



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

## Issued by the Chief Inspector

Name of designated centre:	No.3 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	27 June 2023
Centre ID:	OSV-0005148
Fieldwork ID:	MON-0037301

## About the designated centre

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

No.3 Bilberry consists of a detached house located on the outskirts of an urban area and within close driving distance to a city. The centres provides full-time residential care for a maximum of four female residents, between 25 and 55 years of age, with intellectual disabilities including those with autism who may have multiple/complex support needs that may require support with behaviours that challenge. Each resident has their own individual bedroom and other rooms in the centre including a kitchen, a dining-living room, a utility room and bathrooms. The centre is setup so that some residents can have their own areas within the centre including one apartment area within the centre for one resident and an additional television room and living room for other residents to use. Support to residents is provided by the person in charge, a social care leader, social care workers and care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Tuesday 27 June 2023	11:30hrs to 19:30hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The premises where residents lived was clean and in a well-presented manner. Each resident had their own bedroom and the staff members on duty were seen to interact pleasantly and respectfully with residents during the inspection. Residents generally appeared comfortable in their home environment.

Three residents were living in this centre at the time of inspection with there being one vacancy. Upon the inspector's arrival two of these residents were away from the centre attending day services while the third was just arriving back to the centre from a trip out. It was indicated that this resident had chosen to retire from day services in previous years and as such was being supported by a staff member from the centre during the day time. The staff member present with this resident informed the inspector that this better suited the resident as it enabled them to choose their own routine.

Shortly after they returned to the centre this resident was met by the inspector in the kitchen area. The resident greeted the inspector and then said certain words such as "coke" and "pizza" which appeared to be requests for such items. These requests were responded to pleasantly by the staff member present. Later on the resident was seen getting a cup of water themselves from the kitchen's sink. The resident then indicated that they were going to bed but as they had split some water on themselves, the staff member suggested to the resident that they change their clothes first. The resident followed this suggestion and then went to bed for a period of time.

This time was then used by the inspector to review the premises provide for residents live in. Since the previous inspection of this centre in January 2022, the provider had reconfigured the premises to create more separate areas for individual residents. For example, one resident had their own living room while another resident had a separate television room available for their use. Four individual resident bedrooms were present within the centre and these were seen to be brightly decorated, well-furnished and personalised to residents with various items such as soft furnishings and photographs present. Communal areas such as the kitchen and dining-living room were well-presented and clean also but some taps in the centre's utility room did appear worn.

It was noted that the dining-living room was also being used as a staff office area with presses provided to store residents' files. In general this premises was presented in a homely manner. It was seen though that the kitchen's fridge and presses had limited food in them. It was subsequently highlighted to the inspector that due to the particular needs of some residents most of the food was locked away in the centre for safety reasons. When reviewing the premises the inspector also noted some other locked presses in the centre which contained items such as cleaning products, laundry products and gloves while access to one area of the

centre required the use of key pad.

As the inspection progressed, the resident who had gone to bed earlier got up while another resident returned from their day service. Both of these residents were seen being supported to have some food in the dining-living room. These residents appearing comfortable with the staff members present who were very warm towards the residents. Soon as one of these staff members was speaking to the inspector, the third resident returned from their day service. Immediately upon their return this resident called for this staff member who went with the resident to support them to go on an outing. The staff member had earlier explained to the inspector that this was part of the resident's routine.

Towards the end of the inspection this resident returned to the centre and was supported to have a meal in the kitchen. While this was being prepared the inspector met this resident who greeted the inspector and indicated that they gone out to get some coffee. The resident then proceeded to ask for the inspector's first and second name and did the same thing for the centre's person in charge. A staff member then used a 'Nice to meet you' document provided earlier by the inspector to explain who he was and why he was in the resident's home. When asked by the inspector if they had had a good day, this resident indicated that they had.

The atmosphere at this time was generally calm and relaxed although at times the inspector did hear that one resident could be quite loud when speaking. Other residents present did not appear to be affected and as the inspection was nearing its conclusion, one resident remained in the kitchen and another was sat in the dining-living watching television while smiling occasionally. The third resident appeared to be preparing to go to bed and was moving between their bedroom and the kitchen. Throughout the inspection, staff members on duty were observed and overheard to be very respectful in their interactions with the residents.

In summary, during the inspection when present in the centre, residents generally appeared comfortable. Respectful interactions between staff and residents were encountered with staff appearing to be very attentive towards residents. The rooms in the centre such as residents' bedrooms and communal areas were seen to be well-presented.

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

Appropriate staffing had been provided for residents in the centre. The services provided to residents were being monitored but aspects of the annual review and

notification of restrictive practices did need some improvement.

This centre had been previously inspected by the Chief Inspector of Social Services in January 2022. That inspection found residents to be provided with a person-centred service although some areas for improvement were identified in areas such as staff supervision, training, positive behaviour support and the notification of required incidents to the Chief Inspector. The provider submitted a compliance plan response to that inspection outlining the actions they would take to address the areas highlighted. As part of this compliance plan, the provider reconfigured the layout of the premises to better suit the needs and preferences of the resident with such works completed by March 2022. After this the centre had its registration renewed until June 2025 without any restrictive conditions. As such the current inspection was intended to review the supports being provided to residents in more recent times.

In February 2023 a new person in charge (PIC) was appointed for this centre who was suitably experienced and qualified to perform the role. The PIC held the same role for another designated centre that was located less than 10 kilometres away from the current centre. At the time of the PIC's appointment it was indicated that the PIC would be based mainly in their other centre but would attend No.3 Bilberry at least once a week and would also attend all staff meetings. On the current inspection the inspector was informed that the person in charge had not attended the centre as much as initially planned. This did have the potential to reduce the PIC's ability to discharge their administration and governance responsibilities for the centre.

For example, it was noted that some documents which were to be reviewed by the PIC had not been signed by the PIC to confirm that this was done. In addition, it was indicated that staff meeting in No.3 Bilberry were to take place every two weeks. While notes of such meetings indicated that they were not taking place consistently, three such meeting had taken place since the PIC was appointed but they had only attended one of these meetings. It was highlighted that the PIC's ability to attend staff meetings in No.3 Bilberry was negatively impacted by staff meetings in the PIC's other centre being scheduled on the same days. This was described as "an organisational issue" and as such the provider had not put in place suitable arrangement to support the PIC's current remit. It was acknowledged though that a social care leader was based in the current centre to support the PIC and the running of the centre.

Both this social care leader and PIC were part of the organisational structure in place for this centre which provided for lines of accountability and reporting up the provider's broad of directors. This structure was outlined in the centre's statement of purpose and the inspector noted that a sector manager were part of this structure. Other than the PIC no other individual has been notified to the Chief Inspector as being a person participating in management (PPIM) for the centre. Prior to this inspection, the inspector noted that the sector manager for No.3 Bilberry held a similar role for another centre and had been put forward as a PPIM for that centre. As such during this inspection representatives of the provider were reminded of the requirement to notify the Chief Inspector of any additional PPIMs for No.3 Bilberry

should such a management role be in place for this centre.

Aside from details of the management and organisational structure for this centre, the statement of purpose also included the staffing arrangements for the centre. While it was noted that the statement of purpose did not accurately state the numbers of staff working in the centre on certain days, this inspection found that there were suitable arrangements in place to support the needs of the three residents living in this centre. A continuity of staff support was also provided for which is important in promoting a consistency of care and professional relationships. The staff members on duty during this inspection were seen to interact appropriately with residents throughout the inspection while those spoken with demonstrated a good knowledge of residents' needs and how to support these.

To ensure that staff were provided with the necessary skills and knowledge to support residents, staff had undergone training in areas such as fire safety and safeguarding. It was noted though that one staff had not completed some training in infection prevention and control (IPC) while not all staff completed certain first aid training. Based on risk assessments reviewed such training was required given the particular needs of some residents. It was noted though that some staff were booked to receive this training the month following inspection. The provision of training was an area for improvement during the January 2022 as was staff supervision. While staff supervision records were not available to review on the day of this inspection, discussion with staff and the PIC indicated that staff supervision was up-to-date.

The provider had also ensured that there was monitoring of the quality and safety of care and support provided to residents. Provider unannounced visits to the centre had been carried out at 6 monthly intervals as required which reviewed matters related to the services provided. Reports of such visits were available for review but the inspector did note that the action plan arising from the most recent provider unannounced visit in January 2023 did not assign responsibility or time frames for completing stated actions. However, the overall findings of this inspection did suggest that actions were being addressed. An annual review of the centre had also been conducted in January 2023 which assessed the centre against relevant standards.

This annual review did provide for consultation with residents' families although it was noted that a section on resident feedback was blank. Annual reviews and provider unannounced visits are specifically required by the regulations but in terms of monitoring it also important that that a centre is audited in a systematic way. In order to achieve this the provider had an audit schedule in place setting out when audits in specific areas such as IPC and medicines were to be completed. This audit schedule was broadly being adhered to although the inspector did note that some completed audits were not done in sync with the centre's audit schedule. For example, per the audit schedule medicines audits were to be completed in March and June 2023 but in practice had been completed in January and May 2023.

Restrictive practices were also an area that were audited in this centre. In accordance with the regulations, any restrictive practices used in a centre must be



notified to the Chief Inspector on a quarterly basis. While such notifications had been submitted, the inspector did note during this inspection that some restrictive practices used in the centre such as locked presses had not been notified. The use of such restrictive practice did appear to be known as they were referenced in some documentation reviewed during this inspection. In the quarterly notifications that had been submitted prior this inspection it was also noted that the use of some PRN medicines (medicines only taken as the need arises) had been notified as chemical restraint. During the inspection it was noted that PRN medicines used for other residents had not been notified as they were deemed not to be chemical restraint. This was discussed with management of the centre at the feedback meeting for this inspection.

#### Regulation 14: Persons in charge

While a suitable PIC had been appointed for this centre, the provider had not put in place suitable arrangements to enable the PIC to fully discharge their administration and governance responsibilities for the centre.

Judgment: Substantially compliant

#### Regulation 15: Staffing

Appropriate staffing arrangements were in place to support the three residents currently living in the centre. A continuity of staff support was provided for and it was indicated that there were no vacancies in the centre at the time of inspection. Planned and actual staff rosters were being maintained in the centre. Staff files were not reviewed during this inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff supervision records were not available for review on the day of inspection. However, staff spoken with indicated that they had been recently supervised while the person in charge indicated that all staff supervision was up to date. The majority of staff had completed training in key areas but some staff had yet to complete relevant first aid training although some staff were booked to receive this training the month following inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

While an action plan was put in place following the most recent provider unannounced visit to the centre, the action plan did not assign time frames nor responsibilities for completing the identified actions. An annual review had been completed in January 2023 but the section on resident feedback in the annual review report was blank.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A recently reviewed statement of purpose was in place in the centre and was located just inside the centre's front door. While this contained most of the required information, it was noted that the statement of purpose did not accurately reflect the staff levels in the centre at certain times.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Not all restrictive practices in the centre had been notified to the Chief Inspector on a quarterly basis as required. These included some locked presses in the centre.

Judgment: Not compliant

## Quality and safety

Residents had personal plans provided and arrangements were in place to meet their needs. Guidance was available on supporting residents with their behaviour. Some areas for improvement were found in areas such as fire safety and a resident's access to and control over their finances.

This designated centre had been provided with appropriate fire safety systems which included fire containment measures, fire extinguishers, emergency lighting

and a fire alarm. Such systems were subject to maintenance checks to ensure that they operated as intended. To ensure that residents were supported to safely evacuate the centre in the event of a fire, all three residents had recently reviewed personal emergency evacuation plans provided. Fire drills had been conducted regularly in the centre in 2023 with low evacuation times recorded. It was noted though that a fire drill to reflect a night-time situation when staffing support would be at its lowest had not been completed since January 2022. This was highlighted to the PIC who indicated that this would be addressed shortly after this inspection. Records reviewed did indicate though that all staff had completed training in fire safety, safeguarding and positive behaviour support.

Guidance was also available for staff on how to support residents to engage in positive behaviour. During the January 2022 inspection it was found that such guidance was historic in nature but the guidance seen during this inspection had been reviewed within the previous 12 months. The presence of such updated guidance was important as incident records reviewed indicated that there were times where residents would need support in this area. For example, there were occasions when some residents were described as vocalising which required staff to follow certain reactive strategies in response. Staff spoken with indicated that such vocalisations did not impact other residents. These staff also demonstrated a good knowledge of the reactive strategies to take to support residents although some records reviewed did not indicate it all such strategies were followed before certain PRN medicines were used. The guidance around supporting residents to engage in positive behaviour was contained within their individual personal plans.

Such plans are required by the regulations and are intended to set out the health, personal and social care needs of residents. The regulations also require such plans to be informed by relevant assessments, to be subject to multidisciplinary review and to involve residents and their representatives. Based on the sample of personal plans reviewed by the inspector, such requirements were being met. It was also noted the personal plans had been regularly reviewed and contained clear guidance on supporting the assessed needs of residents. For example, there was guidance around supporting residents with health matters and intimate personal care. Residents' social needs were also being supported with residents being facilitated to leave the centre to go on outings which was observed during this inspection. However, when reviewing records related to one resident the inspector saw a post-it note in their personal plan indicated that trips to a coffee shop were "discontinued for the time being".

The inspector was informed that this had been decided at a multidisciplinary meeting following some incidents with the resident at a particular coffee shop. Notes of a recent multidisciplinary meeting did indicate though that the resident had been continuing to ask to go to this coffee shop since their visits there were discontinued but it was highlighted that this matter had not been referred to the provider's rights review committee. It was indicated though that there was an intention to review this matter in the weeks ahead. Aside from this, the inspector also queried how residents were supported to have access to and control over their own finances. It was indicated that two residents had their own bank cards but that the third resident did not. This meant that two residents had more access and control over

their own finances then their peer. It was unclear why this was the case or what was being specifically done to increase the relevant resident's access and control over their finances. It was noted though the PIC had recently raised this issue internally with the provider.

### Regulation 12: Personal possessions

One resident did not have the same level of access to and control over their finances as their peers. It was unclear why this was the case or what was being done to address this.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises provided for residents was clean, generally well maintained and well-furnished. It had been reconfigured since the January 2022 inspection to better suit the needs and preferences of residents.

Judgment: Compliant

### Regulation 27: Protection against infection

Cleaning was generally recorded as being done as per a daily cleaning schedule in place. The inspector did note some days where cleaning was not recorded as being done. Such instances were sometimes highlighted in monthly IPC audits but not always. One staff member had not completed some IPC training such as hand hygiene.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

A fire drill to reflect a night-time situation when staffing support would be at its lowest had not been completed since January 2022.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Individual personal plans were in place for residents that were informed by relevant assessments and subject to multidisciplinary review. A sample of personal plans seen by the inspector had been reviewed recently.

Judgment: Compliant

### Regulation 6: Health care

Residents were facilitated to avail of health and social care professionals such as dentists and general practitioners. Residents' personal plans contained guidance on supporting residents' assessed health needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Some records reviewed did not indicate it all reactive strategies, as outlined in relevant guidance and protocols, were followed before certain PRN medicines were used.

Judgment: Substantially compliant

### Regulation 8: Protection

No safeguarding concerns were identified during this inspection with all staff having completed relevant training.

Judgment: Compliant

### Regulation 9: Residents' rights

At the time of this inspection trips to a coffee shop had been discontinued for one resident. This had not been referred to the provider's rights review committee despite the resident asking to go to this coffee shop.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for No.3 Bilberry OSV-0005148

Inspection ID: MON-0037301

Date of inspection: 27/06/2023

## 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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Provider will ensure that the Person in Charge [PIC] organizes regular team meetings and attends identified meetings in the centre. The meeting times in the two Centres overseen by the PIC have been coordinated to facilitate this [31/07/2023].</p> <p>The PIC has a schedule of visits to the Centre and a schedule of audits is in place. The PIC is supported by the Social Care Leader and Area Manager in the management of the centre.</p>	
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 Person in Charge will ensure that training scheduled will be completed by staff. The PIC will review the training matrix for all staff and training intervals in the centre. IPC trainings identified have been completed [12.07.2023]. One staff scheduled to attend oxygen and cardiac first responder (AED) training completed on [22.06.2023] and four staff scheduled to attend oxygen and cardiac first responder (AED) training completed this on [07.07.2023].</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will ensure that the actions needed to address areas of improvement from the Provider unannounced visits have time frames and an identified person responsible for completion of these actions are identified. The PIC will review actions to ensure they</p>	

are tracked. [20.07.2023]	
The Provider will ensure that every effort is made to ascertain feedback from Residents during the Annual Review of the Centre.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose of the Centre will be kept updated and will reflect the actual staffing levels in the Centre.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will generate and maintain a log of all restrictions and rights issues in the centre. The PIC will ensure that all restrictive practices in place in the Centre will be notified to the Chief Inspector by the [31.07.2023]. A referral will be made to the Providers Behaviour Standards Committee to ensure clarity and consistence of reporting and sanctioning of PRN. As an interim measure all psychotropic PRN administration will be notified to the Authority as determined by the Consultant prescriber in line with the Providers PRN protocol.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The PIC will review one residents individual Money Management Competency Assessment and support the individual to apply for a bank card to promote greater control over their finances [31.07.2023]	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: IPC and cleaning schedules will remain an item on team meeting agenda. The PIC will highlight the importance of completing the cleaning schedules. Any gaps in cleaning schedule will be addressed by the PIC. All relevant new/refresher IPC trainings will be completed by staff [12.07.2023].	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A dDeep sleep fire drill was successfully completed on 01.07.2023. The next evacuation drill has been scheduled.	
Regulation 7: Positive behavioural	Substantially Compliant

support	
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  The PIC has highlighted to the staff tea the importance of ensuring that PRN reporting forms reflect all proactive strategies taken prior to the administration of PRN, in supporting a resident during an episode of anxiety where PRN medication is used. This information will assist in the review and update of behavior support plans and support better outcomes for the resident.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The Provider has ensured that a referral has been made to the rights committee in relation to discontinued activity for one resident. [11.07.2023]. A Multi-Disciplinary Team meeting is scheduled [15.08.2023] to review support needs of the resident when accessing the community.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/07/2023
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	31/07/2023
Regulation	The person in	Substantially	Yellow	12/07/2023

16(1)(a)	charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Compliant		
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	20/07/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	20/07/2023
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	12/07/2023

	residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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.	Substantially Compliant	Yellow	01/07/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	26/07/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in	Not Compliant	Orange	31/07/2023

	relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
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.	Substantially Compliant	Yellow	19/07/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	15/08/2023