



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

Issued by the Chief Inspector

Name of designated centre:	Hillview A
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	31 March 2021
Centre ID:	OSV-0001515
Fieldwork ID:	MON-0031737

About the designated centre

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

Hillview A is a centre which is run by Peter Bradley Foundation Company Limited. The centre is located in a town in Co. Clare and provides a residential neuro-rehabilitation service for up to four residents, over the age of 18 years and who have an acquired brain injury. The service aims to support recovery after a brain injury so that the person gradually regains skills and lives a meaningful everyday life. The model of support is flexible and individualised with an emphasis on independent living. Supports are provided directly by a team of rehabilitation assistants with day to day management assigned to the team leader and the local service manager who is the person in charge. Staff are on duty both day and night. The service is located near many social and recreational amenities including local shops, services and transport links. The house is purpose built and provides residents with their own bedroom two of which are en-suite. Two residents share an en-suite and there is a further standalone bathroom. Residents have access to a sitting room, adapted kitchen, a dining area and a garden to the rear of the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 31 March 2021	09:45hrs to 16:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This was a well-managed service, the operation of which was focused on promoting resident well-being. Residents had the independence that they wanted, the support that they needed and enjoyed a good quality of life in the centre. The standard of care and support provided was good but some improvement was needed in the provider's fire safety arrangements and in the personal plan, including the positive behaviour support plan. These improvements were needed to consolidate the good practice found and ultimately to improve the quality and safety of what was already a good service.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. COVID-19 has resulted in changes as to how centres are inspected, so that they can be inspected in a way that is safe for residents, staff and inspectors. In this centre, there was a suitable space and arrangements for the inspector to be in the centre for the duration of the inspection. This meant that the inspector had the opportunity to safely meet with the residents and the staff on duty and, to observe as residents and staff went about the normal routines of the day.

On arrival at the centre, the inspector noted that the centre was located in a pleasant residential area within easy access of the services available in the town. The area though densely populated was quiet and well served with pathways that could be safely utilised by residents. The inspector had the opportunity to see much of the house and one resident invited the inspector to see his bedroom. The resident said that he was quite happy with his room and that it met his needs. The centre presented well and was homely and inviting. The centre promoted accessibility and had been purpose built. The kitchen was adapted with for example lower level work-surfaces that allowed residents such as wheel-chair users to engage in meal preparation and cooking. Residents had access to a garden to the rear of the house that was evidently used weather permitting.

The inspector received a warm welcome from all four residents. Residents understood the role of the inspector and said that inspections were very important as they ensured that services were operated to the required standard. Residents were eager to communicate to the inspector their experience of living in this centre. Residents had also been invited to complete, if they wished, questionnaires provided by the Health Information and Quality Authority (HIQA). All four residents provided the inspector with a completed questionnaire in addition to what was discussed during this inspection. This written and verbal feedback was consistently positive. For example, residents spoke of their experience of living in other care environments and said that this centre was the best suited to their needs and choices. One resident described his admission to this centre as "being rescued". Residents provided very positive feedback on the staff team and the quality of the support that they provided. Residents said that they always felt respected and listened to and, if they were not happy about something they could say this as well. Residents

identified staff that they would talk to, including the person in charge. Residents clearly knew who was in charge and told the inspector that the person in charge was a very good manager. The inspector concluded that it was very important to the residents that the staff knew how regarded they were and how highly residents rated the quality of the support that they received.

The overall objective of the service was reflected in the feedback provided by residents as residents reported that staff motivated and encouraged them and helped to rebuild their confidence. For example, a resident discussed their exercise and mobility programme and the improvement gained from it. At times residents choose to speak about their past and what was evident was their acceptance, resilience and hope.

The inspector noted during the course of the day that there was a calm and easy atmosphere in the house. Residents were relaxed and confident in their home and were very much at ease chatting with the inspector regardless of whether staff were present or not. Residents were seen to have good freedom and independence in line with their capabilities and for example, accessed the kitchen to make refreshments for themselves at intervals during the day. Residents discussed how they all contributed to and agreed the weekly menu and were supported by staff to participate equitably, in the preparation of meals. As the inspector was leaving, residents were preparing to join each other for what was a very appealing looking dinner. The inspector noted that adaptive equipment that supported resident independence was provided.

There was some discussion of COVID-19 and its impact on daily life. Residents missed their pre-COVID busy routines and their interests outside of the centre such as their regular attendance at external services. The inspector saw on the day of inspection that these services were using technology such as video conferencing to remain in contact with and, to provide a service to residents. Residents said that they kept themselves occupied each day, residents did some light housework, went for walks with staff, completed exercise programmes and enjoyed the group activities organised by staff. Residents did not raise any issue in relation to the suspension of visits and again a range of media was used to ensure that there was ongoing contact with family and friends. Residents did not like the restrictions but understood why they were needed. Residents were happy to have received their first vaccination in the days prior to this inspection, they said that they felt fine after it and spoke of the hope that vaccination brought. Where assessed needs had raised the risk for possible side - effects, the inspector saw that a protocol of care had been prepared and was in place if it had been needed.

The model of care was social but where residents had physical or healthcare needs the provider had arrangements in place to meet these needs to a good standard. Staff had completed relevant training, there was regular access as needed to the relevant clinicians and the care provided was based on the advice given. However, the inspector did find that improvement was needed to one plan so as to strengthen it and provide clearer guidance for staff. Staff spoken with were informed and conscientious.

This was ultimately a shared living arrangement and invariably there were times when individual personalities, choices and requests differed. Staff supported residents to raise any dissatisfaction they had either as a complaint or as an agenda item at the house meetings. In seeking resolution, the emphasis was on discussion, negotiation and reasonable compromise. The inspector did find however, that better guidance for staff on how to respond to and manage certain situations that arose was needed.

Overall, the provider had risk management systems that kept residents safe but that did not prevent residents from having good independence, choice and control in their daily lives. As any identified risk decreased so too did the controls that had been introduced to manage the risk. The only evident restrictions were those based on public health guidance. The person in charge regularly reviewed all of the relevant risk assessments and contingency plans in this regard.

Overall, the provider had good fire safety arrangements and staff and residents regularly participated in successful simulated evacuation drills. However, a drill that simulated night-time circumstances was needed and the provision of a master key for staff to access external doors would have been a safer option than the multiple keys that were in place.

In summary this was a well-managed service that promoted resident safety, well-being and, where residents self-reported having a good quality of life and, a high level of satisfaction with the service. The three areas where some improvement was needed will be discussed further in the body of the report. The next two sections of this report present the findings of the 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 service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The service presented as adequately resourced to deliver on its stated objectives. Effective management was reflected in the good level of compliance with regulatory requirements found on inspection and, the fact that the provider has sustained this over the course of HIQA inspections. The provider used data it collected, for example from complaints and incidents, to improve the quality and safety of the service. However, some further improvement was required in the area of personal planning including the positive behaviour support plan and in the provider's fire safety arrangements.

The local management structure was streamlined and was comprised of the team leader, who was supported, guided and directed by the person in charge, who in turn had access as needed to her line manager and the wider organisational structures. The person in charge was an experienced manager who was confident she had the support and systems that were needed to ensure the effective

management and oversight of two designated centres. This confidence and capability was reflected in the satisfactory HIQA inspections findings in both of these centres and in the positive feedback received from residents.

Systems of management and oversight that supported effective governance included the timely response to accidents, incidents, complaints and, the completion of audits, including those specified by Regulation 23. The provider used the data and information collated to improve systems and practice, for example in relation to any medicines related error. Overall, the findings of internal reviews were positive with minimal actions for improvement identified. The annual review included consultation with residents and the feedback received was very positive. These internal findings would concur with the good level of compliance found on repeat HIQA inspections. When reviewing the service it provided, the provider recognised the role of the regulator in promoting high-quality and safe care and, had used guidance issued by HIQA to review areas such as fire safety and contingency planning for COVID-19. In addition, when reviewing staff training records the inspector saw that many staff had commenced a recently launched HIQA online learning course. This course is designed to support staff working in health and social care services to apply a human rights-based approach and to put national standards into practice.

The records of all training completed by staff reflected mandatory, required and desired training such as safeguarding, medicines management and first aid. The training was reflective of the specific care and support needs of the residents living in this centre and new risks such as that posed by COVID-19. The training records also reflected the good governance found with evidence of learning from previous inspection findings. The inspector readily established the completeness of training from the records and, the person in charge described a newly implemented alert system that identified when training, including refresher training was due.

The inspector saw that the staffing levels and arrangements on the day of inspection were as described and as set out in the sample of staff rotas reviewed. There were two staff on duty each day from 09:00 to 21:00 and the night-time arrangement was one staff on sleepover duty. Staff spoken with were satisfied with these arrangements. The inspector saw that residents had good independence but also had the support and assistance that they needed for their safety and well-being. The person in charge held regular staff meetings. There was good staff attendance at these meetings and good team discussions of matters arising in the centre such as risks and controls in response to COVID-19.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete and valid application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time, was an experienced manager and had the skills and qualifications needed for the role. It was evident that the person in charge had a visible presence in the centre and was actively and consistently engaged in the management and oversight of the service. The person in charge was very open to the inspections findings and viewed the improvement needed as promoting improvement. The inspector saw that there was an easy rapport between residents and the person in charge and between the person in charge and the staff on duty. Residents clearly identified the person in charge as a person with authority that they had trust in.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were suited to the number of and the assessed needs and abilities of the residents. A regular staff team ensured that residents received continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of mandatory, required and desired training. The training programme reflected the assessed needs of the residents and the care that staff had to provide. The training programme was responsive to new challenges and risks such as COVID-19.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained all of the required information such as the contact details of the resident's General Practitioner (GP).

Judgment: Compliant

Regulation 21: Records
The inspector found that any records requested were in place, were made available to the inspector and, were well maintained.
Judgment: Compliant
Regulation 22: Insurance
With the application seeking renewal of registration, the provider submitted evidence of having insurance in place.
Judgment: Compliant
Regulation 23: Governance and management
The inspector found that this was an effectively managed service where the focus of management and oversight was on the safety, quality and appropriateness of the service, support and care provided to each resident.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose contained all of the required information such as, details of the management structure and the services provided. The inspector saw that the statement of purpose was readily available in the centre.
Judgment: Compliant
Regulation 34: Complaints procedure
How to complain and who to complain to was prominently displayed in the centre. Residents said that they would complain if they needed to. Residents who had complained said that they were happy with the management of their complaint.

Records seen confirmed that staff gave residents assistance, as needed, to make their complaint and, where possible, sought through discussion and negotiation to resolve complaints. Corrective action, where needed and appropriate was also taken in response to issues raised by residents.

Judgment: Compliant

Quality and safety

Resident health, safety, well-being and welfare was maintained by the effective governance described in the previous section of this report and by a good standard of evidence-based care and support. However, some improvement was required in the area of personal planning and in the providers' fire safety arrangements.

The person in charge described to the inspector how the ethos of support and care was always to support the goal of maximising recovery, ability and independence. This was an individualised process with each resident having a rehabilitation plan tailored to their individual needs and circumstances. The inspector reviewed one personal plan and aspects of another. The inspector found that the personal plan was informed by an assessment of needs and was updated and reviewed as needs and prescribed treatments changed. Residents were spoken with and had input into their plan of support, for example during regular meetings with their key-worker and at the annual review of their plan. During these discussions the inspector saw that residents expressed both their satisfaction and also what it was that they hoped to achieve, progress or do more of, with the support of staff. While challenges remained, the process of recovery was evident in the records seen and in discussions with the residents themselves, for example in the areas of mobility, communication and every day tasks that could be completed with little or no assistance from staff.

The personal plan was holistic and included any healthcare needs and the care that was needed to ensure that residents enjoyed the best possible health. Records seen and discussion with staff confirmed that staff had the information, knowledge and any equipment needed to monitor resident well-being. Staff sought clinical advice based on any concerns arising. The care provided was evidence-based and informed by the appropriate clinicians such as the GP, psychology and hospital based services including clinical nurse specialists. The care provided promoted health and residents had access to care and screening programmes that reflected their age, gender and assessed clinical needs. Overall, the inspector found that staff spoken with clearly understood the plan of care and the critical importance of safe, consistent care. Records discussed with staff confirmed the implementation of the plan in practice. However, the plan would have been strengthened by inclusion of clear guidance on how and when, staff should monitor and assess the impact of medicines that had been administered and, what further action was needed if the desired impact was not achieved post-administration. When reviewing this specific

plan, the inspector recommended that the provider also review its policy on the use of high-risk medicines (medicines that have a higher risk of harm than other medicines if used incorrectly). While the medicines management policy identified the high-risk medicine it was not robust on what risk-reduction strategies were to be implemented in centres to address and mitigate the risks associated with the use of these medicines.

In addition, the inspector found that improvement was still needed to the positive behaviour support plan; this had been an action from the previous HIQA inspection. Records of accidents and incidents to date in 2021 indicated a potential pro-rata increase in incidents based on the 2020 overall total, hence the importance of addressing this deficit. The plan did set out the possible behaviour and the reasons for the behaviour in the context of assessed clinical needs. However, the plan did not provide guidance for staff on how to prevent the behaviour where possible, while therapeutically supporting the resident and responding to the behaviour when it happened.

While there was an element of risk management to the above, overall the inspector found that risk was effectively identified, managed and monitored. The person in charge maintained and regularly reviewed a range of centre specific and work related risk assessments. The risk register had been updated to include the risks associated with COVID-19 and their management, for example community access for residents and the safe management of shared work spaces. Risks as they pertained to individual residents were directly co-related to their assessed needs. There was no evidence of controls that disproportionately impacted on residents or their quality of life. The person in charge described how as recovery progressed and risk reduced, controls such as those in place at the time of the last HIQA inspection, were reviewed and removed.

The arrangements for reducing the risk of the accidental introduction and onward transmission of COVID-19 were effective and informed by national guidance, reviewed and updated by the person in charge as this guidance changed, for example in relation to face - mask specifications. Any changes were communicated to staff. The providers' contingency plans and the practice observed were all noted by the inspector to be in line with national guidance. Residents in their interactions with the inspector were mindful of the need to keep a safe physical distance and commented on the demise of the handshake. All staff had completed a suite of training that included hand-hygiene, the correct use of personal protective equipment (PPE) and how to break the chain of infection. Staff and resident well-being was monitored, staff had access to and used the required level of (PPE) as relevant to the task and there was an enhanced schedule of environmental hygiene.

The review of the effectiveness of the support and services provided included monitoring and establishing how each resident responded to and, their ability to cope with the impact of COVID-19 restrictions. Staff and residents discussed and amended individual goals and also agreed a range of collective group activities that residents enjoyed such as cooking, crossword and newspaper groups and, on-line support from external services. Residents were supported to continue to safely access their local community and to have contact by phone, messaging or video

calls with family and friends. Residents were happy to have received their first vaccination and were hopeful of better times to come.

The inspector saw that the premises was fitted with doors designed to contain fire and its products and, each door was fitted with a self-closing device. In addition, there was a fire detection and alarm system, emergency lighting and fire fighting equipment and, documentary evidence that these were all tested and inspected at the required intervals. The inspector also saw that residents and staff participated in simulated evacuation drills. These drills were regular and were undertaken to replicate different times and scenarios including the ability of one staff to safely evacuate four residents. However, there was no recent simulated drill completed to replicate the night-time scenario. The agreed night-time evacuation procedure was for staff to exit the building and ensure each resident vacated the building through the door in their bedroom that facilitated direct access to the outside. However, there was no master key and staff had to use a number of keys. In an emergency situation this potentially increased the risk for unintended error and delay.

Regulation 10: Communication

The rehabilitation plan included any additional support the resident needed such as speech and language therapy input. Residents had access to a range of media and had adapted to the increased use of technology in response to COVID-19 restrictions.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the premises was suited to the stated aims and objectives of the service and the number and needs of the residents. The provider kept the state of repair and general decoration of the premises under review. Residents said that they were happy with the facilities and accommodation provided.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents showed the inspector the weekly menu and confirmed that they all inputted into and agreed the weekly selection of meals. Residents were supported to

participate in the preparation and cooking of meals. Residents were seen to be provided with snacks and meals that they enjoyed and residents could also make refreshments at times of their own choosing. The personal plan included any specific dietary requirements. The provision of adaptive equipment enhanced resident independence at mealtimes.

Judgment: Compliant

Regulation 20: Information for residents

The guide for residents contained all of the required information such as how to access any inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk was identified and the provider had adequate arrangements in place for its management and ongoing review. This included the procedures for responding to possible emergencies and new and emerging risks such as COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had implemented policies, procedures, practice and plans based on national guidance to protect residents and staff against the risk of COVID-19. The implementation of the required controls was evident on inspection such as the use of face masks and attention to hand-hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

There was no recent simulated evacuation drill that replicated a night-time scenario. There was no master key and staff had to use a number of keys. In an emergency situation this potentially increased the risk for unintended error and delay.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A plan of care would have been strengthened by inclusion of clear guidance for staff on how and when staff should monitor and assess the impact of medicines that had been administered and, what further action was needed if the desired impact was not achieved post-administration. When reviewing this specific plan, the inspector recommended that the provider also review its policy on the use of high-risk medicines (medicines that have a higher risk of harm than other medicines if used incorrectly).

Judgment: Substantially compliant

Regulation 6: Health care

Staff had good knowledge of residents' healthcare needs and plans. Staff monitored resident well-being and sought timely advice and care. Residents had access to the services that they needed to enjoy good health including screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The positive behaviour support plan did not provide guidance for staff on how to prevent where possible, how to therapeutically support the resident and, how to respond to the behaviour when it happened.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had completed safeguarding training. The person in charge described having access as needed to the designated safeguarding officer. Residents recognised and understood what a safe, quality service was and told the inspector that this was what they received in this centre. Residents said that they would raise concerns if they had them.

Judgment: Compliant

Regulation 9: Residents' rights

Residents received an individualised service that was based on their assessed needs and rehabilitation plan. Residents had input into their plan of care and could decline support. Residents could raise concerns and were listened to. Staff sought to respect individual perspectives and negotiate reasonable solutions with residents. Residents confirmed that they were respected by staff and were happy with the level of choice and control that they had in their daily lives.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillview A OSV-0001515

Inspection ID: MON-0031737

Date of inspection: 31/03/2021

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • An evacuation summary plan will be completed to include a replicated night time scenario fire drill. • A master key to be sought for all Residents bedroom for emergency use in case of a evacuation. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: <ul style="list-style-type: none"> • A plan of care to include guidance for staff in how to monitor and assess medication that has been administered, and to include guidance whereby if the medication has not had the desired therapeutic effect what further actions are required. The Medication policy will be reviewed with the Medication Group to discuss high risk medications and what actions are required if they are used incorrectly.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:

- The Behaviour Support Plan will provide staff guidance in how to therapeutically support the Resident and how to respond to the Resident's behaviour.

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 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	20/04/2021
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	01/05/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate	Substantially Compliant	Yellow	20/04/2021

	to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
--	--	--	--	--