Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Hansfield Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	14 October 2022
Centre ID:	OSV-0004040
Fieldwork ID:	MON-0028711

About the designated centre

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

The designated centre is located in North West Dublin and provides services though three units and an apartment adjacent to one of the units all of which are community based. Services are provided to persons with intellectual disabilities through 24 hour residential supports in the three units and supported living services in the apartment. The registered provider states that its central objective is to ensure that a safe, secure, supportive and caring environment is created which promotes the well-being of all residents. A person in charge and a team of social care workers and carers are employed in the centre to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 14 October 2022	09:15hrs to 18:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This announced inspection took place to inform a decision about renewal of registration of this designated centre. For the most part, residents reported to be happy in their homes. It was evident that residents were enjoying a good quality of life and that they were supported to enjoy activities and places of their choosing. The inspection found mixed levels of compliance with the regulations, with improvements required in staffing, premises, governance and management, safeguarding and positive behaviour support. These are discussed in the body of the report.

The centre comprises three houses in close proximity to each other in a west Dublin suburb. The inspector visited each of the houses in the company of the person in charge over the course of the day and met with all six residents. The inspector also met with a number of staff members to gain an insight into their experiences living in the centre. Many of the resident presented with complex communication support needs. They required staff to use a total communication approach in the centre to best support their understanding, to express themselves and to make choices. Throughout the day, the inspector observed interactions where staff used gesture, Lámh signs and reduced the amount of language they were using to best support residents' needs. One of the staff members showed the inspector a 'now' and 'next ' visual schedule to support a resident understand their routine. In another house, there was a visual activity planner on the wall to support a resident. Easy to read information was also available on a variety of topics in the centre and used by staff where appropriate. Residents meetings took place on a weekly basis and the agenda included topics such as COVID-19, activities for the week, safeguarding, complaints, rights, menu planning and informing residents about what staff were on duty for the week. There was evidence that staff members advocated for residents who required support to do so. For example, a staff member had made a complaint on behalf of a resident on an issue which had occured in the house. All residents had access to transport in their homes which enabled them to access activities or places of their choosing at a time which suited them. At the time of the inspection, the person in charge was working with relevant staff in the organisation to source a more accessible vehicle for one of the residents.

The first house is home to four residents. The house comprises a sitting room which leads onto a dining area and the kitchen, a utility room, a toilet and a staff sleepover room which is also used as an office. Upstairs comprises four bedrooms, one of which has an en-suite bathroom and there was a shared bathroom for the other residents. On arrival to the house, a resident spoke with the inspector about their plans for the day which included going out shopping and for dinner in a friend's home. They spoke about a concert they had recently attended and their plans for a trip away. The resident chatted about their family and it was evident that they were familiar and comfortable with the staff members who were supporting them. The other three residents in the house attended a day service and the inspector met with them upon their return in the afternoon. One of the residents showed the

inspector their person-centred plan and some of the activities which they enjoyed. They had taken up gardening and were doing some flower arrangements in the house. This resident had a had responsibility in the centre for ensuring that there was adequate amounts of soap and hand towels in the house as part of their responsibility for infection prevention and control. They showed the inspector their clipboard with an accessible list to complete following their checks. Another resident was enjoying watching a DVD after their return, while the fourth was enjoying their sensory toy. All of the residents were well presented and appeared comfortable and content.

The second house in the centre provides a bespoke service to one resident who is supported by two staff members. The house is a three bedroomed semi-detached house. Downstairs comprises a sitting room and a kitchen-dining room. Upstairs was a newly refurbished wet room, a staff sleepover room, the resident's bedroom and the third room was used as a storage space. To the side of the house is a self-contained annex, with a bedroom, kitchen and dining space and bathroom. This remained vacant on the day of the inspection. Staff told the inspector that the resident had completed the mini marathon for the 20th consecutive year this year and trained with some staff members who completed it for the first time. The resident was involved with the Special Olympics and enjoyed a number of sports. They attended a day service two days each week. The resident was watching a film with a member of staff and came to the kitchen to enjoy their favourite meal. The resident displayed affection towards one of the staff members and it was evident that the staff member knew the resident very well and were responsive and supportive towards the resident.

The third house is a short distance away and provides a bespoke service to one resident who was also supported by two staff members. The house comprises a sitting room leading onto a garden and a kitchen. Upstairs, the resident had their own large bedroom with an en-suite bathroom. The bathroom remained in a poor state of repair on the day of the inspection and plans were progressing to refurbish this. These plans were being considered from the resident's perspective prior to commencement of any works to minimise potential distress to the resident. The resident briefly interacted with the inspector and had returned from swimming with staff. As found in other parts of the designated centre, they appeared comfortable and content in their home. They had a sensory room upstairs in addition to a guitar and keyboard which they enjoyed playing. Staff in the house described how they were supporting the resident and demonstrated how they supported their communication and planned each day.

The inspector received five completed residents' questionnaires which had been sent to the centre prior to the inspection taking place. Questionnaires seek feedback on a number of areas such as the physical environment in the centre, the staff support received, mealtimes, rights, visitors and activities. Four of these were completed by staff members supporting residents, while the fifth was completed by a family member. Questionnaires indicated that residents were happy with their homes and they engaged in a range of activities outside of the centre such as playing tennis, Special Olympics, swimming, golf, day services, going to the theatre, going to football matches and shopping. The inspector also viewed the provider's satisfaction

questionnaire for families and residents. The residents questionnaire had been presented in an easy-to-read format. While for the most part residents reported or indicated they were happy with the service they received, another wished to live alone and another reported that they did not always feel safe in their home. Family members were generally satisfied with the service and described staff as "amazing", with another saying they felt the staff in the centre were like "an extended family".

In summary, the inspector found that residents were being supported to have a good quality of life in the centre and led busy lives. One area of the centre had identified compatibility as an issue between residents which led to safeguarding incidents taking place. This will be discussed in further detail under Regulation 8: Protection in the body of the report. The next two sections of this report present the findings in relation to governance and management arrangements and how these arrangements affected the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the provider had strengthened their governance and management arrangements in the centre since the last inspection. The provider had carried out an annual review for 2021 which included the voices of residents and their family members. The six monthly unannounced visit had been carried out in line with regulatory requirements and importantly, had involved a visit to each part of the designated centre by a member of the management team. The person in charge met with their line manager monthly and meetings had a set agenda to ensure ongoing monitoring and improvement of relevant areas of the service. An action log was developed and used to update the Service Manager on progress each month. Persons in charge in the local region also met on a regular basis and minutes from these meetings indicated that learning was shared across the service. At centre level, the person in charge maintained oversight of the service using a number of audits which took place at different intervals. The inspector found that some of the audits at centre level were not identifying areas requiring improvement or recording actions completed. Staff meetings took place on a monthly basis for each house.

The inspector found that there were a number of vacancies on the day of the inspection in addition to staff on sick leave. This meant that in some parts of the centre, there were high numbers of relief and agency staff covering shifts. This was of particular concern due to the potential risk of the occurrence of safeguarding incidents being increased by unfamiliar staff on duty.

Staff training and development had improved since the last inspection. Most of the staff team had completed training in mandatory areas such as fire safety, safeguarding and manual handling. While there remained gaps in some areas, courses were scheduled for staff members in the weeks following the inspection. All staff had completed training in infection prevention control and the safe administration of medication. Staff had completed additional courses of relevance to

the centre in areas such as human rights, person-centred planning and positive behaviour support for people with autism. Staff supervision was occurring in line with the provider's policy, with a schedule in place for the remainder of the year. Additional supervision sessions were organised to support staff to debrief following behavioural incidents.

The provider had a complaints policy and an easy to read policy in place. A complaints log viewed by the inspector indicated that complaints were investigated promptly and where appropriate, shared with the staff team to ensure that learning took place.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all required documentation in their application for renewal of registration of the centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had employed a suitably qualified and experienced person in charge. The person in charge was employed on a full-time basis and was supernumerary. They had good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

There was an improvement in the maintenance of planned and actual rosters since the previous inspection, with the full names of all staff completing shifts displayed. As previously mentioned, there were a number of staff on sick leave on the day of the inspection for an extended period in addition to a vacancy. Rosters indicated that for one house, there had been 12 different agency or relief staff cover shifts in a six week period. This posed a particular risk in relation to the risk of safeguarding incidents occurring where there were unfamiliar staff on duty or when there was a disruption to the continuity of care for residents. In another house, the recommended ratio of staff was two to one for a resident. In the four weeks prior to the inspection, the provider was unable to get staff to fill four shifts, while eight different staff members had completed shifts in the weeks prior to the inspection. The third house had 13 shifts covered by 6 different staff, some of which were regular staff completing overtime. Due to the complex behaviour support needs of

some of the residents, having unfamiliar staff supporting these residents posed a risk.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff training had improved since the last inspection. Most of the staff team had completed training in mandatory areas such as fire safety, safeguarding and manual handling. Where there were gaps in managing behaviours of concern and first aid which had not yet been completed, courses were scheduled for staff members in the weeks following the inspection. All staff had completed training in infection prevention control and the safe administration of medication.

Staff had completed additional courses of relevance to the centre in areas such person-centred planning and positive behaviour support for people with autism. Staff had also completed modules on a human rights - based approach in health and social care. Staff were aware of their role in recognising residents rights and advocating on their behalf where appropriate. For example, in one location, a staff member advocated on a resident's behalf to ensure their right to privacy and protection of their personal possessions was upheld in their home. Lámh sign was also a requirement for staff due to the number of residents who used sign. This was recognised as a need by the person in charge who was in the process of sourcing this training. Staff supervision was occurring in line with the provider's policy, with a schedule in place for the remainder of the year.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected a contract of insurance against injury to residents and other risks, as required in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider had strengthened their governance and management arrangements in the centre since the last inspection. The provider had carried out an annual review for 2021 which included the voices of residents and

their family members. The six monthly unannounced visit had been carried out in line with regulatory requirements and importantly, involved a visit to each part of the designated centre. Regular visits to the centre were now taking place by members of the management team, including at weekends. The person in charge met with their line manager monthly and meetings had a set agenda to ensure ongoing monitoring and improvement of services in all relevant areas. The Service Manager received an update on progress each month. Persons in charge in the local region also met on a regular basis and minutes from these meetings indicated that learning was shared across the service.

At centre level, the person in charge maintained oversight of the service using a number of audits which took place at different intervals and were completed by assigned staff members. The inspector found that documentation relating to these audits required improvement. For example, some audits had no actions identified, while others had minor actions documented but it was unclear if these had been completed. Therefore, the systems in place were not effective in identifying areas requiring improvement or in recording progress within the centre. Staff meetings took place on a monthly basis for each house. The person in charge facilitated a team meeting for the entire designated centre twice a year. There was a standing agenda in place for each of these meetings.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose for the designated centre which contained required information in line with Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had systems in place to address and resolve any issues raised by residents or their representatives. There was a complaints policy and procedure in place, including in an easy-to-read version. This had been discussed with residents at a recent meeting. A photograph of the complaints officer was displayed in the centre. Oversight of complaints and the stage of complaints was maintained by the person in charge. There was evidence of trending these on a quarterly basis. Finally, there was evidence of staff advocating for residents and making a complaint on their behalf, which demonstrated a culture of openness and recognising residents' rights in their home.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were in receipt of good quality person-centred care. Improvements were required in fire precautions, positive behaviour support and safeguarding. Residents in the centre were supported to have best possible health. They had access to a range of health and social care professionals which included a GP, a consultant psychiatrist, speech and language therapy, occupational therapy, physiotherapy and psychology. A multidisciplinary team meeting took place for the centre on a quarterly basis. Where it was required, multidisciplinary team meetings were convened to discuss incidents or issues related to specific residents in the centre. Residents' communication support needs were accommodated for in each of the houses, with good practice evident.

Positive behaviour support plans were in place for most residents. These plans outlined proactive and reactive strategies for staff to use, including the use of PRN medication. However, for one resident with significant support needs in relation to their mental health, they did not have a behaviour support plan, or equivalent, due to a vacancy in the service.

Residents' personal and intimate care plans were reviewed by the inspector and these were found to be clearly documented and sufficiently detailed to ensure residents' right to privacy and dignity were upheld during personal care routines. However, there had been a high number of incidents of psychological abuse of residents taking place in one part of the centre. These were found to have been recognised, reported, documented and investigated in line with national policy. Safeguarding plans were put in place. Incompatibility of residents in the centre was a reported issue. The provider had completed an individual preferences and needs assessment to begin the process of exploring appropriate options for the resident, who had an expressed wish to live alone.

All of the properties were found to be warm and homely and reflective of each residents' interests. A number of issues had been identified on the last inspection in relation to upkeep of the two of the houses in bathroom, kitchen and laundry areas. The person in charge had done a walk around with a member of the management team and the properties department. All identified areas were on a plan and some of these had been actioned, while others were planned. The stairs in one of the houses was presenting a challenge for a resident who had difficulties in navigating the stairs, resulting in them descending down the stairs in a seated position. Input from occupational therapy and physiotherapy was sought to re-configure the house to provide ground-floor accommodation. However, this was not progressing. It was therefore found that one house was not meeting regulatory requirements in meeting the residents' access requirements.

The provider had appropriate risk management systems in place. The risk

management policy met regulatory requirements, in line with Schedule 5. There were suitable systems in place for the assessment, management and ongoing review of risk , including a system for responding to emergencies. The provider had appropriate fire management systems in place to ensure residents were protected against fire. Each house had detection and containment measures, fire fighting equipment and emergency lighting in place. Residents had personal emergency evacuation plans in place. There was evidence of regular drills taking place. Documentation in relation to these drills required improvement to ensure that any required learning or actions arising from drills was identified.

Regulation 10: Communication

As outlined earlier in the report, residents in the centre had a range of communication support needs. The inspector saw a number of examples of good practice in relation to communication with residents. Staff were noted to engage in a respectful manner and to use Lámh and routine phrases with residents to interact. There was access to and input from a speech and language therapist where this was required. Communication passports were in place in addition to visual activity planners and schedules. Social stories were devised for some residents to support them to understand routines. Care plans gave guidance to staff on how best to support residents with communication support needs to make choices and decisions in their daily lives. Lists of words and their meanings and Lámh signs specific to residents were documented in care plans for staff to use and to add to. As mentioned earlier, staff were not trained in Lámh, but they demonstrated that they were familiar with some of the signs which the residents used.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents of each house in the designated centre which met regulatory requirements.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place which met regulatory requirements. There was a clear system in place to identify, assess and manage risks in the centre. The risk register was found to be regularly reviewed. There were

a high number of incidents occurring in all locations in relation to residents' behaviour support, falls and medication. These were regularly trended and measures put in place where required. The provider had developed a document to ensure that any identified learning following incidents was documented and shared with the staff team.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had suitable fire safety management systems in place. Each house had fire detection and containment systems in place in addition to fire fighting equipment and emergency lighting. These were regularly checked, tested and maintained. Each resident had a personal emergency evacuation plan in place. There was a clear record of drills which had taken place. However, documentation required improvement. Some drills did not record the time it took to evacuate the building. Another drill which took place in August recommended that staff repeat a night drill to ensure that all residents could be supported to safely evacuate. This had not taken place on the day of the inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to enjoy best possible health in the centre. They had access to a range of health and social care professionals such as a GP, a consultant psychiatrist, psychology, occupational therapy, speech and language therapy, dietetics, psychology and physiotherapy. Health care records were viewed by the inspector and demonstrated clear documentation on residents' health status and monitoring of this. Recommendations from health and social care professionals were integrated into care plans. Records of appointments were kept. Where residents had complex communication needs, it was documented how those residents expressed pain or discomfort to ensure that all staff responded appropriately to residents. While residents in the centre did not yet meet the age profile for many of the National Screening Programmes, the person in charge was gathering relevant easy-to-read information on screening programmes to begin to discuss these with residents. There was evidence of consent being sought for health-care interventions, including vaccinations.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some of the residents in the centre had detailed positive behaviour support plans in place which used a traffic light system and gave staff clear guidance on proactive and reactive strategies to use to support residents. These plans included PRN protocols to ensure that reactive strategies were consistently applied, with the least restrictive option being used by staff. However, for one resident who had significant mental health support needs, they had not had input from a clinical nurse specialist or psychologist for over eighteen months. The person in charge and the service manager indicated that this gap in their service was due to a vacancy of a clinical nurse specialist. This meant that while the resident was under regular medical supervision, there was not clear clinical guidelines in place to ensure that a consistent approach was taken by all staff for this resident in line with their changing support needs.

Restrictive practices in the centre were documented and reviewed regularly with input from members of the multidisciplinary and management team. A recent unplanned use of a restrictive practice was reviewed and the provider had convened a multidisciplinary review of this immediately afterward. There was evidence of consideration of the impact on other residents' rights where a restriction was in place pertaining to one resident only.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that in one location in the centre, there had been a high number of safeguarding incidents which had been notified to the Authority in the months prior to inspection. These incidents were psychological peer to peer incidents and were an ongoing issue. These were having a negative impact on the quality of life of some of the residents. A review of safeguarding incidents demonstrated that all concerns were appropriately reported, documented and investigated in liaison with the HSE and in line with national policy. Safeguarding plans were put in place and there was evidence of multidisciplinary input into these plans. The risk of these incidents occurring was increased when there were unfamiliar staff on duty and this was a significant issue in the weeks prior to the inspection due to staff vacancies and sick leave.

Safeguarding was identified as a concern by a family member in relation to their relative remaining safe and content in their home in the questionnaire they had completed prior to the inspection. A resident reported to the provider that they did not always feel safe in their home on their resident's questionnaire. Compatibility of one resident had been identified by the provider. An individual preferences and needs assessment had been carried out with a resident who had an expressed wish to move out of the centre since the last inspection. However, it was unclear what

the progress was with the resident and their placement in the centre. Personal and intimate care plans were well documented and sufficiently detailed to guide staff when supporting residents with personal care.
Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Hansfield Group - Community Residential Service OSV-0004040

Inspection ID: MON-0028711

Date of inspection: 14/10/2022

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider shall assign regular relief staff to one location to minimize the impact of long term sick leave upon the consistent provision of service to the residents. The shift times in one location have been amended to facilitate uptake of shifts. The Provider is still actively recruiting for staff vacancy within the center.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC shall hold a meeting with assigned staff members completng audits and ensure that the systems in place identify areas requiring improvement, put an action in place and record it's progress within the centre.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC shall develop a guidance document in relation to the completion of Fire Drills and document any areas for action and their completion. This will be discuss at staff	

meetings at each location within the designated centre.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The provider acknowledges that one resident is currently not in receipt of historical supports. The provider is currently engaged in the recruitment process for specialist disciplines. One resident will be prioritised within an alternative discipline as recommended following a recent MDT meeting. The PIC has engaged with current positive behavioural support specialist to seek advice. The PIC has recently undertaken training in the management in behaviours of concern and one resident will be supported in line with his existing support plan and the support from CNS in behaviour.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The PIC has identified that individual needs are met during residents and staff meetings where individuals can have independent meetings with the PIC or staff member.
MDT meetings in relation to safeguarding have been held for two residents, further recommendations have been implemented. Activity schedules have been reviewed to provide individuals with opportunities to access activities independently of each other.
The PIC has completed an assessment of need for one resident and identified that the current living arrangements for one resident is unsuitable. The provider has presented this assessment to the ATD (Admission, Transfer, and Discharge) committee with a view to accessing suitable accommodation in line with the resident's will and preference.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/11/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	30/11/2022

	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.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	31/12/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2023