

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

Issued by the Chief Inspector

Name of designated centre:	Mulhussey
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	01 February 2023
Centre ID:	OSV-0002967
Fieldwork ID:	MON-0029953

About the designated centre

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

Mulhussey designated centre, operated by St. John of God services is located in the countryside in Co. Meath and provides care and support to four adults with disabilities. The property comprises of a two-storey house with two sitting rooms, a dining room, two bathrooms, a large kitchen area and two offices. Each resident has their own private double bedroom. There is also a separate day activation unit to the side of the house where residents can engage in recreational and learning activities that they enjoy. The property is surrounded by large garden areas and grounds with the provision of adequate private parking facilities. Residents are supported on a 24/7 basis by a person in charge, a team of social care workers and health care assistants. The service has access to two modes of transport so as to support residents with the community-based activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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 1 February 2023	10:30hrs to 17:50hrs	Raymond Lynch	Lead
Wednesday 1 February 2023	10:30hrs to 17:50hrs	Anna Doyle	Support

What residents told us and what inspectors observed

This inspection took place over the course of one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection there was four residents residing in the centre and the inspectors met with all four over the course of this inspection. Written feedback on the quality of service from some residents and family representatives was also reviewed as part of this inspection process

The centre was located in a tranquil rural setting in County Meath comprising of a large detached two storey house and a small day activation unit to the side of the property.

On arrival to the house the inspectors were met with and greeted by one of the residents who appeared in very good form. The centre had recently acquired a new bus and the resident was keen to show this to the inspectors. This resident also invited the inspectors to view their bedroom and it was observed to be decorated to their individual style and preference. They showed the inspectors pictures of themselves on social outings with their family and other items which they had on display in their room.

While it was observed that the house was in need of some modernisation and refurbishment works, it was laid out to meet the needs of the residents. It comprised of four large individual bedrooms (one ensuite), a large sitting room/TV room, a fully equipped kitchen, a dining room and a living room. A laundry facility was also provided for in the day activation unit, where residents were supported and encouraged to manage their own laundry

Additionally, a relaxation room with soft lighting was available upstairs, where residents could spend time relaxing and listening to soft music. Some residents also liked to avail of deep massage therapies and staff were able to provide this holistic support to the residents in their home. Additionally, one resident liked to go to a local hotel on a regular basis to avail of their spa treatments.

One of the residents also showed the inspectors around the day activation unit. While some refurbishment works were required to this building, it was functional and warm and provided residents with opportunities to engage in social, recreational and learning activities that they enjoyed. For example, one resident was relaxing in the unit having a foot spa. A staff member also informed the inspectors that they were going to spend time baking with this resident as this was an activity they enjoyed. Later on in the day inspectors observed staff supporting one resident with making preparations for lunch.

The day activation unit was also kitted out with drums and key boards and on a weekly basis, a music therapist visited the centre to provide music therapy to the residents. The inspectors saw a video of residents engaging in this activity and, they

appeared very happy and to very much enjoy their music therapy. The person in charge also explained that they had plans to further develop the use of the day activation unit and, to provide the residents with a sensory garden.

The grounds of the property consisted of garden areas to the front and rear of the house and, there was a large driveway to the front and side of the property. Some residents had go-carts and the inspectors observed one of them enjoying this activity on the driveway on the morning of this inspection. The person in charge explained that the residents enjoyed go-carting and this activity also provided an enjoyable opportunity for them to get some exercise and fresh air. The person in charge explained that they had plans to update the exterior of the property in the coming months. Additionally, over the course of this inspection, the inspectors observed residents relaxing in their home and engaging in activities that they enjoyed such as listening to music, foot massage, baking and going on outings to the swimming pool and for a drive.

Staff had supported residents in compiling written feedback on the quality and safety of care provided in the centre and this feedback was found to be generally positive. For example, it was reported that residents were generally happy in the service, enjoyed social activities such as horse riding, meals out, going for a coffee, picnics, shopping, swimming, music therapy, massage therapy, walks and drives. It was also reported that one resident would like a better go-carting track area to be provided on the grounds of the house as they were shortly due to get a new go-cart and, one resident said they would like to see their family a little more. This was something the person in charge was aware of, and was seeking a solution to at the time of this inspection.

Written feedback reviewed by the inspectors from two family representative was positive and complimentary about the quality of care and support provided in the service. One family member reported that their relative was happy engaging in activities such as swimming and they were grateful for the care and support provided in the centre. Another family member reported that their relative liked all the social activities on offer in the centre such as horse riding, shopping and going to the pub. They were also happy that the service had installed some handrails in the centre to support their relative and, they were very happy that their relative had been supported to move their bedroom from upstairs to downstairs as this better suited their needs. Additionally, the family member said that staff team were very friendly.

Inspectors found that residents appeared happy and content in their home and staff were observed to be kind, caring and professional in their interactions with the residents. Additionally, residents were observed to be relaxed and comfortable in the company and presence of staff. Notwithstanding this, a number of issues were identified on this inspection with regards to positive behavioural support, staff training, fire drills, infection prevention control and premises.

The next two sections of this report discuss the above in more detail.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. The centre had a clearly defined management structure which was led by a person in charge who provided good leadership and support to their staff team.

The person in charge was employed full-time basis in the organisation and was a qualified social care professional with a number of years management experience working in disability settings. Over the course of this inspection they demonstrated a very good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

A review of a sample of rosters indicated that there was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents during the day. The provider also had contingencies in place to manage planned and unplanned leave as a regular relief staff member was available to cover shifts.

Staff spoken with had a good knowledge of the residents needs in the centre. They said they felt supported in their role and were able to raise concerns, if needed, to the person in charge through regular staff meetings and supervision. While a sample of personnel files viewed required some minor improvements to the records stored, inspectors were satisfied that this was followed up on and addressed after the inspection.

From a sample of training records viewed, the inspectors found that staff for the most part, were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; safeguarding of vulnerable adults, fire safety, manual handling and the safe administration of medicines. However, cardiopulmonary training was required for some staff as was specialised training for the management of behaviour regarding one of the residents.

The provider had systems in place to monitor and audit the service as required by the regulations. However, while the auditing process had identified a number of issues with the premises, and plans had been identified to address those issues, some of them had been ongoing for a number of months at the time of this inspection (This issue is discussed in more detail in section 2 of this report: Quality and Safety).

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified and experienced social care professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were also found to be prepared for and responsive to the inspection process.

Additionally, a review of incidents that had occurred in the centre since October 2022, informed the inspectors that the person in charge had notified the Health Information and Quality Authority (HIQA) as required under the regulations.

Judgment: Compliant

Regulation 15: Staffing

Planned and actual rosters were in place which were well managed by the person in charge. A review of a sample of rosters indicated that there was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents during the day.

The provider also had contingencies in place to manage planned and unplanned leave as a regular relief staff member was available to cover shifts. This meant that residents were ensured consistency of care during these times.

A sample of the records of supervision meetings and staff meetings showed that where staff did raise concerns, they were acted on by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspectors found that staff for the most part, were provided with training to ensure they had the necessary skills to

respond to the needs of the residents.

However, cardiopulmonary training was required for some staff.

In addition, it was identified in July 2022 that staff required specialised bespoke training for the management of behaviour regarding one resident however, at the time of this inspection, that training had not been delivered (This is discussed in more detail in section two of this report: Quality and Safety).

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider submitted an up-to-date directory of residents for this centre as required for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details for this centre as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation.

The person in charge was responsible for this registered designated centre however, they were supported in their role by two persons participating in management.

The provider had systems in place to audit and monitor the quality of service being delivered to residents. These audits fed into an overall quality enhancement plan for the centre and were effective in bringing about change in the centre.

For example, the auditing and review process identified that some residents bedrooms required painting, one resident needed to move bedroom from the first floor to the ground floor, a new mode of transport was required and some

documentation required review. These issues had been actioned and addressed at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspectors and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre in line with the Regulations.

Judgment: Compliant

Quality and safety

The residents living in this house were supported to have meaningful and active lives within their home and community (based on their individual preferences and choices) and systems were in place to meet their assessed needs. It was observed however, that additional training was required with regard to positive behavioural support and a number of issues were identified with the premises.

The individual needs of the residents were being supported and encouraged in the centre. Residents were supported to engage in learning, recreational and social activities of their choosing and, their assessed needs were clearly stated in their individual personal plans. They were also supported to keep in contact with their families.

Residents were being supported with their healthcare-related needs and had as

required access to a range of allied healthcare professionals to include a GP, occupational therapy, physiotherapy, dietitian, dentist and speech and language therapy. Hospital appointments were facilitated as required and each resident had a number of healthcare plans in place so as to inform and guide practice.

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support. Positive behavioural support plans were also in place which guided staff on how to provide person centred care and support to residents that showed behaviours of concern. However, staff training was required for a specific type of restraint used in the centre and a strategy used for the management of challenging behaviour exhibited by one resident required review.

Systems were in place to safeguard the residents and when required, safeguarding plans were in place. However, at the time of this inspection, there were no safeguarding issues to report. From speaking with staff the inspectors were assured that if they had any concerns about the safety or welfare of the residents, they would escalate those concerns to the person in charge or designated officer.

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. While some issues were identified regarding risks associated with challenging behaviour, these were discussed and actioned under regulation 7: positive behavioural support.

Infection control measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre. Additionally, staff had been provided with training in IPC, donning and doffing of personal protective equipment (PPE) and hand hygiene. There were adequate supplies of PPE available in the centre. However, some improvements were required with regard to the maintenance of some IPC-related documentation and the implementation of some IPC-related guidelines.

While the premises were laid out to meet the needs of the residents, a number of refurbishments and redecorating was required throughout. In addition; some of the issues identified with the premises also posed a potential infection control risk.

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. However, a strategy in place to support one resident who may refuse to leave the house during fire drills required review and a fire exit in the day activation unit require some remedial works.

Regulation 17: Premises

While the premises were laid out to meet the needs of the residents and were found to be warm and homely on the day of this inspection, a number of improvements were required:

- the kitchen required some refurbishment to include counter tops and one cupboard under the sink required attention
- a fridge needed replacing
- the seals around shower in the bathroom upstairs needed to be cleaned
- the dining room table to be re-sprayed
- a bathroom floor needed to be replaced and there was some rust on the gully in the bathroom downstairs
- the hallway floor needed to be replaced
- the floor and window ledges in the activities room needed to be replaced, window ledges to be replaced (the Person in charge had received funding to address this issue)
- the outside area needed to be tidied and pipes outside need to be relocated
- the cover on a boiler unit in the activation unit needed to be replaced.

Judgment: Not compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

While some issues were identified regarding risks associated with challenging behaviour, these were discussed and actioned under regulation 7: positive behavioural support.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre. However improvements were required with the following:

- the upkeep and maintenance of some cleaning records (not all equipment

was included on the cleaning schedule so as to assure that they were being cleaned as required

- some of the guidelines outlined in the providers own contingency measures were not implemented. For example; the temperature of the freezer was not routinely checked or recorded as required
- some of the issues identified with the premises also posed a potential infection control risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

However, the following improvement were required:

- it was observed that one resident could refuse to leave the premises during fire drills and this issue had been reviewed by a fire consultant in 2015, which resulted in a number of recommendations being put in place. However, these recommendations were based on the assumption that the resident would stay in their bedroom until the fire brigade arrived to the centre in the event of a fire and, the most likely place for a fire to occur was in the kitchen. A further review of this strategy was required as on a fire drill in 2022, the resident had vacated the premises when the alarm bell was sounded but returned to the kitchen area before the fire drill had been completed and the all clear was given
- additionally, a fire exit in the day activation unit required some remedial work.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The individual needs of the residents were being supported and encouraged in the centre. Residents were supported to engage in learning, recreational and social activities of their choosing and, their assessed needs were clearly stated in their individual personal plans.

In house activities included, deep massage therapies, music therapy, arts and crafts, baking and foot spas. The inspectors saw videos and pictures of residents engaging in these activities and they appeared to enjoy them very much.

Residents also liked to go horse riding, swimming, shopping, have meals out, go for a pint, walks and drives, all of these activities were recorded in individual plans. They were also supported to keep in contact with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include; GP services, Occupational therapy, Physiotherapy, Dietitian, Dentist and Speech and language therapy.

Hospital appointments were facilitated as required and each resident had a number of healthcare plans in place so as to inform and guide practice.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support. Positive behavioural support plans were also in place which guided staff on how to provide person centred care and support to residents that showed behaviours of concern.

However, the following issues were identified:

- on four occasions over the last year an emergency restrictive practice hold had been used as a last resort to ensure one residents safety and well being. The provider had reviewed this after the third incident in July 2022, where it had been recommended that staff receive bespoke specialised training to support this resident
- at the time of this inspection, this training had not been provided. This was concerning as another emergency restrictive practice had been used with this resident in November 2022 and according to their behavioural support plan, should not be implemented until staff received this bespoke training
- the inspectors found that following the use of this restrictive practice in November 2022, no review had taken place, a risk assessment had not been conducted and the behavioural support plan did not provide clear guidance for staff. This was not in line with the providers own policy on the use of restrictive practices
- additionally, a strategy used by staff where they exited the building to manage an incident of challenging behaviour exhibited by one resident, was

not written up in that residents positive behavioural support plan. It was also observed that this strategy had not been risk assessed.

Judgment: Not compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. However, at the time of this inspection, there were no safeguarding issues to report.

- from speaking with staff the inspectors were assured that if they had any concerns about the safety of welfare of the residents, they would escalate those concerns to the person in charge or designated officer.
- additionally, from a small sample of files viewed, staff had training in safeguarding of vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mulhussey OSV-0002967

Inspection ID: MON-0029953

Date of inspection: 01/02/2023

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>All staff in the Designated Centre received the bespoke specialised training required when supporting one resident in the Designated Centre. Two separate training sessions are scheduled for 15th and 16th of February and the 22nd and 23rd March 2023.</p> <p>PIC has scheduled all other training required for her staff team for the remainder of the year on the service training log.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Some identified works have been completed namely the external exposed pipes have been removed. The external boiler has been relocated closer to the kitchen removing the need for external pipes- Works completed 13th & 14th of February 2023.</p> <p>All additional scheduled maintenance works identified for completion by the end of May 2023.</p>	
Regulation 27: Protection against	Substantially Compliant

infection	
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: New checklist developed for the cleaning of the AED machine and additional equipment added to the IPC daily cleaning checklist- Completed 02 02 23.</p> <p>Freezer temperature checks are now a part of the daily checks in the DC</p> <p>All premises works that are connected to IPC practices will be completed by end of May 2023.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: On 28 02 23 Fire consultant from MSA will visit the Designated Centre and review all Personal Emergency Evacuation Plans in place.</p> <p>In relation to the fire doors in the day activities building they can be open unhindered. A contractor reviewed the doors 15.02.23 they have recommended doors be replaced and this is due to be completed by the end of April.</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Six staff have received their training Advanced CPI training on the 15th & 16th of February 2023 and the remaining staff will complete their CPI training on 22nd & 23rd of March 2023. Psychologist and Positive Behavior Support specialist will also complete this training in March 2023.</p> <p>All emergency holds will now be subject to review in line with the Restrictive Practice policy. Any incident of SIB with the resident is subject to NIMS documentation and these NIMS forms are reviewed at each team meeting to extract any additional learning.</p> <p>A risk assessment is now in place to outline the control measures required for a supine hold.</p>	

The Person in Charge met with Clinical Behavioural Specialist and Principal Psychologist on 20th February 2023, following this meeting the residents Behaviour Support Plan will be updated by psychology to coincide with the completion of the bespoke training for the staff team.

Another residents Behaviour Support Plan will be updated by Psychology to reflect strategies in place to manage the residents behaviours of concern. This resident and reactive strategies were also discussed on 20th February 2023. A risk assessment will also be in place to outline the control measures to support the resident, the residents peers and staff team.

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	31/03/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/05/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	02/02/2023

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	28/02/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/04/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	31/03/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures	Not Compliant	Orange	31/03/2023

	including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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