



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

Issued by the Chief Inspector

Name of designated centre:	Meath Westmeath Centre 3
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	30 June 2021
Centre ID:	OSV-0004590
Fieldwork ID:	MON-0032822

About the designated centre

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

The designated centre comprises three locations, all within close proximity to the nearest small town. There is a 3 storey house in a housing estate which provides a full time residential service with a social care staff to five adults with medium support needs. The house consists of an open plan kitchen/dining room and sitting area, utility room, sitting room, five bedrooms (three are ensuite), two bathrooms. There is a garden to the rear of the house. There is also a detached bungalow in another housing estate which provides a full time residential service with, social care workers and support workers to five adults with medium to high dependency support needs. The house consists of five bedrooms (one with an en-suite), one main bathroom, sitting room, kitchen/dining area and utility room. There is garden to the rear of the house. Lastly there is a detached bungalow which provides a full time residential service with social care staff to one resident with medium to high support needs. The house consists of an open plan kitchen/dining/living area, a separate living area, utility room, two bedrooms and a bathroom. There is a garden to the rear of the property. The organisation provides services to both male and females over the age of 18. All houses have 24 hour staff support with sleepover staff. Residents are supported to access local amenities including bars, shops, leisure centre/swimming pool and restaurants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Wednesday 30 June 2021	09:00hrs to 16:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

During this inspection the inspector visited all three of the houses which make up this designated centre. The inspector had the opportunity to meet with six of the residents in two of the houses and visited the third house during the day.

In one of the houses, two of the residents were at their day service and planned to go out for lunch. Another resident was preparing to go out with the staff for shopping and coffee and was looking forward to this. In another house the residents were finishing lunch, having a cup of tea afterwards, doing their desktop work or watching the TV.

Three of the residents were able to communicate with the inspector and they said they were very happy living in the centre, and with their daily lives there. They said the staff looked after them very well and they got on well living together.

A number of the residents showed the inspector their bedroom, their numerous personal possessions, hobby materials, personal photos and the work they had done on the gardens during the restrictions imposed during the pandemic. Residents said they had chosen their own furniture, except where a specialised bed was needed, but said they understood that this piece of equipment was needed to help them. One resident in another house told the inspector that they were waiting for the arrival of new furniture and for the house to be painted in the colours they had chosen. They were proud to show pictures of the various activities they enjoyed, including dressing up for parties, meeting with pals and their families.

The residents said they were happy to be getting back to having visits with their families or special long standing friends, getting out to their activities, going to mass and singing in the choir, which they really enjoyed. They explained however, that the virus was serious and they had to be careful, but they were getting their vaccinations and happy with this. The communication observed between the staff and the residents was good natured, respectful, warm and very attentive. The residents all looked very well, explained how much they liked their style and jewellery and said the staff helped them to go shopping for this.

The residents were supported and encouraged to be independent, for instance, using adapted kitchen equipment so as to help with food preparations, and their mobility aids so that they could move around safely as much as possible.

A number of the residents were very involved in their local community, including being members of local clubs and assisting in tidy towns events, a number were members of the local hotel gym and swimming pool. In most instances, the arrangements for the residents' daily lives and social activities were based on consideration of the residents' capacities, preferences, support needs and ages. For example, a number no longer attended day service and some went for short periods only. Other residents had a wraparound service from their home. However, the

benefits of this was not consistent across the three houses, and there were differences noted, based primarily on the staffing levels provided and the level of dependency of the residents. One resident told the inspector that in one of the houses they needed more staff, explaining that sometimes the staff couldn't get to them on time for their care as they were just so busy.

While there was no opportunity to speak with families regarding the residents/ care and support needs, the inspector did see evidence of good communication and consultation with the residents' guardians regarding their care and support. There were also compliments from the families in regard to the additional supports provided at times of difficulties for the residents.

The inspector found systems were in place to provide for the health, emotional and social care needs of the residents. However, there were matters identified on the inspection regarding an appropriate and timely response to safeguarding incidents, and staffing levels in one of the houses, to ensure the resident's protection and ongoing wellbeing. These matters were discussed with the person in charge and the regional manager during the feedback meeting following the inspection.

The next two sections of this report, present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This risk based inspection was undertaken at short notice, to ascertain the providers continued compliance with the regulations and standards, and to inform the decision regarding the provider's application to renew the registration of the centre. The centre was last inspected in January 2020 with a good level of compliance found, apart from fire safety where reassurance were sought that residents could be safely evacuated at night time.

This inspection found that while there were governance systems and structures in place for oversight and direction of care, improvements were required in two specific areas to ensure the quality of life, safety and ongoing wellbeing of all of the residents.

The centre was managed by a suitably qualified and experienced person in charge, who had a very good knowledge of the assessed needs and support requirements for the residents, and acted as an advocate for the residents.

There were reporting systems evident, with audits and reports submitted to the area manager by the person in charge, to ensure quality assurances in key areas of; care plans, health and safety, incidents and residents finances. The annual report for 2020 was available. Where actions were identified these were addressed by the person in charge, for example, suitable closures for the fire doors and updating of

some risk assessment for the residents.

However, despite these oversight systems, there was evidence that the wellbeing of residents in one house was severely impacted by behaviours of concern over a significant period of time since 2019. While interim measures had been taken by the provider to try to alleviate the situation, this was not effective. The situation had been resolved in March 2021. Of concern however, was that this situation was influenced by the providers safeguarding procedures which did not include recognising, or responding, to the ongoing psychological impact of such incidents on residents in a timely manner.

In addition to this, the inspector was not assured that the resources needed in terms of staffing were satisfactory in all of the houses, based on the assessed needs and dependency levels of the residents. In one of the houses the staffing levels provided, were not sufficient during the day time to provide the ongoing care and support needed for the residents. From documentation reviewed, speaking with residents and staff and observation, the low number of staff available in this house (two staff member) which resulted in some delays in personal care, in a lack of access for some residents to regular external activities and to ensuring that the ongoing therapeutic interactions which the more vulnerable and dependant residents may need, could be carried out. This was by contrast to the three bedded house, with less chronic dependencies levels and two staff, and the single occupancy unit, which was supported by one-to-one staffing, the inspector found that residents living in these houses were having their need met on a consistent basis.

Additionally, from the training records available for review the inspector found, that while the majority of the staff had the required and updated training there were some deficits noted in mandatory training requirements including training in safeguarding, manual handling and the use of emergency medicines, all of which were necessary in this centre.

Recruitment procedures for the staff were found to be in line with regulatory requirements and there were good systems for staff supervision and team meetings, which prioritised the care and support needs of the residents.

In all centres there is a requirement to notify the Chief Inspector of any incident occurring in the centre, from a review of notifications the inspector found that while a number had been submitted, none were submitted in regard to the ongoing psychological abuse experienced by some residents over a prolonged period.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge, who had a very good knowledge of the assessed needs and support requirements for the residents, and acted as an advocate for the residents.

Judgment: Compliant

Regulation 15: Staffing

The resources needed in terms of staffing were not satisfactory in all of the houses, based on the assessed needs and dependency levels of the residents. In one of the houses the staffing levels provided, were not sufficient during the day time, so as to provide the ongoing care and support needed for the residents in a consistent manner. This included access to external activities suitable for the residents and prompt response to personal care needs.

Judgment: Not compliant

Regulation 16: Training and staff development

From the training records available on the day, there were deficits in mandatory training requirements including training in safeguarding, manual handling and the use of emergency medicine all of which are necessary in this centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a suitable governance structure in place and systems for oversight and review of the residents care. However, given the findings in safeguarding and staffing levels the inspector was not assured that the providers processes were sufficiently robust and responsive to ensure the care provided was adequate to protect and ensure the best quality of life for the residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

While a number of notifications had been submitted to the Chief Inspector, none were submitted in regard to the ongoing psychological abuse experienced by some residents over a prolonged period.

Judgment: Substantially compliant

Quality and safety

The inspector found that there was a commitment overall to promoting the residents' quality of life, based on their assessed needs and preferences in most instances. However, there were differences noted in the experience of the residents due to the staffing levels in one of the houses, which supports five residents with high dependency physical and clinical care needs. To this end, the inspector was not assured that given the current staffing level of two staff that these needs could be met in a timely manner.

These residents were entirely dependent on the staff for all aspects of their care including getting out of the centre. From a review of the residents' daily records, a number of residents got out of the house for drives or a walk once per fortnight. It was also difficult for the staff to provide some of the sensory or therapeutic supports, such as massage, which some of the more vulnerable residents needed, due the level of support needed with personal care, mobility, nutrition, and transferring needed.

While the inspector had no concerns that any resident was left without primary care due to the diligence observed by the staff and the person in charge on the day of the inspection, the ratio of staff was not sufficient given their assessed need for support and impacted on their overall quality of life.

The systems for the protection of residents were not satisfactory in a specific area and required review. The provider responded appropriately to direct harm to residents and had completed a detailed investigation when an allegation of harm was made. However, the records seen by the inspector outlined a consistent level of behaviours of concern, over a number of years, which had a significant impact on other residents. While these behaviours were in no way directed at other residents, and were the result of stress and anxiety, the level of disruption had been significant. Examples of some behaviours seen included, banging windows, upturning furniture, staff assaults, aggressive verbalisations and banging on other residents bedroom doors at night. These incidents had lasted considerable periods of time and a number of residents were unable to directly express the anxiety this created.

In late 2019, the provider had implemented a plan to support a resident in a more suitable single occupancy house within the designated centre. It was envisaged that this would be a transition period and the resident would move to this house. However, the provider had been unable to access sleep over staff and so the resident could not reside full time in this house. The provider had put a plan in place which resulted in the resident being out of their home for very long periods, leaving in the morning and returning to the group house in the evening and the arrangement did not reduce the impact of the behaviours. In March 2021, the

person in charge responded to an escalating situation and moved the resident to the single occupancy house. As described to the inspector, the constant transitioning between the houses for well over a year, may, of itself, have exasperated the situation.

The inspector saw that this move had a hugely beneficial impact on the lives of all residents. However, the lack of recognition of the psychological impact of this on the other residents over such a long period is of concern. Safeguarding plans were implemented in 2019, were not revised since, and did not ensure that appropriate actions were taken to protect the residents.

Staff had detailed guidelines as to how best to support the residents with personal care, which protected their privacy and dignity. The inspector confirmed that these were adhered to. Residents' were assessed as to the level of support needed with their finances, and the inspector found there was good oversight of this, with the residents very involved in decisions regarding how they spent their monies or what they saved for.

Nonetheless, despite these failings, the residents were supported by comprehensive and frequent multidisciplinary assessments, including speech and language, physiotherapy, dietitian, neurology, medical and psychiatric reviews. Very detailed and pertinent support plans were implemented to reflect these needs and the supports required for their development, health, primary care and social care needs.

The inspector observed that the staff were following the support plans in their care of the residents, including their need for physical care and support, nutrition and dietary requirements.

There was particular attention paid to each resident's enduring health care needs, including age and gender specific needs, which were very well monitored and responded to, with prompt access to General Practitioners (GP's) and other relevant clinicians. These systems ensured that the residents maintained the best possible health. Where a resident was unable to tolerate medical intervention, staff supported this with a range of desensitisation plans and also respected their right to refuse. These systems acknowledged the vulnerability of the residents and the need for good support in these areas.

There were suitable and safe systems for the management and administration of the residents' medicines. These were frequently reviewed and their impact on the residents was monitored.

There were good systems to support the residents' emotional wellbeing. Clinical guidance, behavioural support and psychiatry was regularly available. Restrictive practices in the centre were minimal, appropriately assessed and primarily used for crucial safety reasons only.

There were good systems for the management of risk. Each resident had pertinent risk management plans implemented for their identified individual risks, whether falls, seizure activity, pressure areas, choking or personal safety.

Following the previous inspection, the provider had reviewed the fire containment systems and installed self-closures on the doors. This ensured that if the residents liked their bedroom doors open during the day this could be facilitated but they would close in the event of a fire. There were systems for containment, and alerting of fires which were serviced as required. Regular fire evacuation drills were held, including a number simulating the lone working arrangement at night. However, the residents in one house required a significant level of staff support to be evacuated. While this was achieved, it did take up to 8 minutes in some cases. Given this, the inspector was not assured that in a real emergency, with one staff, the residents could be safely evacuated. However, the person in charge informed the inspector that they were waiting for a visit from local fire authority who would review this and the current containment systems.

The residents' rights were being protected by consistent consultation with them, or where, appropriate, their representatives, in regard to their daily lives, managing their monies, attendance at religious services, and their privacy and dignity was respected. A resident had been supported to access external legal advice regarding a private matter which had provided reassurance.

There were systems implemented to mitigate against the risk of an outbreak of COVID-19 in the centre. This had been effective where a concern arose and the residents had been supported with information and assistance to get the COVID-19 vaccinations.

Regulation 25: Temporary absence, transition and discharge of residents

There was detailed information available in the event that a resident required admission to acute care, so as to ensure that their needs and communication styles were understood. However, the person in charge advised that where necessary, staff would always be present to support the more vulnerable residents in this event.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good systems for the management of risk. Each resident had pertinent risk management plans implemented for their identified individual risks, whether falls, seizure activity, pressure areas, choking or personal safety.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems implemented to mitigate against the risk of an outbreak of COVID-19 in the centre. This had been effective where a concern arose, and despite the vulnerabilities of the residents they had been protected from the impact. The residents had also been supported with information and assistance to get the COVID-19 vaccinations.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems for containment, and alerting of fires which were serviced as required. Regular fire evacuation drills were held, including a number simulating the lone working arrangement at night.

However, the residents in one house required a significant level of staff support to be evacuated. While this was achieved, it did take up to eight minutes in some cases. However, the person in charge was awaiting a visit from local fire authority who would review this and the current containment systems.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management practices were safe, frequently monitored and the residents' medicines were regularly reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents were supported by comprehensive and frequent multidisciplinary assessments, including speech and language, physiotherapy, nutrition, neurology, medical and psychiatric reviews. Very detailed and pertinent support plans were implemented to reflect these needs and the supports required for their development, health, primary care and social care needs.

The inspector observed that the staff were following the support plans in their care

of the residents, including their needs for physical care and support, nutrition and dietary requirements. Their care was frequently reviewed. However, there were differences noted in the experience of the residents due to the staffing levels in the house which supports five residents with high dependency physical and clinical care needs. To the end, the inspector was not assured that given the current staffing level of two staff during the day, these needs could be met in a timely manner.

The residents were entirely dependent on the staff for all aspects of their care including getting out of the centre, social experiences, small day-to-day sensory or therapeutic interventions and their significant primary care needs. While the inspector had no concerns that any resident was left without adequate care due to the diligence observed by the staff and the person in charge on the day of the inspection, the ratio required review to ensure that adequate arrangements were in place, to meet all of the residents need for support.

Judgment: Substantially compliant

Regulation 6: Health care

There was particular attention paid to the resident enduring health care needs, including age and gender specific needs, which were very well monitored and responded to, with prompt access to General practitioners (GP's) and other relevant clinicians. These systems ensured that the residents maintained the best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good systems to support the resident's emotional wellbeing. Clinical guidance, behavioural support and psychiatry regularly available. Restrictive practices in the centre were minimal, appropriately assessed and primarily used for crucial safety reasons only.

Judgment: Compliant

Regulation 8: Protection

The provider had failed to ensure that residents were protected from inadvertent psychological abuse over a prolonged period of time.

Reviews and investigations were not held. Adequate safeguarding plans had not been implemented. Effective and timely actions had not been taken in response to such incidents.

The impact on other residents of behaviours of concern was not considered a safeguarding matter and so they were not protected.

Judgment: Not compliant

Regulation 9: Residents' rights

The residents' rights were being protected by consistent consultation with them, or where, appropriate, their representatives, in regard to the daily lives, managing their monies, attendance at religious services of the choosing, and their privacy and dignity was respected. A resident had been supported to access external legal advice regarding a matter, which had provided reassurance and upheld the residents to make a choice.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
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	Substantially compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Meath Westmeath Centre 3 OSV-0004590

Inspection ID: MON-0032822

Date of inspection: 30/06/2021

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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • Area Director and Person in Charge to review and recruit additional staff to meet resident's needs. This will be in one house within the Centre where there is a requirement. • Person in charge to ensure that all staff have appropriate training to meet the needs of all residents. • Proposed timeline for completion is the 30th September 2021. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Person in Charge to ensure that all mandatory training is completed. • Person in Charge to ensure that training records are up-dated in a timely manner. • Proposed timeline for completion is the 31st August 2021. 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Area Director to escalate feedback from inspection to Senior Management and Designated Safeguarding Officer, to ensure a more robust and responsive system and processes are in place. • Person in Charge to ensure that staffing levels are adequate to meet the needs of the residents in the Centre. • Person in charge to ensure that all staff have appropriate training to meet the needs of all residents. • Proposed timeline of completion is the 31st August 2021 	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Area Director to escalate feedback from inspection to Senior Management and Designated Safeguarding Officer, to ensure a more robust and responsive system and processes are in place. Area Director to also discuss at team meetings. • Person in Charge will ensure that any psychological abuse or any other form of abuse shall be reported within appropriate timeframes to the Chief Inspector. • Person in Charge to ensure that all staff are trained in Safeguarding. • Person in Charge to discuss Safeguarding at regular Team Meetings with each team. • Proposed timeline of completion is 30th September 2021 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Person in Charge to arrange a visit from Fire Officer to review current containment systems in one house within the Centre. • Person in Charge to arrange a visit from Local Fire Authority to ensure familiarity with the Centre location. • Area Director and Person in Charge to review the staffing levels within one location within the Centre, to ensure safe and timely evacuations. • Centre to continue to carry out and review fire evacuations drills, day and night. • Proposed timeline of completion is 30th September 2021 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> • Person in Charge is to review staffing levels within the Centre. • Currently there is recruitment drive for staff in this location. • Proposed timeline for this is 30th September 2021 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • Area Director to escalate feedback from inspection to Senior Management and Designated Safeguarding Officer, to ensure a more robust and responsive system and processes are in place. • Person in Charge will ensure that any psychological abuse or any other form of abuse shall be reported within appropriate timeframes to the Chief Inspector. • Person in Charge to ensure that any Safeguarding Plans that are in place are reviewed in a timely manner. • Person in Charge to ensure that all staff are trained in Safeguarding. • Person in Charge to discuss Safeguarding at regular Team Meetings with each team. • Proposed timeline of completion is 30th September 2021 	

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	30/09/2021
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	31/08/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	31/08/2021

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/09/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	30/09/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/09/2021
Regulation 08(2)	The registered provider shall	Not Compliant	Orange	30/09/2021

	protect residents from all forms of abuse.			
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