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## Oldfield Services, OSV-0001510, 26 January 2023

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

## Issued by the Chief Inspector

Name of designated centre:	Oldfield Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0001510
Fieldwork ID:	MON-0035250

## About the designated centre

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

Oldfield Services is a designated centre which offers full-time, part-time and respite services to residents with a low to moderate intellectual disability. The centre can also support residents with complex needs such as behaviours that may challenge, epilepsy, autism and mental health issues. A social care model is provided in the centre and residents are supported by both social care workers and care attendants. Staffing arrangements in this centre facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours. The centre is a large, two-storey, building which is located in a suburban area of a large city. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

**The following information outlines some additional data on this centre.**

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 (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
Thursday 26 January 2023	08:30hrs to 16:00hrs	Aonghus Hourihane	Support

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing compliance with the regulations.

On arrival at the centre the inspector was greeted by a resident who warmly welcomed the inspector to the centre. The resident asked to look at the inspector's identification and told the inspector that they remembered the last inspector visiting. The resident told the inspector that they were waiting for the bus as they were going to their day service.

A staff member came to the door and welcomed the inspector. They explained that the centre was short staffed that day as there wasn't a second staff member available to cover the morning shift with them. They also explained the person in charge had left their post and had not been replaced, further impacting on the staffing resource arrangements in the centre.

The inspector observed the staff member was very busy and had a number of important duties and tasks to do, on their own, to ensure residents were safe and suitably supported. For example, the inspector observed the staff member preparing breakfast for the residents, supporting them to get ready to attend their day service, attending to their personal care needs and cleaning the house while also supporting a resident with a high risk of falls and additional medical support needs.

The inspector met with four residents during the morning, one resident greeted the inspector before leaving the centre. Another resident engaged in a pleasant and jovial manner with the inspector and asked was the inspector going to start working before offering a very broad smile and a laugh.

The centred was clean, tidy and well presented, There were two reception rooms which residents could use to watch tv or to receive visitors. There was a large modern kitchen as well as a separate back kitchen. The staff member on duty told the inspector that one of the residents had helped with cleaning and hoovering that morning, the resident appeared proud of this and made a comment about 'not even looking for anything in return' before smiling broadly.

One resident had left the centre to go to their job, while other residents prepared for two different days services.

One of the residents was on a planned respite stay in the centre. They could not communicate verbally with the inspector, they sat and had breakfast that had been prepared by the staff member to meet the resident's individual assessed needs and preferences. The inspector observed the resident appeared happy and content in the company of staff and their peers.

Some of the residents had lived in the service for a very substantial period of time,

the staff member on duty had worked for the provider for over 20 years and later in the day the inspector met a further three staff who all had worked in the service for a considerable number of years also.

The consistency of the staff team was clearly a great strength in the service offered to the residents. One resident spoke about how they liked staff and all staff spoken were very knowledgeable about all of the residents. The residents were observed to be treated with respect and kindness and the staff team clearly wanted to do what was in the residents' best interests.

The centre had celebrated its 20th year in service anniversary in September 2022. There was a party organised for the residents, their families and staff. This was described as a lovely event for all. The residents had access to transport but there was also ample amenities locally. Residents visited local coffee shops, they enjoyed going on 'spins' in the bus and one resident enjoyed a few pints in a local pub or sometimes the hotel which was also located nearby.

There were many examples of residents getting opportunities to fulfil personal goals, one resident had visited Bunratty Castle, the Donkey Sanctuary and a car show during the summer of 2022. Residents could have visitors and many residents spent time visiting family. On the day of the inspection one resident was going to stay with their sister for a few hours after day service and they said they were really looking forward to this.

The quality of the care and support offered to the residents was largely attributable to a staff team that was highly committed to the residents and had remained steady over many years. However the person in charge had recently left their post and the provider had not appointed a new person to the position, had not risk assessed the impact this staff vacancy had on, not only the day-to-day operational management of the centre, but in addition, the staffing resources of the centre as the person in charge role formed part of the staffing roster allocated for the care and support of residents.

Overall, this inspection found there were good quality staffing supports in the centre, but these had been negatively impacted by the lack of a person in charge in the centre and reduced staffing resources as a result.

In response to this, an urgent action was issued to the provider on the day after the inspection as the allocation of one staff member on certain mornings was not in line with the assessed needs of the residents and meant there was a high risk of negative incidents with no control measures in place. The inspection also highlighted significant deficiencies in the governance and management systems operated by the provider which will be discussed further below.

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

## Capacity and capability

The person in charge had formally notified the provider that they were leaving their post on December 22nd 2022. The person in charge left their post on January 20th 2023. The provider did not inform the chief inspector that the person in charge was leaving their post or inform the chief inspector of the arrangements for the management of centre when the person in charge left. The provider is required to notify the chief inspector of both under regulation 32.

The staff team had worked in the centre for many years but upon review of the actual rota there were occasions when two staff were on duty in the evenings, the assessed needs of the residents indicated that three staff were needed and the staff spoken with stated it happened on a regular enough basis. There was one staff member on duty on the morning of the inspection and the planned and actual roster demonstrated this staffing deficit occurring on a regular basis.

The manager who facilitated the inspection recognised this as an issue and was planning to meet the staff team to address the issues arising. The inspector issued an urgent action to the provider in relation to one person on duty during the mornings. It was clear from what the inspector observed and from what was reported by staff that the provision of one person was unsafe and had the potential to impact all residents. This was a particular concern given that one resident had such a high level of need that they required consistent monitoring and observation to ensure they were safe and did not fall.

Training records for all staff were in date and there was a schedule of refresher training booked for 2023 for staff.

The providers governance and management systems needed significant review. The provider had not made timely and suitable arrangements to ensure there were safe staffing resources in the centre at all times to meet the needs of residents. In addition, it was not demonstrated that the provider had made timely and effective arrangements to appoint a new person in charge for the designated centre which would not only enhance the staffing resources but also provide operational management oversight of the centre.

The providers own quality assurance processes, such as the six month visit and its report, did not outline or report on a significant incident that occurred in March 2022 therefore, it was not effective as it did not provide recommendations for review, learning or support for the staff team.

The provider did not have an on-call system for emergencies for week days. On discussion with staff they informed the inspector that they were unaware of such a system also, this was of particular concern in this centre as it was unclear who the staff should seek assistance from after hours during the week especially when there

was no person in charge in place.

#### Regulation 14: Persons in charge

Upon arrival at the designated centre the inspector was informed that person in charge was no longer in post. The provider had not appointed a replacement person in charge. The regulations set out the provider must appoint a full-time person in charge of the designated centre.

Judgment: Not compliant

#### Regulation 15: Staffing

The provider had not ensured that the number of staff was appropriate to the assessed needs of the residents. On the morning of the inspection there was only one staff member on duty when there should of been two. One resident had particular health and behavioural needs which required significant staff input, monitoring and intervention, the provision of one staff member compromised the safety and well being of all residents. As the planned rosters identified further morning shifts when only one staff member was on duty an urgent action was issued to the provider after the inspection to address this issue.

A review of the rosters showed a number of periods in the past eight weeks when there was two staff on in the afternoon/ evening when the there should of been three staff members. The previous person in charge had added afternoon/ evening staffing to the risk register as on occasions when there was only two staff there was the potential for it to impact the residents and their preferences.

Judgment: Not compliant

#### Regulation 16: Training and staff development

The centre had a comprehensive training matrix. All training and refresher training for all staff was in date with a comprehensive plan for 2023. The staff team were offered and completed a variety of training in areas such as safeguarding, fire safety, studio III, FEDS and comprehensive training in different aspects of infection prevention and control such as breaking the chain of infection and safe use of PPE.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had not ensured that this designated centre was adequately resourced to ensure the effective delivery of care and support to the residents living in the centre.

The provider had not informed the chief inspector that the person in charge had left their post. The provider had not appointed a person in charge and had not fully ensured that there was staffing resources in the centre at all times to reflect the changing needs of residents.

The provider did not have out of hours on-call management arrangements in place during the week that staff were aware of.

The annual review for 2022 was completed and in spite of it stating that resident families were consulted there was no evidence this had taken place with only review forms for 2021 available.

The provider had completed two unannounced visits to the centre in 2022 and had prepared a report on the quality and safety of the service. Neither report referenced a significant incident in March 2022 when there was considerable risk to both a resident and a staff member.

The statement of purpose needed to be updated to reflect the current staffing arrangements in the centre.

Judgment: Not compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place in the designated centre that was reviewed in May 2022. The statement of purpose did not reflect accurately the current management arrangements in the centre at both the person in charge and persons participating in management level.

Judgment: Substantially compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider had been informed on December 22nd 2022 that the person in charge was leaving their post. The provider did not communicate this information to the chief inspector as required by regulation. The chief inspector only became aware that there was no person in charge on the morning of the inspection.

Judgment: Not compliant

## Quality and safety

The staff team displayed good knowledge of resident needs and endeavoured to ensure that the assessed needs of residents were responded to in a timely and respectful manner. Each resident had an assigned key worker and it was the responsibility of each key worker to ensure that the assessment for each resident was in date and that their personal plans were followed, reviewed and updated as necessary. It was generally found that documentation and meetings were happening but there were some areas that needed to be reviewed under the areas of individual assessment.

There was evidence that residents were getting out and about in their community and had opportunities to engage in work or day services. The residents were also getting to visit family or others as they desired with evidence that a resident spent time with family over the Christmas period and also another resident having recently spent time with a host family.

The provider did have effective fire safety management systems in place. The fire fighting equipment in the centre was regularly serviced and the residents all had evacuation plans that had been reviewed in line with the providers policy.

There was ample evidence both observed and in documents to underpin a culture that took infection prevention and control seriously in the centre. On arrival at the centre the staff member had cleaning sheets available on the kitchen table that they was completing and they were observed to go about the various tasks as prescribed. There were clear instructions for cleaning, disinfecting and ample guidance about product information. There was also a clear protocol in place for one resident with enhanced IPC needs.

The residents had access to their own personal space, had adequate storage and there was evidence that staff members gave clear assistance in relation to managing their finances. The protocols and checks in relation to residents finances were up to date and were over seen by the former person in charge.

The premises were generally of a good standard and the provider had completed most of the remedial works after a significant leak in the centre in 2022. There was ample space both inside and out for the residents needs to be met at this time.

The local risk management register contained a comprehensive list of risks and was

under regular review, the former person in charge had addressed the issues that were identified during the last inspection by expanding the risk register, however the circumstances had changed significantly and new risks with potential significant impacts on residents and staff had emerged and the provider had not addressed these adequately.

### Regulation 11: Visits

There was no visiting restrictions in place in the centre at this time. The centre had two reception rooms available so visitors to the centre could easily be accommodated. On the day of the inspection one resident was visiting his family for a number of hours after his day service. There was evidence available in both residents files and the daily communication book that all residents had access to both family and friends as desired.

Judgment: Compliant

### Regulation 12: Personal possessions

The financial records of two residents were reviewed, each resident had access to their own private financial institution. The residents had access to money as they needed and there was clear records that the former person in charge reviewed and checked statements. There was also clear records of what residents spent money on and the system was transparent. There was evidence that staff supported residents to manage their financial affairs.

Judgment: Compliant

### Regulation 13: General welfare and development

The residents in the centre were generally busy, one resident had a job while the other residents took part in different day services. The morning of the inspection was busy with residents getting ready for their day. From speaking with residents directly it was clear that they were supported to follow their interests such as getting out and about in the community, going on holidays or visiting family .

Judgment: Compliant

## Regulation 17: Premises

The premises were laid out to meet the aims and objectives of the service and the needs of the residents. The centre had a significant water leak since the last inspection which resulted in a lot of water damage to the premises. There was new carpets and walls re-painted upstairs, the staff team informed the inspector there was still some minor issues to be resolved but overall the work was completed.

The washing machine in the laundry room was dated, heavily soiled and could compromise IPC practices in the centre. The person participating in management understood the issue clearly and committed to replacing it.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The provider did not have a system for responding to emergencies out of hours during week days that the staff team knew about. This was an even greater concern given the fact that there was no person in charge employed in the service.

The provider had known since at least December 22nd 2022 that there would be no person in charge in the service, this also meant a gap in the roster as the person in charge worked on the floor. There was no risk assessment carried out as to the impact of this on the service and thus no control measures to ensure there was no adverse impact on the quality of life of the residents.

There was a serious incident in the centre in March 2022 when there was considerable risk to both a staff member and a resident. This incident was reported to the provider but there was no comprehensive investigation or learning from the incident.

Judgment: Not compliant

## Regulation 27: Protection against infection

The infection prevention and control measures within the centre were of a good standard. All the staff team had completed a variety of training in relation to IPC practices. The centre presented as clean with some minor work to be completed in one bathroom where there was evidence of black mould. There was one resident who required enhanced IPC practices to protect themselves and their fellow residents. The former person in charge had addressed this matter with individual protocols for this resident. There was evidence in notes of staff meetings, resident

meetings and generally around the centre to evidence that IPC practices and protocols was considered an important part of the model of care on offer in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

There was effective fire safety management systems in place in the centre. There was documentary evidence that daily, weekly and monthly fire checks were taking place in the centre. The fire fighting equipment in the centre was service on a regular basis. The residents each had a personal emergency evacuation plan that had been reviewed within the past year. The physical records of recent fire drills were not available in the centre but evidence gleaned from other records including the staff communication book evidence that these had taken place a when there was minimal staffing levels.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The files of two residents were reviewed during this inspection. The files showed that each resident had an up to date assessment of need and there was clear evidence that residents had access to a multiple of professionals both medical and other allied health professionals.

However the assessments of need could benefit from further review to ensure that they were more detailed to reflect the changing needs of residents and to ensure critical areas are reviewed in a timely manner. One residents hospital passport indicated that it was last updated in June 2021 and had their last speech and language review in November 2021. There was evidence on file that both of these needed to reviewed within one year.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The majority of the staff team had worked in the centre for a very pro-longed period and they had up to date knowledge and skills to respond to behaviours that challenge. The behavioural support plan for a resident was reviewed during this

inspection, it was updated on 14th of June 2022 and was found to be of a good quality with a high level of detail about the triggers for the resident as well as detailed proposed responses from staff.

There were a number of restrictive practices in place in the centre. The practices in place were under regular review and were proportionate to the risk that had been identified. The staff team kept detailed records of all occasions when restrictive practices were used.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence that residents could exercise choice and control in relation to their care and their lives generally. The residents that were spoken to were very positive about the staff team. It was observed on the morning of the inspection that the staff member interacted and managed the needs and expectations of the residents in a kind, caring and respectful manner that promoted their dignity and respected their individual rights.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Oldfield Services OSV-0001510

Inspection ID: MON-0035250

Date of inspection: 26/01/2023

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A Unit Director /Person in Charge has been recruited and will commence on the 27th February 2023. PIC will have induction and a service handover on week commencing 27th February and all the PIC Documentation and NF30 will be submitted to HIQA</p> <p>In the interim, the Person Participating in Management has assumed the position of Deputy Person in Charge. The PPIM has reviewed the actual roster in Oldfield services and identified vacant staffing lines and have put solutions in place .</p> <p>The required notification NF30 was submitted to HIQA on the 27th of January 2023.</p> <p>A meeting was held on 31st January attended by the Oldfield staff team and the Deputy Person in charge. The updated and interim management arrangements were communicated in this meeting and the team were also informed that the Deputy person in charge is their point of contact. Contact details were shared, team meeting dates were confirmed and written confirmation of same is available on the staff notice board.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A Person in charge has been recruited and will commence in their post on the 27th February 2023.</p> <p>A Team Lead has also been appointed for the Oldfield service and will commence on 6th March 2023</p> <p>In the interim period, the Deputy Person in Charge has responsibility for the actual roster. Vacant staffing lines have been identified and a number of experienced staff have agreed to undertake same.</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> <p>A Person in charge has been recruited and will commence in their post on the 27th February 2023.</p> <p>A Team Lead has also been appointed for the Oldfield service and will commence on 6th March 2023</p> <p>In the interim period, the Deputy Person in Charge has responsibility for the actual roster. Vacant staffing lines have been identified and a number of experienced staff have agreed to undertake same.</p> <p>The required notifications, NF30 were submitted to HIQA on the 27th January 2023. The PPIM will submit the NF30 for the new PIC on 27th February 2023</p> <p>The submission of Notifications will be an agenda item at team meetings and Support meetings between the PPIM and the incoming Person in Charge.</p> <p>A revised 7/7 on-call structure has been identified by the Senior Management Team, and arrangements for this are currently being finalised. It is intended that the new on-call arrangements will be communicated across services and implemented by end of March 2023.</p> <p>The Annual review of Oldfield service for 2022 will be undertaken by the Person in Charge in April 2023.</p> <p>The incident which occurred in March 2022 was discussed at the staff team meeting on the 31st January 2023, in which it was confirmed that this incident was the focus of a case management meeting on the 3rd March 2022. A night time safety protocol was developed as a result of this incident and is contained on page fourteen of the individuals behaviour support plan, dated 14th March 2022. The incident report has been updated to reflect the case management review on the 3rd March 2022 and actions taken following this.</p> <p>The incident will be discussed with the incoming Person in Charge as part of the planned induction and handover , which will also support the PIC with the process of incident reporting and management and risk management .</p> <p>The staff team have been informed the Deputy Person in Charge is available to Oldfield service for all such incidents.</p> <p>The Statement of Purpose has been updated to reflect the current management structure.</p>	
Regulation 3: Statement of purpose	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated to reflect the current management structure at Person in Charge level and Person Participating in Management. A copy of the current updated Statement of Purpose is available in Oldfield service. The Statement of Purpose will be further updated when the incoming Person in Charge is in position on the 27th February 2023.</p>	
Regulation 32: Notification of periods when the person in charge is absent	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent: The Required Notification of the absent Person in Charge, NF30 was submitted via the HIQA portal on the 27th January 2023.</p> <p>The notification of incidents to HIQA will be a standing agenda item in 1:1 support meetings between the person in charge and PPIM</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A new washing machine has been ordered; the service awaits delivery of the washing machine</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Oldfield staff team were informed on the 31st January at the planned staff meeting of the updated management structure for the service in the absence of the PIC</p> <p>The Deputy Person in Charge will maintain constant supervision of Oldfield service until the commencement of the Person in Charge on the 27th February 2023. The Deputy Person in Charge will revert to the duties of the Person Participating in Management on 27th February 2023. This will be further discussed with the Oldfield staff Team at the next scheduled staff meeting on the 28th February 2023.</p> <p>The incident which occurred in March 2022 was discussed at the staff team meeting on the 31st January 2023, in which it was confirmed that this incident was the focus of a case management meeting on the 3rd March 2022. A night time safety protocol was developed as a result of this incident and is contained on page fourteen of the individuals' behaviour support plan, dated 14th March 2022. The incident report has been updated to reflect the case management review on the 3rd March 2022 and actions taken following this.</p> <p>The incident will be discussed with the incoming Person in Charge as part of the planned induction and handover, which will also support the Person in Charge with the process of incident reporting and management and risk management.</p>	

A risk assessment was completed to assess the impact of the absence of a Person in Charge within the service. The risks identified and the control measures have been put in place. A meeting was held on 31st January attended by the Oldfield staff team and the Deputy Person in charge. The updated and interim management arrangements were communicated in this meeting and the team were also informed that the Deputy person in charge is their point of contact. Contact details were shared, team meeting dates were confirmed and written confirmation of same is available on the staff notice board. The staffing risk was reflected as the number one risk currently on the centre risk register.

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:  
 Ability West is currently completing a review of all resident assessment of needs and following this review , the changing needs of residents will be identified and reviewed. This review will be completed by the end of April 2023.

The residents' hospital passport has been updated and a referral to Speech and language Department on behalf of the resident has been submitted for review

## 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(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Orange	27/02/2023
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	06/03/2023
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	Substantially Compliant	Yellow	31/03/2023

	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.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	06/03/2023
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined 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.	Not Compliant	Orange	27/02/2023
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'	Not Compliant	Orange	27/02/2023

	needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	30/04/2023
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Not Compliant	Orange	31/03/2023
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Not Compliant	Orange	31/03/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Not Compliant	Orange	31/03/2023

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/02/2023
Regulation 32(1)	Where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more, the registered provider shall give notice in writing to the chief inspector of the proposed absence.	Not Compliant	Orange	27/01/2023
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/04/2023