Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. John of God Kildare Service DC 12
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	19 May 2022 and 26 May 2022
Centre ID:	OSV-0002963
Fieldwork ID:	MON-0027791

About the designated centre

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

St. John of God Kildare Service Designated Centre 12 supports residents with a disability in three premises located in a community setting in Co. Kildare. The capacity of the designated centre is 12 adults, both male and female. Residents are supported to attend various activities and day programmes provided by Saint John of God. Residents have access through a referral system to the following multi-disciplinary supports; psychology, psychiatry and social work. All other clinical supports are accessed through community-based primary care as required. Staffing levels are based on the needs at each location; some residents have the support of staff 24/7, while other residents have the support of staff dropping in to provide specific supports like assistance with cooking or domestic bills. There is a social care leader responsible for each location who work alongside social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 (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 19 May 2022	10:00hrs to 18:10hrs	Erin Clarke	Lead
Thursday 26 May 2022	10:00hrs to 14:35hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This designated centre consists of three houses spread across a large town in Co. Kildare and is registered for 12 residents. The inspector found that each house reflected the needs of the residents residing there. For example, in one house, residents independently accessed leisure activities, work opportunities and day services within their community. These residents did not require any staff supervision at nighttime; however, staff were available in another house in the neighbouring estate if any assistance was required during the night and were contactable at all times by phone. The second house had day staff and sleepover staff that aligned with the residents' assessed needs. In the third house, a waking night staff had been implemented since the previous inspection due to changing needs and fire evacuation precautions.

The inspector found that the culture and ethos of the organisation was embodied by the staff team, who clearly recognised their roles as advocates in promoting the best health of residents. For example, it was seen how staff raised complaints with an external healthcare provider for one resident, which resulted in positive outcomes for the resident and improved quality of life. These complaints also were lodged with other statutory bodies to ensure the needs of the resident would be met. From meeting with and speaking with the resident, the resident was able to discuss their experience with the inspector since the last time they had seen them and their satisfaction of accessing medical intervention previously denied to them.

On the day of the inspection, ten residents were living in the centre, and two residents had remained at home since the pandemic. The inspector met with four residents over the two days. The other residents attended employment or day services during the day so as to get their feedback on the service provided; the inspector also reviewed written feedback on the service from residents.

The inspector met with one resident in the first house; they had just returned from work, where they attended by travelling on public transport. They told the inspector they enjoyed living in the house, they had plenty of company and that they liked the staff. They confidently informed the inspector about the fire safety measures, complaints process and keyworking system. In the same house, the person in charge spoke about the achievements of another resident with a local drama production company and how they had appeared in various broadcasts.

In the third house, the inspector met with three residents living in the house. One resident had prepared a written speech detailing all the positive aspects of the service. It was apparent that residents were consulted on the house's running, and the suggestions they made were viewed as valid feedback. Residents stated that they worked as part of a team with staff, and there was a good atmosphere.

On review of the centre's annual review consultation process, the inspector noted that, overall, feedback from the residents was positive. For example, one resident

said they liked their bedroom and the living room where they could watch movies. Another resident said that they would not like to change anything about their home. A third resident spoke about moving to the centre, saying it was a big move for them and they are very happy living here and that their housemates make them laugh. Residents spoke about the wide range of social activities they were involved in, including basketball, bowling, rugby, zoom classes, bingo and playing the guitar. One area that residents indicated could use improvement was being able to go on more one-on-one outings with staff. The inspector identified improvements that were needed for the staffing arrangements, which are covered by Regulation 15: Staffing. While the provider had responded to the requirement for increased staffing supports, relief and agency staff currently primarily covered these additional hours due to recruitment delays. The inspector found this had impacted the ability of some residents to go on holidays as the provider required accompanying staff to be permanent staff. Some residents had raised their concerns regarding the limited opportunities to go on holiday directly to the provider as part of their annual consultation and to the inspector during the inspection.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard. Residents were happy with the service provided, albeit some were impacted by the staffing arrangements in one house. Residents were encouraged to live independent lives to the best of their abilities and appeared happy to live together. Compared to the previous inspection, there were some areas of non-compliance; however, the inspector found these areas were known to the provider, and plans were in place to address them. These included premises and fire safety improvements and the provider's review processes of restrictive practices.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

This designated centre had last been inspected in April 2021, where, to minimise movement given the COVID-19 pandemic, only one house of three houses that make up the centre was inspected. A full level of compliance was found during that inspection. The purpose of the current inspection was to inform a registration renewal recommendation for this designated centre and to visit the houses that had not formed part of the previous inspection. This inspection was originally intended as a one-day inspection. However, due to additional information requested regarding the governance reporting responsibilities and the size and layout of the centre, it was decided to carry out the second day of inspection where such time could be given to reviewing all aspects of the centre. While there were areas of improvement required within the regulations featured under capacity and capability, including staffing and training, these had been self-identified by the provider, and the inspector was presented with the quality improvement plan to bring these

regulations back into compliance as previously found.

Over the two days of the inspection, the inspector reviewed the management structures and governance measures in place. A social care leader supported the person in charge due to their larger managerial remit. The provider had recognised that the centre's governance systems required improvement as escalated internally and picked up through the provider monitoring systems. The inspector found this deficit had been appropriately addressed and strengthened in order to support the person in charge in discharging their regulatory requirements. The person in charge worked in the organisation for a number of years, and they were responsible for two centres. The person in charge reported to a programme manager participating in the running of the centre, who in turn reported to a regional director.

The inspector found that there had been a focus by the management team on addressing actions identified in the provider's six-month unannounced audit from November 2021. This included an improvement in the scheduling of team meetings and the frequency of supervision. Gaps in refresher training had occurred in dysphagia, hand hygiene, safeguarding, and safe administration of medicines but had since been addressed. At the time of the inspection, some staff required training in a specific fire evacuation aid that had recently been recently introduced to the centre, given the needs of some residents of this centre. As an interim measure, all staff working in the centre were shown how to use the evacuation aid and an agency staff member met with during the inspection was able to talk the inspector through the process.

Under the regulations, the provider must ensure that there are suitable staffing numbers and skill mix in place to support residents. At the time of the inspection, four whole-time equivalent posts (WTE) were vacant, resulting in a number of shifts being covered by non-permanent staff. On review of the previous two months' rosters, it was noted that continuity of staff did require some improvement. Maintaining continuity of staff is important to ensure familiarity with residents and the operations of the centre.

The inspector completed a review of the arrangements for the management of complaints and found that the registered provider had established and implemented an effective complaints management system. There was a complaints policy in place, and easy-to-read complaints procedures were on display. Some complaints had been made in the time since the last inspection. The inspector was informed that there had been a deviation from provider policy in the response and escalation of one complaint. When reviewed by the inspector, it was found to have been appropriately followed up by the registered provider when brought to their attention. Furthermore, learning from the complaint was evident, and it had been resolved to the satisfaction of the complainant.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete renewal application was received from the provider in line with

renewal requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The designated centre had a person in charge. This individual held the necessary skills and qualifications to fulfil the role. The person in charge worked full-time, and they held the role for a total of two designated centres.

The person in charge had worked in the organisation for a number of years, and as a result they knew residents and members of the staff team well. Residents were observed to be familiar with the person in charge, and they were clearly comfortable in their presence.

Judgment: Compliant

Regulation 15: Staffing

The provider had recognised the need to increase staffing support hours in the centre in line with residents' changing needs. They were in the process of applying for funding to secure long-term staffing arrangements in the centre and were actively recruiting to fill vacancies. In the interim, the provider put additional supports in place to meet residents' needs through the use of relief and agency staff. While there was a core staff team in place, from the documents reviewed, a high number of different individual staff had worked in the centre in the previous two months. Fourteen different agency or relief staff had completed shifts in that time frame which impacted residents' ability to take holidays away from the centre. In addition, residents liked to have staff that were familiar to them, as discussed during the inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. However, there were some gaps in training, in particular fire evacuation training, food safety and dysphagia. These were all due for completion in the weeks following inspection.

The person in charge advised the inspector that they were carrying out one-to-one supervision and performance appraisal meetings with staff to support them perform their duties. At the time of the inspection, not all supervision sessions were completed as per provider policy; however, a schedule was in place to catch up on missed sessions. From a review of supervision meetings notes, the inspector found they promoted safe and high standards of social care practices. Staff who spoke with the inspector were aware of their roles and responsibilities and said they were well supported by the person in charge.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was complying with the requirement of the regulations to conduct an annual review of the quality and safety of the service and to undertake six-monthly unannounced audits of the centre. These were noted to be of a good quality and comprehensive in scope with provision of an action plan for the person in charge and provider to address.

As a direct result of the provider's monitoring systems new processes had been introduced around governance and management. There was evidence of increased oversight from the person in charge for those directly involved in the management of this centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was found to meet the regulatory requirements of Regulation 3 and to accurately describe the services provided in the centre and the governance arrangements.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incident, accident and near miss records maintained in the centre and found that required notification of incidents to the Chief Inspector had been completed as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including access to an advocacy service, to ensure residents had access to information which would support and encourage them express any concerns they may have. Residents spoken with were aware of the complaints process, the complaints officer and told the inspector they felt comfortable in raising any concerns they may have through their keyworkers and residents meetings.

Judgment: Compliant

Quality and safety

It was evident that the person in charge and staff were aware of residents' needs and were knowledgeable in the person-centred care practices required to meet those needs. In addition, where residents' needs' were changing, it was apparent that all efforts were being made to meet these needs. However, some improvements were required under the quality and safety regulations, namely fire safety, infection prevention and control measures, premises and restrictive practices.

The inspector completed a full walk-through of all three houses. The person in charge maintained a list of premises and upkeep requirements for each house that had been requested for repair and upgrading. It was clear that the person in charge had escalated a number of outstanding items on numerous occasions but was not successful in receiving sanctions for the works to be completed. These included the removal of mould from an ensuite, replastering and replacing broken kitchen cabinets. The inspector was aware that a backlog of maintenance works had been created due to restrictions during the pandemic. They also observed that premises works had recommenced in the centre, including reflooring and new furniture purchased, and further works were due to take place in the coming weeks. Although it was acknowledged that some improvements to the living environment had been made, the provider needed to assess the procedures in place to respond to and escalate property complaints in order to ensure that these issues were handled consistently and promptly.

During the inspection, it was seen that infection prevention and control measures were being followed, including regular cleaning, staff training and the use of personal protective equipment (PPE). Staff were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day. There were satisfactory contingency

arrangements in place for the centre during the current health pandemic. Residents were provided with easy-to-read documents regarding COVID-19 matters to support their understanding of the current health pandemic, including matters such as wearing PPE, good hand hygiene and COVID-19 testing and vaccination processes. The inspector did note an inconsistency in the frequency of staff temperature monitoring compared with national guidance. For example, under relevant national guidance, all staff should check their temperatures twice a day, but on records reviewed related to this, it appeared that staff were only required to record their temperature once.

The inspector reviewed personal care plans that outlined the residents' personal, social care, and health needs. Residents had taken part in their person-centred planning meetings and identified goals they would like to achieve. The plans were subject to annual review; in addition, each resident had a keyworker with whom they had regular meetings. These meetings reviewed many aspects of each individual's life, including the progression or adjustments of goals. For example, some residents worked on returning to employment and volunteering opportunities. The person in charge also provided workshops to all staff on the person-centred planning process used to assist residents in achieving their desired personal outcomes.

Also contained with residents' personal plans were personal emergency evacuation plans (PEEPs). These outlined the supports residents needed to evacuate the centre in the event of a fire and were noted to have been reviewed in 2022. The provider had recently enlisted the services of an external fire safety consultant to conduct a comprehensive review of all of their designated centres. The inspector reviewed the reports, which were detailed and referred to relevant fire safety guidance, legislation and guidance. The fire safety report dated March 2022 fed into the overall fire improvement plan for the centre, including fire evacuation procedures and fire containment. Some of the actions had been completed at the time of the inspection, while other actions had a time-bound plan for completion.

Overall, there were a low number of restrictive practices implemented in the centre. Where they were in place, they were to manage personal risks for residents and had been referred to the positive behavioural committee as part of the provider's additional oversight and governance arrangements in the centre. While reviewing these referrals, it was noted that the sub-committees for human rights and rights restrictions had not met in some time, and therefore the quarterly reviews of restrictions had not occurred. The inspector raised this during the feedback session, and they were informed that the provider had examined the purpose and aim of the committee and established it required broadening to include a wider range of functions to capture a greater rights-based ideology. The inspector was assured that the details of the enhanced oversight committee and positive behaviour review policy would be finalised as part of the inspection compliance plan.

Regulation 13: General welfare and development

The inspector found that residents were supported to have active personal and social lives in accordance with their interests. Residents were central to decisions about their day-to-day care and long term personal goals, and staff supported residents to engage in activities and hobbies of their interest. For example, residents had been consulted with regarding their wishes to return to recently opened days services and work placements. Residents told the inspector they socialised in their local community, visited family members and friends and had visits to their homes.

Judgment: Compliant

Regulation 17: Premises

The inspector observed premises improvements were required, across all three houses, to ensure they were maintained to a good standard as identified within the centre's maintenance request sheets. In addition, the inspector discussed the repeated findings from a number of the provider's designated centres at the feedback session to highlight the need of reform to the maintenance and upkeep of the properties.

The majority of residents' bedrooms viewed had sufficient storage space for residents' personal items and were of a suitable size and layout to meet the needs of the residents. One bedroom, however, due to the changing mobility needs of the resident, was not fully accessible to the resident. For example, to access the wardrobe staff had to pull out the bed for the resident.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had ensured measures and procedures were in place to ensure the safety of residents from healthcare-associated infections and COVID-19. Residents were provided with appropriate information to keep them informed and up-to-date with public health guidelines. In response to the COVID-19 pandemic, staff members had also completed training in hand hygiene, infection prevention and control and the use of personal protective equipment. This ensured that staff members could support residents safely throughout the pandemic and also for other healthcare-acquired infections.

However, damage to some surface areas reduced the effectiveness of cleaning practices in the designated centre, and while the monitoring of staff temperatures was occurring once daily, this was not in line with national guidance of twice daily.

Judgment: Substantially compliant

Regulation 28: Fire precautions

It was observed that the designated centre was equipped with appropriate fire safety systems, including a fire alarm, emergency lighting, fire containment measures, fire extinguishers and a fire blanket. Such systems were being serviced at the required intervals by external contractors to ensure that they were in proper working order.

Extension fire risk assessments had been completed for the centre by a competent person, which identified areas of good practice and areas for modification, including fire containment measures. Improvements were required to the centre as laid out in the fire risk assessment report dated March 2022.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that all residents had an assessment of need and a personal plan in place that was subject to regular review. The input of residents and family representatives was evident and goals were identified in line with residents' wishes.

Residents' personal plans included an assessment of each resident's health, personal and social care needs and overall, arrangements were in place to meet those needs. Staff present in the centre demonstrated a good understanding of residents' needs and were seen to provide support in line with the information contained in residents' personal plans.

Judgment: Compliant

Regulation 6: Health care

From reviewing a sample of residents' health management plans and recent consultations with allied health professionals, it was evident that residents' changing needs were being closely monitored and supported. Further consultations with the relevant allied health professionals were being arranged promptly. Staff who spoke with the inspector were knowledgeable in relation to residents' healthcare needs which included dementia, dysphagia, osteoporsis and eyecare needs. Residents

were supported to attend National Screening programmes as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

On review of the systems in place and supports available to positively address behaviours of concern, the inspector noted that the provider had in place a clear referral pathway for residents to access positive behavioural supports in a timely manner. Where required, residents had a behaviour support plan to guide staff on how best to support their assessed needs and was subject to a suitably professional review. A function-based assessment was used to identify possible functions of behaviours, and there were clear proactive and reactive strategies to guide staff practice to support the resident appropriately. Part of the plan also included skills teaching as part of the proactive strategies.

While significant delays to the quarterly reviews had occurred, it was due to the expansion of the rights restriction committee and the positive behavioural support policy review.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected from harm. This included staff training and care plans for personal and intimate care which were developed in consultation with the residents. There were active safeguarding plans in place at the time of the inspection and the provider had ensured incidents had been reviewed and investigated where required with actions completed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. John of God Kildare Service DC 12 OSV-0002963

Inspection ID: MON-0027791

Date of inspection: 19/05/2022 and 26/05/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. Application Business Case for additional funding has being sent to the HSE to secure long-term funded staffing. Completed by 30th June 2022. 2. Permanent vacancies have being advertised and recruitment is active. Interview dates set in July. Complete by end 31st July 2022. 3. Core group of consistent relief and agency staff identified as an interim measure to fill vacancies. Complete by 31st July 2022.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. All scheduled training will be completed by 31st September 2022. 2. All scheduled Performance Development Review meetings will be completed by 31st September 2022.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. As from 30th June 2022 Regional Director meeting with Housing Provider bi-monthly to progress and improve the maintenance and upkeep of properties; escalate outstanding works. On-going bi-monthly.
2. Monthly meeting in place between General Support Manager and Housing Provider to identify locations with outstanding maintenance and agree timelines for completion. 30th June 2022.
3. Risk Assessment completed 30th June in relation to Premises and compliance with Regulation 17.
Identified residents bedroom re-organised to allow access to free access to the wardrobe. Completed 30th June 2022.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
1. As part of maintenance schedule identified surface areas will be replaced by 31st December 2022.
2. Local procedures re monitoring Covid Symptoms will be reviewed in line with national guidance. 31st July 2022.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. Improvements required as laid out in the Fire Risk Assessment Report have being placed on the QEP for the Designated Centre for monitoring for completion with identified timeframes and persons responsible. 30th June 2022.
2. Costings being prepared and business cases will be submitted for additional resources to complete identified improvements as required. 31st December 22.

Regulation 7: Positive behavioural	Substantially Compliant

support	

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

1. Quarterly review of Positive Behaviour Support plans completed. Dates for review monitored monthly by PIC and Programme Manager. 30th June 2022.
2. MDT support and oversight in place for all residents with Positive Behaviour Support Plans. On-going.
3. Restrictive Practice Review sub-committee to PBS Committee; in place to approve and review identified restrictions. 31st July 2022.

All identified restrictions notified quarterly to the Chief Inspector. On-going.

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(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	31/07/2022
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	30/09/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/09/2022
Regulation 17(4)	The registered provider shall ensure that such	Not Compliant	Orange	30/06/2022

	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.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Not Compliant	Orange	30/07/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	31/12/2022

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	30/09/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used,	Substantially Compliant	Yellow	31/07/2022

	such procedures are applied in accordance with national policy and evidence based practice.			