



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

Issued by the Chief Inspector

Name of designated centre:	Rosewood
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	27 July 2023
Centre ID:	OSV-0007932
Fieldwork ID:	MON-0031701

About the designated centre

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

Rosewood is a designated centre operated by Sunbeam House Services. The centre is located in a busy town in county Wicklow. It accommodates two adults with intellectual disabilities. The centre provides residents with residential support in a safe, secure, and stimulating environment, and is committed to supporting residents to live a life of their choosing as independently as possible. Residents are supported by a keyworker and are facilitated to avail of additional organisational and community multidisciplinary supports. The centre is managed by a full-time person in charge with support from a deputy manager, and the staff team consists of social care workers and a dedicated day services facilitator.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 27 July 2023	09:00hrs to 16:15hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This announced inspection was carried out to help inform a judgment regarding the provider's application to renew the registration of the centre. Overall, the inspector found that the centre was operating at a high level of compliance and that residents received a good quality and safe service that was operated in accordance with their assessed needs, wishes, and preferences.

The centre comprised a large two-storey house within very close proximity to a large seaside town with many amenities and services including shops, restaurants, and public transport. There was a dedicated vehicle for resident to use and some also like to use public transport.

The inspector carried out a thorough walk-around of the centre with the person in charge. The premises were clean, bright, spacious, comfortable and nicely furnished, and the inspector observed a relaxed and homely atmosphere. There was ample communal space including two downstairs living rooms, kitchen and dining room, utility room, conservatory, upstairs activity rooms used for activities such as yoga, and a rear garden. The kitchen was well equipped, and there was a good selection and variety of food and drinks for residents to choose from. Residents told the inspector that they liked the food in the centre. Residents showed the inspector their en-suite bedrooms. The bedrooms were spacious, and personalised to their individualised tastes. Generally, the centre was well maintained however, some upkeep was required which is discussed in the quality and safety section of the report.

The inspector observed residents' art work, food menu, staff rota and activity planner displayed in the dining area. The rota and activity planner used pictures to be accessible to residents. There were also notice boards with information on the announced inspection, complaints, safeguarding, and infection prevention and control.

The inspector checked some of the fire equipment and systems in the centre during their walk-around, such as the servicing stickers on fire extinguishers and blankets. Two of the fire doors did not close properly when released however, the person in charge arranged for them to be fixed before the inspection concluded. Fire safety is discussed further in the quality and safety section of the report.

Residents (with support from staff) had completed questionnaires in advance of the inspection on their views of the service. The questionnaires indicated their satisfaction across the topics of the environment, food and mealtimes, rights, activities, care and support, and staff. The comments were positive and included "I am happy here". The provider's recent annual review had also consulted with the residents, and their feedback was positive and indicated that they were happy in their home and with the care and support they received.

The inspector observed that residents appeared very comfortable and relaxed in their home. They had a good rapport with staff, and staff engaged with them in a very respectful and warm manner. On the day of the inspection, residents were engaging in different community and in-house activities but were happy to speak to the inspector and show them around their home.

One resident had limited verbal communication and engaged with the inspector through some words and gestures. They showed the inspector around their home and communicated that they liked the food in the centre and liked living in the centre.

The other resident told the inspector that they were happy living in the centre and with the premises. They told the inspector about some of the activities they enjoyed, such as visiting their family, walks, using public transport, cinema, yoga and football. They enjoyed their day service provision, but told the inspector that they would also like to explore attending a group day service. They spoke about some of their individual goals, and showed the inspector an associated goal planner displayed in their bedroom. They liked animals, and told the inspector about their pet cat and fish. They were aware of the restrictive practices in the centre that affected them, and told the inspector that they were happy for them to be implemented. They told the inspector that sometimes they liked to cook their favourite meals, but were happy that staff did most of the cooking and cleaning in the centre. They knew the local and senior management team, and said they could make complaints if need be.

The inspector spoke with different staff working in the centre during the inspection. The person in charge had commenced working in the centre in February 2023 and demonstrated they were familiar with the residents from previous roles. They told the inspector that residents had a good quality of life which had improved since they moved to the centre in 2021.

This improvement was seen through a reduction in behavioural incidents, improved health and well-being, and increased independence in their home and the community. They described the staff team working in the centre as being "incredible", and said that they provided good care and support to residents. They described the service as being "person-centred" and individualised to the residents' needs. They had no safeguarding concerns and was satisfied that the residents were compatible to live together. They had no other concerns, but felt comfortable in escalating concerns to senior management.

A dedicated day services staff worked during the week to provide individualised support to residents with their social and leisure activities. They told the inspector about the different activities that residents enjoyed, such as walking, using public transport, bus drives, eating out, gardening, games, visiting family, table top activities, and arts and crafts. The residents had also enjoyed a recent short holiday.

Residents usually planned their social activities on a monthly basis and used pictures to help make their decisions, however they could change their minds if they wished. They described the service provided to residents as being "very person-centred" and

said that residents were supported to exercise choice and control in their lives, and were consulted with about all aspects of their care and support. They had no concerns regarding the residents' safety or well-being, however said they could escalate any concerns to the person in charge.

A social care worker told the inspector that residents received a "very good" quality and safe service in the centre. They said that staff worked with residents to promote their well-being and safety, and that residents were involved and listened in decisions about their care and support. They had completed human rights training, and spoke about the importance of promoting residents' understanding of their rights, for example, easy-to-read information using social stories and pictures was used when discussing rights. They had no concerns, as they felt that the centre was well managed, and the person in charge was responsive to any issues. They received formal supervision as well as regular informal support and supervision, and were satisfied with these arrangements. They had no fire safety concerns, and told the inspector that residents had recently participated in a fire drill and evacuated in a timely manner.

Both staff were observed communicating with residents in an appropriate means, and they knew about residents' individual dietary and healthcare needs.

From what the inspector was told, read and observed during the inspection, it was clear that residents were enjoying an active and good quality of life, and the service they received in the centre was safe and in line with their assessed needs and personal preferences.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place to ensure that the service provided to residents in the centre was safe, consistent, sufficiently resourced, effective, and appropriate to their needs.

There was a defined management structure with associated lines of authority and accountability. The person in charge was full-time, and found to be suitably qualified, skilled, and experienced to manage the centre. They were supported in their role by a deputy manager. The person in charge reported to a senior services manager, and there were good arrangements for them to communicate and escalate potential concerns.

The staff skill-mix in the centre was appropriate to the residents' needs, and comprised social care workers and day service staff. There were no vacancies in the complement. The person in charge maintained planned and actual rotas showing

staff working in the centre.

Staff completed relevant training as part of their continuous professional development. The training supported staff in their delivery of appropriate care and support to residents.

The person in charge provided support and formal supervision to staff working in the centre. Staff spoken with said that they were satisfied with these arrangements. In the absence of the local management team, staff could contact the senior services manager or use the provider's on-call system during out of normal office hours.

Staff also attended regular team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on residents' care and support, incidents, health and safety matters, fire drills, safeguarding, complaints, risk management, and the upcoming announced inspection.

The provider had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out to assess the quality and safety of service provided in the centre. Actions identified from audits and reports were monitored to ensure that they were progressed.

The provider had prepared an effective complaints procedure for residents that was in an accessible format.

They had also prepared a written statement of purpose that contained the information set out in Schedule 1, and it was available to residents and their representatives to view.

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector of Social Services in accordance with the requirements of regulation 31.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. The person in charge had the necessary skills, experience and appropriate qualifications (in social care and management) to manage the centre. The person in charge was also responsible for another designated centre, however there were systems to ensure that this did not impact on their governance and management of the centre concerned.

Judgment: Compliant

Regulation 15: Staffing

The staff skill-mix in the centre consisted of the person in charge, deputy manager, social care workers and a dedicated day service staff. The skill-mix and complement was appropriate to the number and assessed needs of the residents. There were no vacancies, and staff leave was managed by the person in charge to ensure consistency of care for residents.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the recent rotas, and found that they showed the names of staff working in the centre during the day and night. Minor amendments were made to the rotas by the person in charge during the inspection to ensure that the hours worked by staff were clearly presented.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents. Staff completed training in areas, such as fire safety, safeguarding of residents, managing challenging behaviour, infection prevention and control, manual handling, medication management, communication, first aid, restrictive practices, and supporting residents' eating and drinking needs. Some staff had also completed human rights training as noted in the 'What residents told us and what inspectors observed' section of the report.

The person in charge provided informal and formal supervision to staff. Formal supervision was scheduled three times as per the provider's policy. The person in charge maintained supervision records and schedules. In the absence of the person in charge, staff could contact the deputy manager or senior services manager for

support and direction. There was also an on-call service for staff to contact outside of normal working hours.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents, for example, there were adequate staffing arrangements and vehicles were available for residents to access their communities.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was supported by a deputy manager in the day-to-day management of the centre, and reported to a senior services manager. There were good arrangements for them to communicate and escalate concerns. They had regular meetings, and the person in charge also attended meetings with other managers for shared learning purposes.

The provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. A very comprehensive annual review and six-monthly reports had been carried out, as well as audits in the areas of health and safety, medication, and infection prevention and control. Actions from audits and reviews were monitored by the management team.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns. Staff spoken with told the inspector that they were confident in raising any potential concerns with the management team.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was available in the centre to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre were notified to the Chief Inspector in accordance with the requirements of this regulation.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established an effective complaints procedure underpinned by a comprehensive policy. The complaints procedure was in an easy-to-read format for residents to understand. Some residents told the inspector that they knew they could make complaints if they wished. There were no recent complaints, however the person in charge maintained an electronic complaints log.

Judgment: Compliant

Quality and safety

The inspector found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support. Residents spoken with were happy living in the centre, and overall the service provided to them was safe and of a good quality. However, improvements were required to the maintenance of the premises, development of communication guidelines, and the arrangements for the implementation of restrictive practices.

The inspector observed residents to have active lives and participate in a wide range of activities within the community and the centre. Residents chose their activities in accordance with their will and personal preferences. They received individualised care and support to plan personal goals and lived their lives as they wished. Residents were also supported to maintain relationships meaningful to them, for example, with their families.

Communication guidelines had been prepared for both residents; and staff were observed communicating with residents in accordance with their communication means. However, the guidelines did not provide sufficient detail, and were not signed to indicate who had written them. Residents had access to different forms of media including the Internet, and some residents used telephones to maintain communication with their families.

There were good arrangements, underpinned by policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Easy-to-read information had also been prepared to aid residents' understanding in

this area.

The premises were bright, clean, homely, nicely decorated and furnished, and appropriate to the aims and objectives of the service and needs of the residents. There was sufficient private and communal space, and nice gardens for residents to enjoy. However, some minor maintenance and repair was required.

There was a good quantity and variety of food and drinks in the centre for residents to choose from. Residents had the opportunity to participate in the purchase, preparation, cooking, and planning of meals. Residents told the inspector that they were happy with the food and drinks in the centre. Some residents required specialised and modified diets, and corresponding plans were available for staff to refer to.

The provided had implemented good fire safety systems to protect residents from the risk of fire, such as fire detection, fighting and containment equipment, servicing of equipment, and provision of fire safety training for staff. Staff also completed regular fire safety checks. The fire evacuation plan was not dated and required more information regarding directions on 'hearing the alarm'. The person in charge liaised with the provider's person with responsibility in this area to review the plan. Fire drills were being carried out to test the effectiveness of fire evacuation plans.

Regulation 10: Communication

The registered provider had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes, however the communication guidelines available in the centre required more detail.

The registered provider had ensured that residents had access to different forms of media, including televisions and Internet. Some residents used telephones to maintain contact with their family.

The inspector observed staff communicating with residents in a manner that the residents appeared to understand.

However, the communication guidelines that had been prepared were not dated or signed to indicate if they were relevant, and they were lacking in detail to adequately guide new staff on communicating effectively with residents.

Judgment: Substantially compliant

Regulation 17: Premises

The premises comprised a large two-storey building within a very close proximity to

a busy town with many amenities and services. The premises were found to be appropriate to the number and needs of residents living in the centre.

The centre was clean, bright, warm, comfortable, and nicely decorated and furnished. Residents had their own large bedrooms with en-suite facilities. There was ample communal space including two downstairs living rooms, kitchen and dining room, activity rooms, conservatory, and a nice rear garden. There was adequate bathroom facilities, and the kitchen facilities were well equipped. Residents spoken with indicated that they were very happy with the premises, and this was seen as they proudly showed the inspector around their home.

However, some upkeep was required to the premises, such as:

- The fabric on some of the kitchen chairs was worn
- Some of the freezer drawers were broken
- The floor tiles in the en-suite bedrooms required regrouting
- Areas of the premises required repainting
- Some of the window frames had mildew that required cleaning
- The veneer on a storage unit had begun to detach

Some of these matters had been reported to the provider.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were supported to buy, prepare and cook meals in the centre as they wished.

The inspector observed a good variety of food and drinks for residents to choose from. Residents planned a weekly menu, however could choose from alternative options if they changed their minds. The grocery shopping was done weekly in local supermarkets. Residents told the inspector that they liked the food in the centre, and some liked to be involved in cooking and baking.

Some residents required modified and specialised diets. Feeding, eating, drinking, and swallow (FEDS) plans and information on specialised diets had been prepared and were readily available for staff to follow. Staff knew of the residents' individual needs, and had also completed relevant training in this area.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems in the centre.

There was fire detection and fighting equipment, and emergency lights in the centre. The inspector viewed a sample of the servicing records for the equipment, and found that the fire extinguishers, alarms, fire panel, and emergency lights were up to date with their servicing. Staff also completed daily, weekly, and monthly fire safety checks. The inspector released the fire doors during a walk-around of the centre, and found that all but two closed properly. The person in charge contacted the provider's maintenance department, and they fixed the doors before the inspection concluded.

Fire evacuation plans had been prepared, however some revisions were required, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating.

Fire drills, including drills reflective of night-time scenarios, were carried out to test the effectiveness of the evacuation plans. Staff had completed fire safety training. Some resident told the inspector that they knew how to evacuate the centre and where the fire assembly point was.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern. Positive behaviour support plans had been prepared, and were up to date and available to guide staff practice. Staff told the inspector that the interventions listed in the plans were effective.

There were some restrictive practices implemented in the centre including psychotropic medication, environmental and rights restrictions. The use of restrictions was referred to the provider's oversight committee for approval.

While the rationale for their use was clear, the inspector found that the records did not demonstrate that the use of all restrictions had been reviewed with and consented to by the residents affected. However, some residents spoke to the inspector about the restrictions and indicated that they were happy for them to be in place.

The inspector also found that, upon discussions with the person in charge, some restrictions required more comprehensive associated written plans on their use, and reduction or 'fading' plans required development for some of the restrictions such as the use of a restriction in the vehicle.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. There was also guidance in the centre for them to easily refer to. Safeguarding information had also been prepared in an easy-to-read format to aid residents' understanding in this area.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity. There was also a policy in relation to intimate care to guide staff practice.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the inspector found that the provider and person in charge had ensured that a human rights-based approach to the care and support of residents was being delivered in the centre.

Residents were supported to make decisions and had control in their lives. During the inspection, the inspector observed residents being consulted with and listened to with care and respect by staff. Residents had active lives. They received individualised supports, and were supported to participate in activities meaningful to them. They were also supported to plan and achieve personal goals such as holidays. They were involved in the development of their plans, and easy-to-read information had been prepared for them on topics of interest to them such as taking care of pets. There was also easy-to-read information on advocacy services for them to refer to.

Residents had free access around the centre. Their privacy and dignity was respected in the centre, and they had their own bedrooms as well as ample communal space to use.

Some staff were completing training in human rights and the Assisted Decision-Making (Capacity) Act, 2015, to further enhance their understanding on promoting residents' rights in the centre.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rosewood OSV-0007932

Inspection ID: MON-0031701

Date of inspection: 27/07/2023

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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: Comprehensive communication plans have been added to both residents’ personal folders on 15/8/23. These include phrases that residents use to describe certain things and will be an effective guide for unfamiliar/new staff on the location. These plans have been signed and dated by staff completing same. A referral has been sent to SHS SALT on 21/8/23. SALT sent guidance documents to PIC for use in the interim period while awaiting assessment on 21/8/23 with useful information to be added to communication plans. PIC will review and implement by 15/9/23.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All items have been reported to maintenance (24/8/23), PIC will continue to follow up on same to ensure completion.</p> <p>Kitchen chairs to be replaced by the 22nd of September.</p> <p>Freezer drawers to be replaced by the 29th of September.</p> <p>The floor tiles in the en-suite bedrooms requiring regrouting – This will be part of the ensuite renovation. To be completed by the 30th of June 2024.</p> <p>Areas of the premises required repainting – Will be completed by 30 June 2024.</p> <p>Window frames will be cleaned to ensure that there is no mildew present by the 8th of September 2023</p>	

The veneer on a storage unit will be fixed by the 31st of October 2023

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
PIC has implemented new consent document in relation to restrictive practices, this document includes the type of restriction and how it was communicated to the resident (i.e., social story/key working session) and is signed and dated by each resident. This document has been sent to staff and will be completed by 30/8/23. Risk assessments have been reviewed to ensure rationale is appropriate for each restriction (15/08/23). 'Fading plan' for restriction in relation to car will be discussed at team meeting on 27/9/23.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	15/09/2023
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.	Substantially Compliant	Yellow	30/06/2024
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each	Substantially Compliant	Yellow	30/08/2023

	resident, or his or her representative, and are reviewed as part of the personal planning process.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	15/08/2023