



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

Issued by the Chief Inspector

Name of designated centre:	Shalom
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	06 July 2021
Centre ID:	OSV-0003639
Fieldwork ID:	MON-0033568

About the designated centre

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

Shalom is a residential home located in Co.Tipperary. The service has the capacity to provide supports to five adults over the age of eighteen with an intellectual disability. The service operated on a full-time basis with no closures ensuring residents are supported by staff on a 24 hour 7 day a week basis. Residents were facilitated and supported to participate in range of meaningful activities within the home and in the local and wider community. The property presents as a two storey building on the outskirts of a large town adjacent to a day service and another designated centre. Each resident has a private bedroom, with a shared living area space. The centre also incorporates a spacious kitchen dining area and a garden area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Tuesday 6 July 2021	08:50hrs to 17:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

From what the inspector observed, residents enjoyed a good quality of life in this centre and were offered a person centred service, tailored to their individual needs and preferences. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them and it was evident that resident autonomy and choice was promoted and was very important in this centre. Management systems in place in the centre were ensuring that for the most part, a safe and effective service was being provided to residents. This inspection found that progress had been made to address non compliance's found in previous inspections. However, some improvements were required in relation to risk management, fire safety and the identification of restrictive practices.

The centre comprised a large two storey house that could accommodate five residents. There was the potential for a self contained apartment in the centre, but at the time of this inspection, this space was amalgamated with the main house and used by all residents. The centre was located in a small residential development in a large town, close to local amenities such as shops and sporting grounds. The centre was fully occupied at the time of this inspection. Residents had varying levels of mobility in this centre, with some residents fully mobile and some residents using assistive equipment such as wheelchairs, hoists and walking frames.

Residents' bedrooms were personalised and the centre was homely and inviting and nicely decorated. Externally, residents had access to a large patio and garden area, that included a garden house that had been donated by the family of a deceased staff member. This was used for relaxation and activity purposes and was seen to be a comfortable, relaxing space for residents to use at their leisure. The garden was nicely planted and contained raised beds, garden furniture and barbecue facilities. One resident showed the inspector a tree that had been planted in memory of their father.

Residents were accessing partial day services at the time of this inspection and the resumption of these had been a positive experience for residents. On the day of this inspection, the inspector met with some residents prior to them leaving for day services and others on their return from day services. One resident was not attending day services on the day of the inspection and remained in the centre and the inspector met with this resident also. The inspector saw that this resident was supported to go out on a planned activity and to attend to activities of their own choosing throughout the day. This resident was seen to spend time independently in their bedroom working on their computer and carrying out their own activities, with staff support available on request and staff offering assistance on a regular basis. Staff were seen to be very mindful of residents dignity and privacy and took precautions when assisting with personal care to ensure that this was protected for the resident.

This inspection took place in the backdrop of the COVID-19 pandemic.

Communication between the inspector, the residents, staff and management took place in adherence with public health guidance. All of the residents living in this centre spoke with the inspector for brief periods during the inspection. All residents communicated verbally and other methods of communication were also facilitated if preferred. One resident spoke with the inspector and told them that their favourite thing about living in the service was their "freedom". They told the inspector that they were supported to make choices and that the staff supported them to do the things they wanted to do. All of the residents expressed satisfaction with their lives in the centre and the staff team that supported them and told the inspector about the activities they liked to take part in and the people and things that were important to them. One resident showed the inspector their fitness bracelet and communicated with the inspector about using this to track their daily exercise. One resident independently accessed the community as was their preference and it was seen that residents had developed strong community links in the area, with family members, neighbours and the local sporting community being very important to the residents living here. During the COVID-19 pandemic, residents were supported to maintain these links in a safe manner and at the time of this inspection residents were looking forward to, or had already, resumed activities that had been curtailed such as swimming, visiting the local pub, returning to training with a local GAA team and day and overnight trips to visit places of interest. A bench had been positioned outside the centre to allow for a resident to sit and greet neighbours and friends safely from a distance in an effort to maintain and preserve the strong community links this resident had. On return from day services, a resident was keen to show the inspector their new hair style. Residents were seen to move about the centre freely and attend to activities of daily living independently or with the support of staff. The inspector viewed residents' artwork and poetry on display throughout the centre and residents were encouraged to develop and showcase their individual talents in the centre. Achievements, such as an awards and medals received from sporting bodies, were celebrated and acknowledged and the personalities and preferences of residents was reflected in items and pictures on display throughout the centre, and in the personalisation of residents bedrooms.

Staff were observed to have strong positive relationships with the residents in the centre and residents were seen to be comfortable in the presence of staff and in seeking support from them. Residents were seen to be consulted with regularly through weekly resident meeting and residents were comfortable and moved freely about their home and were actively involved in the running of the centre. For example, on telephoning this centre prior to the this inspection to the centre, the inspectors call was answered by a resident of the centre.

The inspector spoke with some of the staff members working in the centre on the day of the inspection and obtained their views on the running of the centre and the quality of life afforded to residents in the centre. Due to restrictions in place during the COVID-19 pandemic it was not possible for the inspector to meet with family members on the day of this inspection. The inspector viewed a questionnaire submitted by a family member that obtained their views on the service that their family members were receiving and the responses provided were positive in nature. The person in charge and staff working in the centre spoke about how family communication was maintained and facilitated in the centre. Residents had also

completed questionnaires and these were mostly positive in their responses. One resident did express a desire for a larger bedroom.

The inspector observed and overheard the residents being offered fresh, home cooked foods and drinks regularly throughout the day and choices were offered at mealtimes. Where a modified diet was recommended, the inspector saw that while this was offered, some improvements were required to ensure that appropriate guidance was available to staff and that appropriate risk assessments were completed should a resident chose not to adhere to these recommendations. The inspector saw that the residents were supported to make choices about how they would spend their day and were facilitated to access the community in line with government guidelines during the COVID-19 pandemic.

Residents had access to transport to facilitate community access and on the day of the inspection the resident that was not attending day services was seen to access the community in the company of staff. Where restrictions associated with COVID-19 presented challenges to residents carrying out their usual activities, alternatives were put in place, such as access to outdoor activities and takeaway meals and drinks.

There were some restrictions in place in the centre. There was a restrictive practice log in place in the centre and most restrictions were seen to be in place appropriately to protect residents and had been appropriately risk assessed. One restriction had not been appropriately identified. This will be discussed further in the section of this report that deals with quality and safety.

Overall, this inspection found that there was a good level of compliance with the regulations and that this meant that residents were being afforded for the most part safe and person centred services that met their assessed needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the 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. There was a clear management structure present and this centre was found to overall be providing a responsive and high quality service to the residents living there. The previous inspection had identified some issues in relation to the governance and management of the centre and contracts of care. These were seen to be satisfactorily addressed at the time of this inspection. This inspection identified that some additional staff training in the area of modified diets was required for staff in this centre.

The person in charge reported to a regional operating officer, who reported to a director of care. Reporting structures were clear and there were organisational

supports such as audit systems in place that supported the person in charge and the staff working in the centre, and provided oversight at a provider level. A team leader was appointed to provide support in the day-to-day running of the centre. There was evidence of regular contact between the staff team, the person in charge and the wider management team.

The person in charge was present on the day of the inspection. This individual had remit over one other designated centre and a day service at the time of this inspection. The team leader was also present on the day of the inspection and spoke with the inspector also. Both these individuals were very knowledgeable about the residents and their specific support needs and this enabled them to direct a high quality service for the residents living in the centre.

The centre was adequately resourced to provide for a good quality service for the individuals living there. Staffing levels were appropriate, the centre was appropriately maintained and while at the time of this inspection, repairs were being carried out on a centre vehicle, generally there was suitable transport available for the use of the residents. A dedicated staff team provided supports to the residents in this centre. During the day there were at least two staff on duty, and at night a sleepover staff member was available to the residents if required. The staff team present on the day of the inspection were familiar with the residents and some members of the staff team had worked in the centre for a number of years. This provided the residents with continuity of care and consistency in their daily lives.

Overall, staff were seen to be appropriately trained in this centre and the systems in place for ensuring that staff received mandatory and required training in a timely manner were seen to be effective. The inspector saw that one resident was supported with feeding, eating and drinking and saw recommendations in place from a speech and language therapist around this. However, staff in the centre did not receive formal training in this area and therefore it could not be ascertained if they had the required skills to safely support this resident at all times. This will be discussed further in the quality and safety section of this report.

The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed and contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them. The person in charge told the inspector about learning that had been gained from managing an outbreak of the COVID-19 virus in another designated centre. Audit schedules were in place and taking place regularly. An annual review and six monthly audit had been completed and actions identified were being addressed. The timely identification and management of any issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this

designated centre.

Regulation 15: Staffing

This centre was staffed by a suitably skilled, consistent staff team. Continuity of care was provided. Staffing levels were appropriate to meet the needs of the residents and the provider had increased the staffing levels in the centre in response to the requirement for additional staffing during the COVID-19 pandemic due to day service closures and curtailment.

Judgment: Compliant

Regulation 16: Training and staff development

Training records viewed showed that staff training had been completed in a number of areas including fire safety, safeguarding of vulnerable adults and hand hygiene. Staff had access to refresher training as required and the person in charge was identifying training needs as they arose and ensuring staff had access to this training as required. The assessed needs of a resident in this centre included recommendations pertaining to a modified diet. Staff had not received training in this area, nor had this been identified as a training need.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre was appropriately resourced to ensure the effective delivery of care and support. There was a clearly defined management structure in place that identified lines of authority and accountability and management systems in place in the designated centre were appropriate. An annual review and six monthly report had been completed in respect of this centre and there was evidence of appropriate consultation with residents and their representatives. A local audit schedule was in place to monitor the service and identify any issues or areas requiring attention and staff reported that management were quick to resolve any issues that arose and were responsive to issues that were brought to their attention.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A contract of care was present for all residents that set out the terms and conditions of residency and the fees and charges payable by residents. These had been signed by the residents.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. Good quality supports were provided to the five residents that lived in this centre. This inspection found that while overall residents were safe in this centre, there were some improvements required in relation to risk management, positive behaviour support and fire safety measures in place in the centre.

Infection control procedures were in place in this centre to protect residents and staff in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Cleaning records indicated that there was a regular cleaning schedule taking place. Staff had undertaken training in recent months on infection control measures including training about hand hygiene and the appropriate donning and doffing of PPE. The person in charge and staff had an awareness of infection control measures to take to protect residents, staff and visitors to the centre, including appropriate use of personal protective equipment (PPE). The staff spoken to took their responsibilities in this regard seriously and demonstrated this throughout the time the inspector spent at the centre.

The inspector saw that there was a proactive approach taken to risk management but that some improvements were required. Where an activity was identified as having certain risks attached, appropriate controls were put in place to mitigate these and residents were provided with opportunities to take part. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre and overall this was seen to identify most of the risk present in the centre. There was an organisational plan and risk assessment in place in relation to COVID-19. Where incidents occurred these were found to be appropriately recorded and considered. For example, where a near miss safety incident had occurred that could have led to a resident falling, this was examined and it was concluded that an incorrect transfer procedure was being used. Actions taken included staff supervision and guidance on the correct procedure to use and the updating of the relevant documentation to prevent re occurrence.

One resident had been assessed by a speech and language therapist, who had provided specific recommendations in relation to feeding, eating, drinking and communication. The resident sometimes chose not to follow these recommendations in relation to the types and textures of foods that they consumed. The inspector saw that while the provider was respecting the rights and wishes of this resident in this area, further consideration was required as to the risks that this posed to the resident, and further evidence documented about the efforts that the provider had made to ensure that the resident and staff team were fully informed and aware of those risks. Control measures in place also required review. For example, although this presented a choking risk to the resident, at the time of this inspection, training in first aid was not identified as a control measure in the risk assessment in place and not all staff had been trained in first aid, although this training was scheduled for the same month as the inspection. Staff had received no training in the area of modified diets or in supporting a resident with feeding, eating and drinking. The resident was for the most part able to direct staff in this area themselves and some guidance was provided in a support plan around this. However, the inspector was not assured that this was sufficient to ensure that all staff had the appropriate skills and knowledge to support this resident in the safest manner possible and the recommendations contained in this document had not been formally reviewed by an appropriate health and social care professional since 2017. This document also did not take into account the residents preferences not to follow recommendations on occasion, and measures in place to support the resident at those times or guidance for staff around this issue.

As mentioned previously in this report, there were some restrictions present in this centre, such as the use of a lap belt for a resident that used a wheelchair. These were in place to ensure the health and safety of the residents living in the centre and had been identified as appropriate in the restrictive practice log in place and identified restrictions were subject to regular review. The inspector viewed a locked press that limited access to soft drinks to one resident. However, this had not been identified as a restrictive practice. This resident purchased their preferred soft drinks in bulk as a cost saving measure for the resident and was provided with access to a set amount daily to limit their consumption of soft drinks and encourage healthier options. This practice appeared to have evolved during the pandemic when staff were supporting the resident by purchasing these drinks for them. The inspector was told that the resident had agreed to this practice and was able to access the local shop independently to purchase more drinks if preferred. However, there was no documentation in place to support the ongoing use of the locked press or consideration if other more suitable measures could be employed. GP advice had been sought in relation to the consumption of these drinks.

The previous inspection had identified that some fire containment works were required in the centre. The inspector saw that these had been completed. However, further issues were found on this inspection that required some attention. Fire safety measures in place in the centre required review. Weekly testing of the fire alarm system to ensure that it was fully functional had ceased in the centre in the months previous. The person in charge committed to reinstating this practice to ensure that equipment was functioning as it should on an ongoing basis and that any issues were identified in a timely manner. There were plans in place to evacuate

residents in the event of an outbreak of fire in the centre. However, the inspector saw that the plans in place for evacuation at night time, when staffing levels were reduced, required review. For example, these included requesting the assistance of staff from a neighbouring centre. However, the staff in that centre, while provided with written details on how to evacuate residents, were not provided with information or training about how to transfer residents that required assistance with transfers or used equipment such as a hoist. Also, plans in place were unclear as to roles and responsibilities of individual staff members in the event of a fire such as which residents the staff attending from the neighbouring centre should attend to first. A night time fire drill had not been simulated in the centre to test the effectiveness of the plans in place.

Individualised plans were in place that contained detailed information to guide staff in supporting residents on an ongoing basis. There were seen to be comprehensive and detailed goals that were set by and with the residents. Goals were found to be relevant and the documentation around these was being updated regularly. Some of the goals set by residents in this centre included goals to visit places of interest such as the GAA museum and the Guinness Storehouse in Dublin, trying new things such as mindfulness and one resident had a goal to write a book that they were actively working on at the time of this inspection. There were numerous pictures of residents taking part in activities and achieving previous goals on display throughout the premises. The documentation in place clearly demonstrated how goals were being achieved and any issues that arose in the completion of goals.

Residents were supported to adapt and reassess their goals as required during the COVID-19 pandemic when restrictions were in place that prevented them from achieving certain goals. Personal plans were reviewed at least annually with residents and their representatives through scheduled person centred planning meetings.

There was evidence that the residents living in this centre were facilitated and supported to access medical supports and care as required and there were comprehensive plans in place to support residents to achieve the best possible health outcomes. There was evidence that the person in charge was maintaining contact with appropriate medical professionals, including when medical appointments had been cancelled or curtailed due to the COVID-19 pandemic. Residents were supported to access COVID-19 vaccination services if they wished.

The person in charge told the inspector about learning that had taken place following a recent incident that had occurred in the centre, which had been notified to the office of the Chief Inspector. The inspector saw that the appropriate investigations had been initiated and a safeguarding plan had been put in place to prevent reoccurrence. Staff were familiar with this plan and the inspector was assured that the response of the provider was sufficient to ensure the safety and well-being of residents was protected.

Regulation 10: Communication

Residents in this centre were assisted and supported to communicate in accordance with their needs and wishes. The person in charge had ensured that staff were aware of communication supports required. Some residents had their own mobile phones and residents were seen to have access to the Internet to maintain contact with friends and family and to take part in online activities, such as linking in with day services when attendance was curtailed due to the COVID-19 pandemic. The inspector had sight of a number of accessible documents in the centre including information about the COVID-19 virus.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were observed to be relaxed and comfortable in their home and in the company of the staff that supported them. Residents were provided with opportunities for recreation and meaningful activities and staff were familiar with residents' preferences. During the COVID-19 pandemic residents were facilitated to maintain contact with local community ties and day service providers. Continuity of care was provided to residents and residents were encouraged and supported to make plans and engage in activities that were important to them.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. An individual risk however, had not been appropriately considered and required review to ensure that control measures were clearly outlined and that staff had the necessary training and guidance to safely support a resident when eating and drinking.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by the Health Information and Quality Authority (HIQA). Overall, the centre was observed to be clean and staff had

received appropriate training in areas such as hand hygiene and the donning and doffing of PPE.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety measures in place in the centre required review to ensure that residents would be protected in the event of an outbreak of fire in the centre. Although regular fire drills were occurring, a night time drill or simulated night time drill had not taken place in the previous year. Evacuation plans in place for residents did not fully outline the procedures in place for night time and additional staff that would potentially be involved in a night time evacuation did not always have sufficient information and knowledge about the centre and its residents to guide them. Some maintenance work was required on fire doors in the centre. Weekly testing of the fire alarm system to ensure that it was fully functional had ceased in the centre in the months previous.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents that reflected their assessed needs. An annual assessment of need was viewed in residents files. Individualised plans were comprehensive and person centred and were regularly reviewed to take into account changing circumstances and new developments. Plans were presented in a manner that would be of interest to residents, including photographs of activities undertaken and residents enjoying days out.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern and support residents to manage their behaviour. There were some restrictions present in this centre. The person in charge had ensured that, where identified restrictive procedures were used, they were applied in accordance with evidence based practice. One restriction in the centre had not been appropriately identified and as such was not subject to robust review to ensure that it was appropriate. The person in charge committed to reviewing this restriction

and either removing it or putting in place the appropriate documentation around it.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to protect residents from abuse in this centre. Staff were appropriately trained in the safeguarding of vulnerable adults. Staff members spoken to were aware of their responsibilities in this area. Where any incidents of concern did occur, these were appropriately responded to and learning from these was shared as appropriate among the staff team. Suitable intimate care plans were in place to guide staff. Garda vetting was in place for all staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to have autonomy and choice in this centre. Residents were involved in decisions about their lives and were supported to take part in activities and life experiences of their own choosing. Staff were seen to be respectful of residents and to protect residents' dignity and privacy. Residents told the inspector that they were satisfied with the supports they received and the choices available to them in the centre. Residents had access to advocacy services if required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shalom OSV-0003639

Inspection ID: MON-0033568

Date of inspection: 06/07/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The staff team will receive training in relation to feeding a service user with a modified diet by a suitably qualified person by the 30/10/2021.</p> <p>All staff will receive first aid training by the 30/10/2021.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Referral submitted on the 15/07/2021 for speech and language therapist to review one service users feeding and swallowing programme.</p> <p>Meeting will be held with service user to discuss risk if service user chooses not to follow recommended diet and outcomes will be documented in the support plan.</p> <p>Support plan will be reviewed in consultation with one service user to clearly document and guide staff how to feed this person.</p> <p>Individual risk assessment reviewed on the 15/07/2021 and will be reviewed again by the 30/10/2021 to include staff training and response in the event of a choking incident.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Risk Assessment reviewed by PIC on the 9/07/2021.</p> <p>Fire evacuation procedures and PEEPS reviewed by the PIC on the 9/07/2021 and amended to clearly identify which service user should be supported and the level of support required by staff called on for assistance. Weekly fire test resumed on the 10/07/2021. Fire drill completed calling on back up from adjacent service on the 26/07/2021. Staff team from adjacent service will go through the evacuation procedure in this service on the 1-09-2021 and do so at least annually. Night time fire drill will be completed before 30/09/2021 and at least once yearly. Fire doors serviced on the 20/07/2021.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The identified restriction; locked press under the stairs was removed on the 7/07/2021. Keybox for key to press door removed from utility area and all staff informed of this. Procedure for buying and storing soft drinks reviewed with one service user on the 7/07/2021 through keyworker meeting. Restricted Practice Log reviewed by the PIC on the 9/07/2021. Restricted Practices will be an agenda item on team meetings.</p>	

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 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	30/10/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/09/2021
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	01/09/2021

Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	01/09/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/09/2021
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.	Not Compliant	Orange	01/09/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	01/09/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used,	Substantially Compliant	Yellow	09/07/2021

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