjoyed at home, such as doing exercise videos, karaoke, cooking and baking, gardening, jigsaw, knitting, painting, and watching television. They also listed activities they enjoyed in their local community, such as going bowling, out for a meal, to the cinema, to the library, to shows and discos, to shopping centres, and going to the local park.

Residents' meetings were occurring regularly. In these meetings there were discussions relating the house, the community, good points of the week, low points of the week, household expenditure, work, social events, food, health and safety, rights, goals and any other business. In recent residents' meetings the

different levels of restrictions, in line with public health advice were discussed. Alternative activities during the pandemic such as events via video call such as discos, exercise classes and day services were discussed. Actions were developed from these meetings. For example, the ceiling had been fixed in the dining room following a leak, but residents identified that it needed to be painted following the repairs. In one of the recent residents' meetings staffing was discussed and residents stated they were happy to continue to have the support of a waking night staff, and indicated they were happy to have additional staff support during the day. A number of residents indicated they could not wait for the pandemic to be over so they could visit their family and friends, but it was noted that they were happy to go for walks locally and short drives until such a time the current levels of restrictions were lifted.

Capacity and capability

The registered provider and person in charge was monitoring the quality of care and support for residents. From speaking with residents and staff, it was evident that every effort was being made to ensure residents were happy and safe in their home. Residents who spoke with the inspector had been living in the designated centre for between 25 and 32 years, and were very enthusiastic to tell the inspector how happy they were to be living there. Residents were being supported to develop and maintain their independence, and to be involved in the day-to-day running of the centre.

The management structure clearly identified the lines of authority and accountability and staff had specific roles and responsibilities. The provider was maintaining oversight of the centre by completing regular audits and reviews and identifying areas for improvement. They were then making the required changes, which were leading to improvements for residents in relation to their care and support and their home. For example, the latest six-monthly report identified the need for a review of a number of documents relating to residents' care and support, and these had all been completed at the time of the inspection. However, the provider had not completed an annual review of the care and support in the centre since 2018. They had recognised the need to increase staffing in the centre in line with a number of safeguarding concerns and had developed safeguarding plans. However, it was not evident that some of these safeguarding plans were effective or fully implemented, as there had been a number of similar allegations over the course of 2020.

The person in charge had worked in the centre for a number of years and residents and staff were very complimentary towards them. They were knowledgeable in relation to residents' care and support needs and had systems in place to ensure they were maintaining oversight of all aspects of residents' care and support, and the resources available in the centre. They were supported by persons participating in the management of the designated PPIM and a service manager. There was also an on call service available for out-of-hours support, including nursing support, if

required. Staff who spoke with the inspector were knowledgeable in relation to residents needs and preferences and motivated to ensure they were safe and engaging in meaningful activities. The frequency of staff meetings had decreased during the pandemic but the staff team were speaking regularly and arrangements were now in place to ensure meetings could be completed via video call moving forward.

Overall, residents were supported by a staff team who were familiar with their care and support needs and motivated to ensure they were happy, safe and engaging in activities they enjoyed. Throughout the inspection, residents were observed to receive support in a kind, caring and respectful manner. Residents were complimentary towards the staff team and told the inspector how well supported they were. In line with residents' changing needs and a number of safeguarding concerns, it had been identified that increased staffing support was required in the centre. This included a change from sleepover staff support to a waking night staff and the addition of additional staff support, at key times during the day. At the time of the inspection, the required shifts were being covered by regular staff completing extra hours and by relief and agency staff. The provider had identified that they required an additional two whole time equivalent staff. These posts had not been sanctioned at the time of the inspection.

There were effective systems to support staff to carry out their duties to the best of their abilities. Formal staff supervision had recently commenced and from the sample reviewed, it was evident that staff were being supported and their roles and responsibilities were being discussed along with their training needs. Staff who spoke with the inspector were aware of their roles and responsibilities and stated they were well supported by the person in charge and other members of the management team.

Staff had access to training in line with the organisation's policies. They had also completed additional training in line with residents' needs. It was evident that efforts had been made during the pandemic to complete a number of training courses via video call. However, a number of staff required refresher training in the safe administration of medicines and food safety.

Records of all incidents occurring in the centre were maintained. However, three incidents relating to allegations of abuse were not reported to the Chief Inspector in line with the requirements of the regulations. Improvements were required to ensure incidents were escalated and notified to the Chief Inspector, when the person in charge was on leave. There was evidence that these alleged incidents had been followed up on by the provider and safeguarding plans were put in place.

Regulation 15: Staffing

The provider had recognised the requirement to increase staffing levels in line with residents' changing needs and a number of safeguarding concerns in the centre. This had resulted in the need to increase the whole time equivalent numbers in the

centre by two. The provider had introduced a waking night shift and additional staff support at key times during the day to ensure residents were supported to engage in meaningful activities in smaller groups or with 1:1 staffing support. The provider was covering the required shifts with regular staff completing additional hours or by relief or agency staff. The recruitment process had not commenced to fill these vacancies.

Residents were complimentary towards the staff team and staff who spoke with the inspector were familiar with residents' needs and preferences.

There were planned and actual rosters in place. However, they were not well maintained. Due to the staffing vacancies in the centre, there were at least ten shifts weekly which were covered by staff completing extra hours or relief or agency staff. From the rosters reviewed it was not clear if the staff covering these shifts were regular staff, relief staff or agency staff. In addition staff's second names were not always included on the roster.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had completed some training and refresher training in line with the organisation's policies and procedures. They had also completed additional training in line with residents' needs. However, a number of staff required refresher training:

- 66% of the staff team required refresher safe administration of medication training,
- 100% of the staff team required refresher food safety training.

It was evident that efforts were being made to arrange some training and refresher training via video link during the pandemic. For example, the staff team had recently completed fire safety awareness training.

Staff were now in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. Staff who spoke with the inspector stated they were well supported by their colleagues and the management team.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clearly defined management structures in place. Staff were clear in

relation to their roles and responsibilities and aware of how and when to escalate concerns.

The provider had some systems in place to monitor the quality of care and support for residents. These included six-monthly reviews by the provider which provided for consultation with residents and their representatives, and were bringing about positive changes.

However, the provider had not completed an annual review of the care and support for residents since 2018 and it was not evident that some safeguarding plans were effective or fully implemented, as there had been a number of similar allegations in 2020.

Judgment: Not compliant

Regulation 31: Notification of incidents

The Chief inspector was not notified in relation to a number of allegations of abuse in the centre, in line with the requirement of the Regulations.

Judgment: Not compliant

Quality and safety

The provider and person in charge were striving to ensure that residents were in receipt of a good quality and safe service. Residents were being supported to make choices and engage in meaningful activities. They lived in a clean, warm and comfortable home. Residents had lived in the centre for a long time and the four residents who spoke with the inspector said they loved living in the centre, and were happy most of the time. However, there had been an increase in the number of allegations of abuse in the centre in 2020 and it was not evident that safeguarding plans were fully effective and some of the control measures listed in safeguarding plans had not been fully implemented.

Changes had occurred in the centre since the last inspection, which had resulted in the centre appearing more comfortable and homely. It had also resulted in each resident now having their own bedroom. These improvements included maintenance works, painting and decoration. The centre was clean and areas in need of repair, maintenance or decoration were recorded and sent to the maintenance department. There was suitable heating, lighting and ventilation in place.

Residents were protected by the risk management policies, procedures and practices in the centre. There was a risk register and general and individual

risk assessments were developed as required. These documents were reviewed and updated regularly. There were systems in place for recording, investigating and learning from serious incidents and adverse events. Learning following these reviews and trending of incidents was shared among the team.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. Staff's responsibilities were clearly outlined. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. The provider had developed or updated existing policies, procedures, guidelines and contingency plans for use during the pandemic. There were systems to ensure there were adequate supplies of PPE at all times. Staff had completed training in infection prevention and control and the use of PPE.

Residents were protected by the fire precautions in place in the centre. Suitable fire equipment was available and there was evidence it had been regularly serviced. There were adequate means of escape and emergency lighting was in place. The back garden was enclosed and there were risk assessments in place in relation to this. The person in charge had also linked with the local fire service for advice and support. The evacuation plan was available and on display and each resident had a personal emergency evacuation plan which was regularly reviewed and updated. Fire drills were occurring regularly and learning following drills was shared with team and updates were made to residents' personal emergency evacuation plans as required.

Each resident had an assessment of need completed which was reviewed at least annually. They had personal plans and it was evident that each resident was involved in the development and review of their plan. Care plans were developed, as required, and those reviewed were clearly guiding staff to support residents with their assessed needs. There was also evidence that they were updated in line with residents' changing needs and in line with advice by allied health professionals. Residents had goals in place which were regularly reviewed. They were meeting with their keyworkers regularly and discussing their goals and achievements. Staff who spoke with the inspector were knowledgeable in relation to residents likes, dislikes and preferences. They were motivated to ensure that they were supporting residents during the pandemic to engage in meaningful activities and to keep in contact with their family and friends.

Residents were being supported to enjoy best possible health. There were systems in place to ensure residents could be supported to access a general practitioner (GP) and other allied health professionals during the pandemic. They had assessments in place and care plans were developed, as required. Each resident had a hospital passport which contained important information for them to bring with them should they require an admission to hospital. Residents were access National Screening Programmes in line with their wishes and age profile.

There were policies and procedures relating to safeguarding and protection in the centre. Allegations and suspicions of abuse were reported and followed up on in line with organisational and national policy. Immediate safety concerns were addressed

and safeguarding plans were developed. There had been an increase in the number of allegations of abuse in the centre in 2020. In response, the provider had increased staffing support and implemented a number of additional control measures to support residents, such as access to allied health professionals. However, it was not evident that some of these safeguarding plans were effective, as a number of similar allegations of abuse had occurred. In addition, a number of controls listed in safeguarding plans had not been fully implemented. For example, psychology referrals had not progressed for two residents and training listed for residents had not been provided.

Some work had recently been completed with residents to develop their knowledge and skills in relation to self care and protection by the staff team and social work department. Safeguarding and respect had been discussed at recent residents' meetings and residents had been supported with social stories. Staff had also sat with residents to discuss these issues and remind them of the importance of letting staff know if they were not feeling safe. Each resident who spoke with the inspector said that they felt safe in their home and named who they would go, to if this changed. Staff were in receipt of training and refresher training in relation to safeguarding and protection and those who spoke with the inspector were knowledgeable in relation to their role and responsibilities if there was a suspicion or allegation of abuse. They were also knowledgeable in relation to safeguarding plans in place.

Residents were being supported to make decisions in relation to their care and support and the day-to-day running of the centre. Residents' meetings were occurring regularly and rights and complaints were discussed at these meetings. Residents were aware of the complaints procedures and there was information available to them in relation to advocacy services. For example, self-referral forms were available in their personal plans for advocacy services and advocacy services were discussed at residents' meetings.

Regulation 17: Premises

The premises was clean, warm and comfortable. Residents stated they were happy in their home and with the amount of private and communal space available to them.

The premises was now designed and laid out to meet the number and needs of residents due to the fact that the staff sleepover room had been converted to a bedroom for a resident. This had resulted in each resident now having their own bedroom. Improvements had also been made in relation to the maintenance and decoration in the centre since the last inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policy, procedures and practices in the centre. The risk management policy contained the information required by the regulations and there was a risk register in place.

General and individual risk assessments were developed and reviewed as required. There was evidence that incidents and near misses were reviewed and that learning following these reviews was shared amongst the team.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies and procedures in place in relation to infection prevention and control. Staff had completed hand hygiene, infection control and PPE training.

The provider had developed and adapted existing policies and procedures to guide staff practice during the COVID-19 pandemic.

The premises was clean and there were cleaning schedules in place to ensure all areas of the house were regularly cleaned. Residents also described their involvement in keeping their home clean and tidy.

There were supplies of PPE available and systems in place to ensure there were always adequate stocks available.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire equipment provided and evidence that it was serviced as required. There were adequate means of escape and emergency lighting. The procedure for the safe evacuation of residents and staff in the event of fire were displayed and a copy was readily available should it be required.

Residents' mobility and cognitive understanding were accounted for in the evacuation procedure. Fire drills were occurring regularly and there was evidence that learning following drills was shared and was resulting in the update of residents' personal emergency evacuation plans.

Staff had completed fire safety awareness training and residents told the inspector

how they would safely evacuate in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had a comprehensive assessment of need and a personal plan developed in line with their assessed needs. Residents' assessments identified their health, personal and social care needs. There was evidence that they were regularly reviewed and updated to ensure they were effective and reflective of residents' needs.

Residents' personal plans were found to be person-centred and there was evidence that residents were involved in the development and review of their plans.

Residents were supported by a keyworker and they were meeting regularly to discuss goals, achievements and plans for the future.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as required.

They had access to allied health professionals in line with their assessed needs and were accessing the National Screening Programmes in line with their wishes and age profile .

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place in relation to safeguarding. Staff had completed training and were aware of their roles and responsibilities in the event of a suspicion or allegation of abuse.

There had been an increase in the number of allegations of abuse in 2020. In response, the provider had increased staffing numbers at key times in the centre, including the addition of a waking night staff and additional staff support at times

during the day.

Allegations and suspicions of abuse were escalated and followed up on in line with organisational and national policy. Safeguarding plans were developed. However, it was not evident that some of the safeguarding plans were effective as a number of similar allegations continued to be reported. In addition, not all of the controls outlined in a number of safeguarding plans had been fully implemented.

Each resident who spoke with the inspector stated they felt safe and named who they would go to if they had any concerns.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' meetings and keyworker sessions were occurring regularly. There was evidence that residents were participating in the day-to-day management of the centre and that they were exercising choice and control in their daily lives.

Complaints, advocacy and residents' rights were regularly discussed during residents' meetings.

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 15: Staffing | Not compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 31: Notification of incidents | Not compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 8: Protection | Not compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Brompton - Community Residential Service OSV-0003069

Inspection ID: MON-0026228

Date of inspection: 06/11/2020

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 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider will ensure that there are regular staff provided to the centre for continuity of care.</p> <p>The PIC has reviewed the planned and actual rosters to ensure that all staff names are recorded in full.</p> | |
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have completed medication training/ refresher training. All staff will have completed food safety training by the 31/1/21.</p> | |
| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> | |

The provider will carry out an annual review for 2019/2020.

The MDT will review safeguarding plans to ensure they are effective in safeguarding all residents.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All staff in the centre are aware that going forward if the PIC is on leave they must ensure that the notification is submitted to HIQA. They will liaise with CNM3 and follow up next day to ensure notification submitted by someone with access to portal.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
MDT members will review the safeguarding plans to ensure that they are fully implemented and that all residents are safe from abuse.

Individual relationship training will be provided for one resident.

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 | 31/01/2021 |
| Regulation 15(3) | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow | 31/01/2021 |
| Regulation 15(4) | The person in charge shall ensure that there is a planned and actual staff rota, | Not Compliant | Orange | 07/12/2020 |

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| | showing staff on duty during the day and night and that it is properly maintained. | | | |
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 31/01/2021 |
| 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 | 31/01/2021 |
| 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. | Not Compliant | Orange | 31/01/2021 |
| Regulation 31(1)(f) | The person in charge shall give the chief inspector notice in writing within 3 working days of the | Not Compliant | Orange | 07/12/2020 |

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|------------------|---|-------------------------|--------|------------|
| | following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident. | | | |
| Regulation 08(1) | The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. | Not Compliant | Orange | 28/02/2021 |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Substantially Compliant | Yellow | 31/01/2021 |