



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

Issued by the Chief Inspector

Name of designated centre:	Woodvale Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	26 August 2020
Centre ID:	OSV-0003058
Fieldwork ID:	MON-0025334

About the designated centre

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

Woodvale provides residential services to adults with an intellectual disability. The service provides 12 full-time residential placements to male and female residents who are over 18 years of age and have intellectual disability and or autism or mental health difficulties. Some residents are provided with individualised day programmes which incorporate home-based activities. The designated centre consists of two houses. Both houses are two storey dwellings and are located in a suburban area of Co. Dublin. They are close to a variety of local amenities such as shops, parks and hotels. There are gardens to the front and rear of both houses. Both houses are a short distance from each other. Residents are supported by a staff team that includes a nurse manager, nurses, social care workers and care assistants. Staff are based in the centre when residents are present. Both houses have a waking night staff overnight, and one house has an additional sleepover staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 - 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
Wednesday 26 August 2020	11:00hrs to 17:10hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

There were 11 residents living in the designated centre on the day of the inspection. The designated centre is comprised of two houses, six residents live in one of the houses and five residents live in the other house. The inspector visited one of the houses during the inspection and met and briefly engaged with the five residents living there.

The inspector had the opportunity to engage with one resident at intervals throughout the day. This resident described their planned activities for the day including relaxing, watching television, reading a book and doing some knitting. They discussed their favourite author and how they liked to watch them on television as well, as they were very funny. They showed the inspector, through the window, the park where they liked to go for a walk. They discussed the importance of their day service and how much they were missing it, but told the inspector they understood why it was not open at the moment. They described how well supported they were by staff and told the inspector who they would go to if they had any concerns or complaints. They stated they were happy, felt safe and liked living in the centre.

The inspector observed residents spending time in their back garden during the inspection. One resident was supported by staff to water the flowers and was observed smiling while doing this. Another resident was observed going out to the back garden a number of times during the day to sit, relax and enjoy the sunshine. One resident described how they were meeting their visitors in the garden a couple of times every week. They described how much these visits meant to them and how much they were enjoying them. They stated they understood why restrictions were in place in line with public health advice during the COVID-19 pandemic, but said that they were looking forward to visiting others in their homes soon.

One resident was supported by staff in the kitchen to make a cup of tea. When the inspector entered the room, they came over to greet the inspector with a smile and then returned to engaging with staff. Another resident was observed relaxing in the sitting room with the support of staff.

The inspector observed kind and caring interactions between residents and staff throughout the inspection and residents appeared content and comfortable. During the inspection, residents were supported by staff to engage in centre-based activities or activities such as a walk in their local park. In line with residents' assessed needs, the level of staff support required was high. The inspector observed staff providing support to residents at all times, with limited evidence of time available to document and complete other duties in the centre.

Capacity and capability

There was evidence of some improvements in relation to the governance and management of the centre since the last inspection. This included increased audits and reviews by the provider and meetings between the person in charge and person participating in the management of the designated centre (PPIM). Improvements were noted across a number of regulations such as; staffing, policies and procedures, protection, residents' rights, risk management, fire precautions and medicines and pharmaceutical services. However, the provider had failed to satisfactorily address some of the non-compliances identified on previous inspections, particularly relating to; governance and management, staff training and development, positive behaviour support, the premises and protection against infection. Overall, improvements were required to ensure that the service provided for residents was safe and of a good quality.

The management structures were clearly defined and identifying the lines of accountability. However, the management structures in place were not ensuring the quality and safety of care was effectively monitored. There was minimal progress on some actions identified through the provider's own audits and reviews. There had been no annual review completed in the centre since 2018. The provider was aware of this and had recruited to fill a vacancy to address this. The inspector was shown evidence that plans were in place for an annual review to be completed following the inspection. The latest six-monthly reviews by the provider had identified some of the areas for improvement in line with the findings of this inspection. However, actions following these reviews had not all been fully completed. In addition, the provider had arranged for the director of nursing and nurse practice development unit to complete a review in the centre and all actions identified in this review had not been fully completed. Some of these action related to improvements in relation to residents' care and support and some relating to their home. For example, the provider had identified a need for; ongoing review of residents' behaviour support plans, the review of communal spaces, the requirement for staff to complete a number of training and refresher trainings, and areas for improvement in relation to the premises.

Improvements had been made in relation to staffing numbers and skill-mix in the centre since the last inspection. The provider had recruited to fill a number of vacancies. There was increased availability of nursing staff and two staff had completed training in relation to the administration of emergency medicines which had resulted in increased opportunities to engage in meaningful activities in the community for a number of residents. Plans were in place for two more staff to complete this training to further improve residents' opportunities for community participation.

During the inspection, the inspector observed staff engaging with residents in a supportive and respectful manner. Residents appeared comfortable in the presence of staff and with the levels of support offered to them. The inspector spoke with a number of staff who were found to be knowledgeable in relation to residents'

specific care and support needs and motivated to ensure residents were safe and happy in their home. However, in line with residents' assessed and changing needs, staff had limited opportunities to document and complete deep cleaning in the centre. It was evident from speaking with staff and observations made during the inspection that staff were prioritising residents' care and support needs over these duties. The provider was aware of residents' assessed and changing needs and meeting regularly to ensure staffing numbers were kept under review.

A number of new staff had not completed the organisation's induction training programme. In the absence of completing this training, some area specific induction had been completed to ensure these staff were familiar with residents' care and support needs and aware of who to contact if they required support. However, these staff had not completed a number of training programmes which were identified by the organisation as mandatory. In addition, in line with the findings from previous inspections, staff in the centre had not completed positive behaviour support training in line with residents' assessed needs and a number of staff had not completed training or refresher training in areas such as fire safety and safeguarding.

Staff supervision had not been formalised in the centre. The person in charge had completed some training and further training was planned. In the absence of formal supervision, the person in charge was meeting staff regularly to discuss their roles and responsibilities and an annual performance review was being completed. Staff who spoke with the inspector reported that they were well supported and aware of who to escalate any concerns, relating to the quality and safety of care for residents to.

A record was kept of all incidents occurring in the centre. On reviewing a sample of these incidents, the inspector found one incident which had not been reported to the Chief Inspector in line with the requirements of the regulations. This incident had been appropriately followed up on and control measures implemented to safeguard residents.

Regulation 15: Staffing

Staffing numbers had increased in the centre since the last inspection. The provider was keeping staffing numbers in the centre under review in line with the assessed and changing needs of residents in the centre.

There was increased availability of nursing staff to ensure increased opportunities were available for residents to engage in community-based activities.

There were planned and actual rosters in place, and from the sample reviewed, there was evidence that residents were in receipt of continuity of care, with a small number of shifts being covered by regular relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

A number of staff had not completed some training listed as mandatory for the organisation. In addition, some were due refresher training. For example;

- a number of new staff had not completed induction training, and therefore had not completed a number of mandatory trainings
- no staff in the centre had completed training in relation to positive behaviour support
- the majority of staff in the centre were due refresher safeguarding training
- a number of staff required fire safety training.

There was no formal supervision process in place but the person in charge was meeting staff regularly and there was a system in place to ensure staff had an annual performance review. Staff reported that they were well supported and aware of their roles and responsibilities in relation to the quality and safety of care and support for residents.

Judgment: Not compliant

Regulation 23: Governance and management

There were clearly defined management structures in the centre and evidence of increased oversight by the provider since the last inspection. Improvements were noted across a number of regulations since the last inspection which had resulted in improved outcomes for residents, particularly relating to staffing support and risk management.

While there was evidence of audits being completed by the local management team and increased meetings between the person in charge and PPIM. These systems were not proving effective due to the provider's failure to complete the actions required to bring about improvements across a number of regulations.

There had been no annual review completed in the centre since 2018 and not all actions from audits, including the six-monthly visits by the provider, were being completed. This was resulting in negative outcomes for residents particularly relating to the environment in which they lived.

Judgment: Not compliant

Regulation 31: Notification of incidents

The Chief Inspector was not given notice in writing of one adverse incident occurring in the centre, as required by the regulations.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Policies and procedures required by schedule 5 were available in the centre. However, two of these policies had not been reviewed in line with the time frame identified in the regulations:

- Visitors policy
- Incidents where a resident goes missing.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that some improvements had been made to the quality and safety of care and support for residents since the last inspection. However, improvements were still required, particularly in relation to positive behavior support, protection against infection and the premises in order to improve the lived experience for residents in the centre.

The inspector visited one of the houses in the centre and found that some improvements had been made since the last inspection, including the installation of a new kitchen. However, further improvements were required to the premises to ensure it was designed and laid out to meet the number and needs of residents. The provider was aware of this and plans to convert an upstairs room to an additional communal space for residents and the layout of the living room downstairs was under review. Some works had been completed in relation to damp in the centre, with a further assessment and works planned after the inspection. Areas of the centre required cleaning, maintenance and repair.

Residents were protected by the risk management policies, procedures and practices

in the centre. There was a risk register and general and individual risk assessments were developed as required. There were systems in place for recording, investigating and learning from serious incidents and adverse events and there was an emergency plan in place.

There were cleaning schedules in place, which had been adapted in line with COVID-19. However, during the inspection, areas of the premises visited were found to be unclean. These included parts of the stairs, doors and walls in the centre. There were areas of damp and what appeared to be black mould in a number of bathrooms. Toilet paper and hand towels were not available in bathrooms in the centre in line with residents' assessed needs. However, the system in place to ensure residents were accessing toilet paper and hand towels prior to using the bathroom were not proving effective.

Residents had access to accessible information in relation to public health measures during the pandemic. This included leaflets relating to hand washing, COVID-19 and testing. The provider had developed policies, procedures and guidelines for use during the pandemic. They had also updated existing policies, procedures and guidelines to include information relating to COVID-19. Staff had access to some stocks of personal protective equipment (PPE) in the centre and there were systems in place for stock control and ordering. Most of the staff team had completed additional training in relation to infection prevention and control, including hand hygiene training and training relating to the use of PPE. There was a COVID-19 information folder available in the centre, which was updated with relevant policies, procedures, guidance and correspondence.

Suitable fire fighting equipment was provided and serviced when required. There were adequate means of escape, including emergency lighting. There were procedures available for the safe evacuation of the centre. Residents' personal emergency evacuation plans (PEEPs) had been reviewed and updated since the last inspection and clearly outlined residents' mobility and cognitive understanding relating to the evacuation process. Fire drills were completed regularly. Learning from these drills was evident and was seen to lead to review of residents' PEEPs and the evacuation plan as required. A number of staff required fire safety training, and in the interim, had taken part in fire drills to ensure they were aware of evacuation procedures and residents' specific care and support needs.

Residents were protected by the policies, procedures and practices relating to medicines management. A number of improvements had been made since the last inspection in relation to storage, labelling and documentation relating to medicines. Guidance in place for the use of emergency medicines had been reviewed and was clearly guiding staff to support residents.

Residents were being supported to enjoy best possible health. They had healthcare assessments in place and care plans were developed as required. Residents were supported to access allied health professionals in line with their assessed needs. However, a number of residents' healthcare plans required review to ensure they were accurate and reflective of residents' current assessed needs. Improvements were also required in relation to documenting how residents were supported to

make decisions in relation to accessing National Screening Programmes. The business continuity plan for the organisation outlined how residents could be supported to access a GP, psychiatrist, speech and language therapist, social worker, occupational therapist, psychologist or physiotherapist during the pandemic.

There were a number of restrictive practices in place in the centre. Improvements were found since the last inspection in relation to ensuring these were reviewed regularly. In addition, a number of residents had been supported with skills development programmes to ensure the impact of some restrictions was lessened for them. There was evidence that a number of restrictions had been removed, reduced or trialled off since the last inspection and plans were in place to further reduce and eliminate some restrictions. However, the inspector found that one restrictive measure was not being implemented in line with what was documented. In addition, for a number of restrictive practices, it was not clear that the least restrictive measures were being implemented for the shortest duration. In line with the findings of the last inspection, environmental restraints were in place in the absence of a suitable living environment for some residents. These included a stair gate and a number of locked doors.

In line with the findings of previous inspections, staff in the centre had not completed training in positive behaviour support. In addition, a number of staff had not completed training in the management of behaviour that challenges including de-escalation and intervention techniques. Residents living in the centre required significant support in relation to positive behaviour support. They had support plans in place, but some plans had not been reviewed or updated for an extended period of time. For example, one resident's changing needs had been recognised and while meetings had occurred and assessments were planned, their support plan had not been reviewed since 2017. Staff were knowledgeable in relation to residents' support needs and recognising residents' changing needs. However, the support plans in place required review to ensure they were reflective of residents' current support needs and clearly guiding staff in relation to proactive and reactive strategies to support them.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Allegations or suspicions of abuse were reported and escalated in line with requirements of the organisation's and national policy. Safeguarding plans were implemented as required. Residents had intimate care plans which clearly outlined their wishes and preferences.

Residents' meetings were occurring regularly and agenda items were varied and included discussions relating to the day-to-day running of the centre. Residents were being supported to make decisions in relation to their care and support. There was evidence of communication with residents to keep them informed during the pandemic. There were systems in place to ensure residents could access independent advocacy service, should they so wish.

Regulation 17: Premises

The premises visited by the inspector were not kept in a good state of repair and some areas were found to be unclean. In line with the findings of the last inspections, there remained inadequate communal spaces and rooms were not of a suitable size and layout to meet the number and needs of residents.

Improvements had been made to the centre since the last inspection, including the installation of a new kitchen. However, damp and what appeared to be black mould remained in areas of the centre. The provider had completed a number of remedial works and more work was planned to further investigate the causes of damp in the house.

A number of areas in the centre required maintenance and repair such as:

- a bathroom which was out of order on the day of the inspection
- damage to banisters and stairs
- damage to walls in one resident's bedroom.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures and practices in the centre.

There were systems in place for the assessment, management and ongoing review of risk.

There were systems in place for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had some systems in place, including policies and procedures, to ensure residents who may be at risk of healthcare-associated infection were

protected. These had been adapted and updated them during COVID-19 pandemic.

However, areas of the centre were found to be unclean during the inspection. In addition, there was no toilet paper or hand towels available in the bathrooms in the house visited by the inspector. While this was in line with one resident's needs, suitable arrangements were not in place to ensure all residents could access them as required.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had completed works in the centre to ensure that there were adequate arrangements in place to detect, contain and extinguish fires.

There were systems in place to maintain fire equipment, to review fire precautions and to test fire equipment.

Residents' PEEPs had been reviewed and updated and were clearly guiding staff in relation to supports required by residents in the event of an emergency. Fire drills were occurring regularly and there was evidence that learning following drills was shared across the team and leading to PEEPs being updated as required.

A number of new staff had not completed fire safety training. In the interim, they had taken part in fire drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by the policies, procedures and practices relating to medication management.

There were appropriate and suitable practices relating to ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

Regulation 6: Health care

Overall, residents were supported to enjoy best possible health. Residents'

healthcare needs were assessed and care interventions were developed as required.

However, a number of residents' healthcare assessments and care interventions required review to ensure they were consistent and reflective of residents' current needs. These gaps in documentation were not found to be contributing to a significant risk for residents but required review to ensure they were accurate.

Staff who spoke with the inspector were knowledgeable in relation to residents' needs. They clearly described what to do in the event of an emergency in line with residents' care interventions and protocols.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff had not completed training in line with residents' assessed needs.

Residents' changing needs were being recognised and assessments and review meetings were occurring. However, the documents guiding staff practice were not up to date. For example, there had been an increase in incidents recorded for one resident over a number of months, but their positive support plan had not been reviewed since 2017. The inspector acknowledges that recording charts had commenced to form part of an assessment of this resident's support needs – this would then inform a review of their positive behaviour support plan.

The inspector found that some improvements had been made in relation to the documentation and review of restrictive practices in the centre. However, for a number of restrictive practices, it was not clear that every effort was being made to alleviate the cause of the behaviour, that alternative measures had been fully considered and that the least restrictive practices were being used for the shortest duration.

Judgment: Not compliant

Regulation 8: Protection

Residents are being protected by the policies, procedures and practices relating to safeguarding in the centre.

Allegations and suspicions of abuse were reported, escalated and followed up on in line with the organisation's and national policy.

Staff have completed safeguarding training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities in the event of an

allegation or suspicion of abuse. A number of staff were due refresher training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings were occurring regularly in the centre. There was evidence that residents were participating in the day-to-day management of the centre and made choices in relation to how they wished to spend their day.

Information relating to the availability of advocacy services was available for residents.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Woodvale Group - Community Residential Service OSV-0003058

Inspection ID: MON-0025334

Date of inspection: 26/08/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • All new staff will complete their mandatory training on line • All staff due refresher courses will complete them on line or in reduced classroom setting due to covid restrictions. • All staff will complete positive behavior support training. 	
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"> • An annual review for 2019/2020 will be completed by the Quality and Risk Officer. • Remaining actions from Provider visits/audits and annual review will be completed in a timely manner. 	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of	

<p>incidents: The PIC will ensure that the Chief Inspector will be informed of all adverse incidents in the centre that are required by the Regulations.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • The visitors Policy is updated in line with current covid restrictions. • The Authors of the Missing Persons Policy will review this policy in line with Regulations. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Provider has engaged a contract cleaner to deep clean the centre on a regular basis. • The PIC will review existing cleaning schedules to ensure that all day to day cleaning is carried out. • The Provider had engaged a company to address the damp issues in the centre. • The maintenance department will repair damaged areas in the centre. • The Provider had identified an area upstairs that had been converted to second sitting room to increase communal space for residents in one unit in the designated centre. 	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The Provider has engaged a contract cleaner to deep clean the centre on a regular basis. • The PIC will review existing cleaning schedules to ensure that all day to day cleaning is carried out. 	

- The PIC has reviewed the procedures for ensuring that all residents are able to access toilet paper and hand towels when required.

The Provider had engaged a company to address the damp issues in the centre

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- The PIC and keyworkers have reviewed all care plans to ensure that all documentation is reflective of the residents current needs.

Regulation 7: Positive behavioural support

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- All behavior support plans in the centre will be reviewed by the MDT to ensure that they are up to date and reflecting the current assessed needs of the residents and that they guide the staff in the care of the residents.
- All restrictive practices will be reviewed to ensure that they are the least restrictive and in place for the shortest period of time.
- All staff will ensure that restrictions are removed if the resident who requires them is not in the designated centre for a period of time.
- All staff will receive training in positive behavior support.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/01/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	31/12/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/12/2020
Regulation 17(6)	The registered provider shall	Not Compliant	Orange	31/12/2020

	ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/12/2020
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in	Not Compliant	Orange	31/12/2020

	accordance with standards.			
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.	Not Compliant	Orange	31/12/2020
Regulation 27	The registered provider shall ensure that 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.	Not Compliant	Red	30/09/2020
Regulation 31(1)(f)	The person in charge shall give	Not Compliant	Orange	02/10/2020

	the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	02/10/2020
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	Not Compliant	Orange	31/01/2021

	to manage their behaviour.			
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	31/01/2021
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.	Not Compliant	Orange	31/01/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	31/01/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates	Not Compliant	Orange	30/11/2020

	intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	02/10/2020