



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

Issued by the Chief Inspector

Name of designated centre:	Newbrook
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Short Notice Announced
Date of inspection:	15 April 2021
Centre ID:	OSV-0002344
Fieldwork ID:	MON-0032008

About the designated centre

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

Newbrook is a designated centre based in a North Dublin suburban area which provides support to two residents with intellectual disabilities. The designated centre is comprised of two homes in North Dublin. Each home accommodates one resident. One home is a two story semi-detached property with a modest sized garden to the front and side. The ground floor consists of an entrance hall, a bathroom, a large kitchen and dining area, a modest sitting room, and a double bedroom. On the first floor there was a sitting room, a small kitchenette with dining space, a bedroom with en-suite facilities, a main bathroom, a toilet and wash hand basin, a staff office, a staff sleep over room, and a small storage room. The other home is a detached bungalow, and consists of an en-suite bedroom, a kitchen and dining area, a modest size living room, a bathroom and a staff bedroom. The designated centre provided 24 hour residential supports to residents through a staff team of social care workers and a person in charge. Residents were supported in an individual and bespoke manner in the designated centre and attended day services on occasions and availed of one-to-one supports with support from the staff team on other occasions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 15 April 2021	10:00hrs to 15:30hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

The centre comprises two houses, located in two nearby towns located in North Dublin. The centre was registered to accommodate up to two residents, with one resident in each house. At the time of this inspection, one of the residents was on a break away as their home was undergoing essential works to improve fire safety management and enhance the premises.

In order to adhere to social distancing guidelines, the inspector conducted a review of documents and information in a nearby office building. The inspector visited one home and spoke with the resident who lived there. In line with public health guidance, the inspector did not spend extended periods of time with the resident and wore the recommended personal protective equipment.

The inspector did not visit the other premises as there was extensive maintenance works being undertaken at the time of inspection. It was noted from a review of documents that some of the remodelling was in response to residents' assessed needs and was being undertaken to improve the safety of the centre for this resident.

The inspector used information shared by the resident, observations of the resident in their home, a review of documentation and conversations with key staff to form judgments on the residents' quality of life.

The resident spoken with was complimentary of the newly appointed person in charge, and shared that they felt the person in charge had their interests at heart. The resident spoke about the staffing arrangements in the centre and told the inspector that they sometimes felt lonely. The resident told the inspector that a staff member was always available, however they felt that due to some risk taking behaviour they engaged in, that staff were sometimes reluctant to speak with or engage with them. The resident also told the inspector that they often felt their privacy wasn't fully respected and said that staff 'check on me too much'. On the day of the inspection it was observed that the person in charge knocked on the resident's bedroom door to advise them that the inspector had arrived, and offered them a choice to engage with the inspector. The person in charge also facilitated sufficient space so that the resident could speak with the inspector privately.

The resident discussed their admission and move to the centre, and shared that while they had enjoyed living with another person previously, they knew that living alone with staff support was a more suitable arrangement given their support needs. The resident spoke about recent correspondence they had received from the provider informing them of their intent to discharge the resident from the centre. The resident stated that they did not want to leave their home or the service and wanted to remain living in the centre. The resident told the inspector that they were hoping to meet with an advocate for support in this area to ensure they knew what

their rights were.

The resident also discussed some of their support needs and spoke in a familiar manner about clinicians in the service that were supporting them. The resident said they liked the area they lived in, particularly the access to local facilities and public transport.

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

Capacity and capability

Overall, the inspector was not assured that there were effective governance and management arrangements in the centre. While there was a clearly defined management structure in place and a range of oversight mechanisms, it was found that these systems were not ensuring the centre was delivering a safe and high quality service to all residents in accordance with their assessed needs, and in line with the centre's statement of purpose.

The centre was managed by a social care leader who reported to a service manager. The person in charge was newly appointed having previously worked in the centre as a social care worker, and was well known to staff and residents. The person in charge managed a team of social care workers who provided care and support to residents within a social care model. While this model of care was found to be in line with the provider's statement of purpose, the inspector found that it was not effectively meeting the needs of all residents.

There were a range of oversight mechanisms in place to monitor the quality and safety of care in the centre. The provider had identified through these systems that there were deficits with regard to the delivery of safe care to one resident. The provider had implemented a range of additional supports in an effort to meet one resident's complex needs, however having regard to the nature of this person's disability, the centre did not have the facilities or expertise to provide adequate care and support.

The inspector was not satisfied that admissions to the centre had occurred in accordance with the statement of purpose, specifically in consideration of the care and support needs that the centre was equipped to support. The inspector was not satisfied that the assessment and admissions processes were facilitating the admission of residents in a safe and planned manner.

The inspector found that the centre did not have adequate resources or facilities to meet the needs of all residents. There was a planned and actual roster available that was maintained by the person in charge. The roster accurately reflected the staffing arrangements in both homes within the centre. While the staffing arrangements

were found to be in line with those set out in the statement of purpose, the skill mix and experience of staff was not adequate in meeting the assessed needs of all residents.

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory, such as safeguarding and fire safety. The provider's records did not contain evidence of staff training in relation to positive behaviour support, and these were not supplied to the inspector when requested; as such the inspector was not assured that staff had appropriate training in relation to positive behaviour support.

Regulation 15: Staffing

The centre was staffed by a team of social care workers who were managed by a social care leader. While there were sufficient staff available in number to support and supervise residents, the inspector found that the skill mix and qualifications were not appropriate to meet the assessed needs of all residents.

The centre operated a social care model of care, as outlined in the statement of purpose, and this was seen to be suitable in meeting the assessed needs of one resident. However, the skill mix of staff was inadequate in meeting the complex support needs of another resident.

There was a planned and actual roster available that accurately reflected the staffing arrangements. The person in charge ensured that staff scheduling considered residents changing needs where possible. There was one vacancy at the time of inspection, and this was covered by a regular relief staff.

Judgment: Not compliant

Regulation 16: Training and staff development

There were arrangements in place to monitor staff training needs. Staff had received training determined by the provider to be mandatory, such as fire safety and adult safeguarding.

The inspector was not assured that all staff had received training in positive behaviour support. This deficit is discussed under regulation 7: positive behavioural support.

Judgment: Compliant

Regulation 23: Governance and management

While there was a clear governance structure in place, the inspector was not satisfied that the management systems were ensuring that the service provided was safe, appropriate to residents' needs or effectively monitored.

There were a range of quality assurance audits that were undertaken to monitor and evaluate the quality and safety of the service, however these had not ensured that the centre was resourced to meet the needs of all residents.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were policies and procedures in place with regards to admissions. These policies set out clear criteria for admission to the centre and facilitated residents to visit the centre prior to admission. While the criteria for admission to the centre had been established, the inspector was not satisfied that the process was effectively identifying, at the point of referral and admission to the centre, if the centre was equipped to provide the specific care and support that each resident required.

Residents had a written contract of care in place. This written agreement outlined the services to be provided to residents and the fees to be charged.

Judgment: Not compliant

Quality and safety

On this inspection it was not demonstrated that all residents were in receipt of a quality service that met their assessed needs and ensured they had the best possible lived experience in the centre. The inspector was not assured that the governance and management arrangements were ensuring that all residents received good quality care that protected their safety and promoted their well-being.

The provider had carried out a comprehensive assessment of need. While these assessments effectively informed a number of care and support plans for residents, it was found that in the case of one resident the assessment had not been carried out by an appropriate health care professional (with regard to their disability) and care plans did not adequately inform the delivery of care. It was found that the

centre did not have the resources to meet the assessed needs of all residents.

The inspector reviewed the safeguarding arrangements in the centre and found that while the provider was responding to safeguarding risks in accordance with their own policy, residents were not adequately protected from the risk of abuse. Staff had received training in safeguarding adults, and all potential safeguarding incidents had been identified and escalated appropriately. The provider had reported safeguarding concerns to the relevant statutory bodies and had comprehensive safeguarding plans in place which were under regular review. However, the efficacy of these plans was seen to be limited, and at the time of inspection there was a significant safeguarding risk in relation to one resident.

There were supports available to residents who required support to manage their behaviour. Residents' needs in relation to their behaviour were assessed and there were support plans in place where necessary. Residents had access to a range of clinical supports in order to identify and alleviate the cause of any behaviours that put themselves or others at risk. In the case of one resident, it was found that these plans clearly directed effective care and support. While there were some restrictive practices in place in relation to this resident, these were applied as a measure of last resort and in the least restrictive manner to ensure resident's safety. Restrictive practices were reviewed and monitored to ensure their use was evidence based. In the case of another resident, while similar supports were available, behaviour supports were not effective in managing behaviour that had potential to cause them significant harm. The inspector was not satisfied that all staff had adequate training in positive behaviour support.

There were systems in place to manage risk. A recently reviewed risk register was in place that contained assessment of generic risks in the centre such as slips, trips and falls, and infection control risks. The inspector also reviewed a sample of individualised risk assessments for residents which were seen to contain thorough assessment and proportionate control measures. While there were some risks to resident safety that were not adequately managed, this was in part due to a resident's decision to not engage with risk control measures.

The inspector was not satisfied that the provider had given full consideration to residents' human rights when making decisions about the operation of the centre. It was not demonstrated that all residents living in the centre had the freedom to exercise choice and control in their daily lives. It was found that while residents had access to information about advocacy, this was not sufficiently facilitated in order for a resident to engage in informed consultation and participation in the operation of the centre. The provider had not ensured that residents' privacy and dignity was respected in relation to their personal communications and consultations.

A review of the discharge arrangements found that these were not in line with the statement of purpose, the provider's own policy, or in accordance with the terms and conditions of the resident's written agreement. The provider did not demonstrate that discharges from the centre took place in a planned and safe manner, were discussed, planned for and agreed with the resident, or carried out on

the basis of transparent criteria.

The inspector reviewed matters in relation to infection control management in the centre. The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. The provider and person in charge had ensured that all staff were made aware of public health guidance and any updated information relating to this. Personal protective equipment was in good supply and hand washing facilities were available in the centre. The person in charge and staff had developed materials to inform and educate residents with regard to infection control measures and national guidance in relation to COVID-19.

Regulation 25: Temporary absence, transition and discharge of residents

The inspector was not satisfied that discharges from the centre were carried out in a planned and safe manner, or that planned discharges were discussed and agreed with the resident. The inspector found that the provider's policy on discharge from the centre did not outline the criteria for discharge and as such, planned discharges were not determined on the basis of transparent criteria.

The inspector was informed that one resident had been given notice that they were to be discharged from the centre; records indicated that the resident did not actively participate in this decision, and was made aware of the decision after it had been made. Furthermore, the inspector found that the decision to discharge the resident was not made in accordance with the provider's own policies.

While the person in charge had supported the resident to contact an advocate to support them with this issue, the inspector was not satisfied that the resident had been made fully aware of their rights in relation to discharge and transfer, particularly in relation to the discharge from service and their rights as a tenant in the property they resided in.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was a risk management policy and associated risk management procedures in place. There was an accurate risk register available that reflected the risks identified in the centre. The processes in place ensured that risk was identified promptly, comprehensively assessed and that appropriate control measures were in place. While it was found that the control measures in place for some risks weren't consistently mitigating the risk to a resident's safety, this was in part due to a resident choosing not to engage with some of the control measures and deciding to engage in activities or behaviours that involved a high level of risk. The risk to resident safety in relation to this matter is discussed further under regulation 8:

protection.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the provider had taken a proactive approach to the management of infection control risks. There were arrangements in place to prevent or minimise the occurrence of a health-care associated infection.

The provider had carried out comprehensive risk assessment and had developed a range of policies and procedures in response to the risks associated with COVID-19.

Staff had received training in infection control and hand hygiene. There was adequate and suitable personal protective equipment (PPE) available and the provider had systems in place to manage resources. The inspector observed staff members utilising PPE in accordance with national guidance. Residents were supported to avail of immunisation programmes according to their will and preference.

There were clear reporting and recording arrangements in place to monitor and respond to potential outbreaks of health-care associated infections, and there were comprehensive contingency plans in place for implementation in the case of an outbreak.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While residents' care and support needs were extensively assessed, the inspector was not satisfied that the health and social care needs of one resident (with regard to their disability) had been assessed by an appropriate health care professional. The inspector found that in this case, the assessment did not effectively assess or evaluate the specific support needs of this resident and did not guide effective support plans or interventions.

It was found that the provider did not have the resources or facilities to meet the needs of all residents. The inspector found that while the facilities and services available in the centre were adequate to meet the needs of one resident, they were not sufficiently providing the appropriate care and support for another resident.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements in place to support residents' positive behaviour support needs. The person in charge was found to be promoting a restraint free environment, and while there were a number of environmental restrictive practices in place these were used as a measure of last resort and for the shortest duration of time. Any restrictive intervention had been assessed to ensure its use was in line with best practice and utilised to facilitate a safe living environment for residents.

Where necessary, residents received specialist support to understand and alleviate the cause of behaviours that may put themselves or others at risk. In the case of one resident, the behaviour support arrangements had not successfully alleviated the cause of behaviours that presented as a risk to the resident. While it was found that the provider had engaged various multi-disciplinary team members to support the resident, the provider had acknowledged that the resident required specialist support to manage any harmful or high risk behaviours.

Following a review of staff training records and a discussion with the person in charge, the inspector found no evidence that staff had received training in positive behaviour support.

Judgment: Not compliant

Regulation 8: Protection

At the time of inspection, there was a significant safeguarding risk present for one resident. While the provider had identified this risk and responded to it in line with their safeguarding policy, it was found that the resident was not protected from the risk of abuse.

Although the person in charge had investigated safeguarding concerns, and there were safeguarding plans in place that were developed in conjunction with the organisation's social work department, the effectiveness of these plans was limited due, in part, to the residents personal choice to engage in high risk behaviours. The inspector was not assured, despite the range of supports available, that the resident was protected from the risk of abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

The inspector was not satisfied that residents were fully involved in decisions that affect their rights. The inspector found that the provider did not demonstrate a human rights based approach to care with regard to decisions made about the delivery of care and the operation of the centre. The inspector found that the provider had not evaluated the impact to residents' rights when making critical decisions about residents' care, for example records regarding a decision to discharge a resident from the service did not demonstrate consideration of a resident's legal rights as a tenant.

While the provider had encouraged the resident to avail of an independent advocate, the inspector was concerned that this had occurred after the provider had taken a decision regarding the resident's care. The inspector also observed that some practices in the centre impacted on the resident's ability to fully access their home, due to behaviour associated with their disability. It was also noted that some of the resident's support needs associated with their disability impacted their access to other services.

While the provider recognised that some of the resident's support needs could not be adequately met in the centre, the inspector found that this concern was communicated to the resident in a disrespectful manner.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Newbrook OSV-0002344

Inspection ID: MON-0032008

Date of inspection: 15/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • At present there is an ongoing review of the staffing WTE in the centre and a recruitment campaign is in place for the vacancies within the centre. • St Michael House will continue to employ qualified and suitably trained staff to provide continuity and meet the needs of the residents. • The skill mix of staff is under review and this will be completed by August 2021 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • St Michael's House has and will continue to keep under review the placement and the assessed needs of the current two residents in the Centre to ensure all supports are in place to support their safety and wellbeing. • The Provider has been engaging with HSE to ensure that alternative and appropriate services for one resident are sourced. 	
Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

- SMH has an Admissions, Transfer and Discharge Policy. As part of this, a consultation process is in place where new referrals are consulted for admission to the designated centre. All new referrals are progressed through a Residential Approvals Committee.
- For all new referrals, consideration will be given to the support needs of the person and if the center can provide the specific support required.

Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:

- St Michael’s House has an Admissions, Transfer and Discharge Policy.
- When St. Michael's House is unable to provide safe and effective care for a resident this will be escalated to HSE. Discharges to other agencies must follow the Policy for Transferring Clients from St Michael's House to Private (for Profit) Provided Services.
- St Michael House has engaged with HSE to provide alternative service for a resident with specific support needs for more appropriate services.
- Prior to discharges to another agency the resident has been consulted with and is involved in developing a transition plan.
- The resident has an independent advocate appointed since 2018 and while the resident has decided at times not to engage with this service, the PIC has been supporting him to engage with advocacy services prior to and throughout this process.
- Policy for Transferring Clients from St Michael's House to Private (for Profit) Provided Services is currently under review

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- All residents have comprehensive personal plans in place outlining their needs and supports in accordance with their wishes.
- St Michael’s House will continue to keep under review the placement and the assessed needs of the current residents in the Designated Centre.
- All required Multi Disciplinary supports are in place for all residents.
- The provider has liaised with other external experts to support the specific needs of one resident.

- The provider has escalated concerns to the HSE in relation to a more suitable service for one resident.

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- All staff are in the process of completing on line training in Positive Behaviour Support and this will be completed by 31/7/2021

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- The provider will continue to implement The National Safeguarding Policy, with St Michael's House Policy and Procedure for the Protection of Adults from Abuse and Neglect.
- Safeguarding training for all staff has been completed.
- Residents are supported to develop skills so that they have knowledge and skills to promote their protection.
- All incidents of a safeguarding nature will be notified in line with regulatory requirements and to the relevant authorities.
- Regular meetings with the Designated Officer, Director of Adult Services and the Community Safeguarding and Protection Team are in place.
- All safeguarding concerns have been escalated to HSE.
- The safeguarding plan that is in place for one resident has established protective factors in an attempt to mitigate all safeguarding incidents.
- All Multi Disciplinary supports are in place as required.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Each resident is supported to exercise control in their lives by choice and participation.
- Residents have access to external advocacy services as required.

- St Michael House has engaged with HSE to provide alternative service for a resident with specific support needs for more appropriate services.
- Prior to discharge to another agency the resident has been consulted with and is involved in developing a transition plan.
- One resident has an independent advocate appointed since 2018, and while the resident has decided at times not to engage with this service, the PIC has been supporting engagement with advocacy services prior to and throughout the process to being transferred to another provider.
- St Michael House will review the tenancy arrangements to ensure that the decision to discharge a resident will consider the legal rights of the tenant.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/08/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	31/05/2021

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Orange	31/05/2021
Regulation 25(4)(a)	The person in charge shall ensure that the discharge of a resident from the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	31/08/2021
Regulation 25(4)(b)	The person in charge shall ensure that the discharge of a resident from the designated centre take place in a planned and safe manner.	Not Compliant	Orange	31/08/2021
Regulation 25(4)(c)	The person in charge shall ensure that the discharge of a resident from the designated centre is in accordance with the resident's	Not Compliant	Orange	31/08/2021

	needs as assessed in accordance with Regulation 5(1) and the resident's personal plans.			
Regulation 25(4)(d)	The person in charge shall ensure that the discharge of a resident from the designated centre is discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative.	Not Compliant	Orange	31/08/2021
Regulation 25(4)(e)	The person in charge shall ensure that the discharge of a resident from the designated centre is in accordance with the terms and conditions of the agreement referred to in Regulation 24(3).	Not Compliant	Orange	31/08/2021
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	30/06/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that	Not Compliant	Orange	30/06/2021

	arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/06/2021
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	30/06/2021
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	30/06/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/05/2021
Regulation 09(1)	The registered provider shall	Not Compliant	Orange	31/05/2021

	ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	31/05/2021
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	31/05/2021
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	31/05/2021

	age and the nature of his or her disability has access to advocacy services and information about his or her rights.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	31/05/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	31/05/2021