



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

Issued by the Chief Inspector

Name of designated centre:	Leeside
Name of provider:	Health Service Executive
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	14 December 2020
Centre ID:	OSV-0003319
Fieldwork ID:	MON-0030534

About the designated centre

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

In the statement of purpose the provider outlines that the Health Service Executive, Leaside, provides full-time residential care for up to three adult males with intellectual disabilities and significant challenging behaviours. This is a high-support service, with a high ratio of social care staff. Nursing oversight is available from the wider organisation as needed. The premises is a dormer style detached house on its own grounds. Each resident has their own bedroom and en-suite bathroom, and share a communal kitchen, recreation and living area. There is a secure easily accessible garden. There is a commitment to the process of maximising the health and social well being of each service user, where individual choice and community participation are encouraged with staff supports.

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 - 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
Monday 14 December 2020	09:00hrs to 17:00hrs	Deirdre Duggan	Lead

What residents told us and what inspectors observed

This inspection took place in the backdrop of the COVID-19 pandemic. Communication between the inspector, the residents, staff and management took place in adherence with public health guidance. To comply with the Health Information and Quality Authorities (HIQA) enhanced inspection COVID-19 methodology the inspector kept footfall throughout the centre to the minimum required in order to complete the inspection.

There were two residents living in this centre at the time of this inspection. The inspector had an opportunity to meet with both residents. One resident was assisted to communicate with the support of staff.

One resident was relaxing in a living room on the inspectors arrival to the centre. This resident greeted the inspector and later met with the inspector and told them about life in the centre. This resident told the inspector that they were not happy living in the centre and expressed a wish to move out of the centre. They also told the inspector about their wishes for the future, such as living somewhere else and getting a job. Whilst the resident expressed dissatisfaction with their current placement in the centre, they also told the inspector about some of the good things about their life there. They spoke very positively about some of the staff that supported them and about some of the activities that they were supported to take part in. The inspector observed interactions between this resident and staff members in the centre at times during the inspection, and saw that they were consulted with and included in the day to day running of the centre. This resident showed the inspector their bedroom and the living areas they used in the centre and had on display a large collection of medals for sporting activities they enjoyed. On one occasion during the inspection, a resident was seen to become distressed and the inspector saw that their concerns were listened to and responded to appropriately by the person in charge and staff in the centre.

The inspector met with a second resident and a staff member supporting them. This resident was supported by the staff member to communicate with the inspector and the staff member advocated for them during the meeting. This resident presented as content at this time and was very comfortable in the presence of the staff supporting them. The staff member had worked in the centre for a number of years and reported that the resident was currently enjoying a very good quality of life in the centre. The resident now had free access to all areas of the centre and their daily activities reflected the residents own preferences. The staff member told the inspector how this resident set out their own schedule using a pictorial planner in their room each day, and the inspector viewed this at another time during the inspection. This resident was reported to enjoy a variety of activities such as walking, swimming, and art sessions that took place both in the centre and as part of a day service accessed by this individual.

This inspection took place in mid-December and the inspector saw that efforts had

been made to decorate the centre for Christmas in line with the residents' wishes and preferences. For example, both residents had their own Christmas trees in their bedrooms.

Capacity and capability

This centre had been inspected in June 2020 with numerous non-compliances found at that time. At the time of that inspection, this centre was found to be operating in breach of a condition of registration. Following that inspection, the provider had submitted a compliance plan to address the issues found.

This was a planned risk inspection carried out during the COVID-19 pandemic as a follow up to the inspection completed in June 2020. The inspector found that the required improvements had occurred in the time since the previous inspection and that the centre was now operating as per the conditions attached to the registration. Since the previous inspection one resident had transitioned to another designated centre in line with their assessed needs.

A statement of purpose was present in the centre. The previous inspection had found that the services provided in the centre were not as set out in this important document. The statement of purpose had been amended since the previous inspection to adequately set out the information in Schedule 1 of the Regulations. The statement of purpose had also recently been updated to reflect changes that had occurred, including staffing and management changes.

A new person in charge of this centre had been appointed in the months prior to the inspection. This person occupied a full time role and was suitably experienced and qualified. The inspector saw that they had good oversight and maintained a strong presence in the centre. This person was new to the role of person in charge and reported to, and was supported by, an area director and this person was also present to meet with the inspector on the day of the inspection. Both of these individuals demonstrated a good knowledge of the residents and told the inspector about the systems that were in place to ensure that adequate oversight was maintained in the centre. They also spoke at length about the improvements and changes that had occurred since the June 2020 inspection. The inspector found that efforts were ongoing to bring this centre into compliance and that the management team present were committed and dedicated to ensuring that the centre met the needs of the residents living there. An annual review report viewed showed evidence of consultation with the residents and their family members and identified actions for follow up. The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed.

A staff rota was viewed. This showed that there was a team of long-term staff dedicated to staffing this centre. The skill mix of the staff team was in line with the assessed needs of the residents and the statement of purpose in place in respect of

this centre. Continuity of care was offered. One resident had recently moved out of the centre and staffing requirements had reduced. This was reflected in an updated statement of purpose viewed on the day of the inspection. Residents were supported on a one-to-one basis and there were at least two staff members on shift at all times, including at night. Residents in this centre required some supports to carry out activities of daily living and were independent in other areas, and staff were seen and overheard to encourage residents to maintain these important skills. Residents regularly accessed the community with staff support and when government restrictions during the ongoing COVID-19 pandemic allowed, residents attended a partial day service if they wished, facilitated by staff in the centre. The inspector spoke with a staff member present on the day of the inspection. This individual was knowledgeable about the residents and their role and responsibilities within the centre. The staff member spoke in a respectful manner about the residents and how they were supported in the centre. They told the inspector that they felt well supported in their role by the management of the centre and had knowledge of appropriate safeguarding procedures in place.

Systems were in place to ensure that staff were appropriately trained. Staff training deficits identified in the previous inspection had been acted upon and up to date training records viewed on the day of this inspection showed that overall, staff training, including refresher training, was taking place as appropriate. Some staff were in the process of completing specific training to support them in managing behaviour of concern-this is discussed under the Quality and Safety section of this report.

The previous inspection had found some issues regarding how complaints were managed in the centre. Improvements had been made to the complaints procedures in place and the inspector found that complaints were being responded to appropriately at the time of this inspection. The inspector viewed records relating to complaints and saw that staff and management had a good understanding of their roles and responsibilities in the area of complaints. For example, one resident had expressed a wish to move out of the centre. The previous inspection in June 2020 had identified deficits in how this request was being handled and dealt with. Complaints records viewed during this inspection showed that this resident's views were being accurately recorded and responded to, and there were plans in place to support this resident to source an alternative placement and transition from the centre as desired. On the day of this inspection, the inspector was made aware of a complaint that had been received from a family member of a resident. From the information received on the day of the inspection the inspector found that this was being appropriately responded to in line with the providers' complaints procedures.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The person in charge had the required qualifications, skills and experience necessary

for the role and demonstrated good oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider has ensured that there was a sufficient number of staff on duty in the centre to meet the residents assessed needs. The number, qualifications and skill mix of staff was appropriate and continuity of care was evident. There was a planned and actual staff rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training. Copies of the Act and regulations and guidance issued by public health were available to staff.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents in the centre and this was present in the centre on the day of the inspection. This had been updated to reflect the recent transition of a resident from the centre.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was adequately resourced to ensure delivery of care and support in line with the statement of purpose. There was a clearly defined management structure in place and appropriate management systems were in place to ensure that the service provided was appropriate to residents' needs. Since the previous inspection action had been taken to address deficits identified. The management team were found to be identifying issues and responding

appropriately.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was present in the centre. This had recently been updated to reflect changes that had occurred, including staffing and management changes. The statement of purpose had been amended since the previous inspection to adequately set out the information in Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective and accessible complaints procedure in place. Residents and their representatives were supported to make complaints. Documentation procedures had been updated to ensure that clear records were maintained to take into account if a complaint had been satisfactorily dealt with and any actions arising from complaints.

Judgment: Compliant

Quality and safety

The inspector looked at the quality and safety of the service provided to the two individuals living in this centre during this inspection and found that the standard of care afforded to them was good. A person centred approach was evident in the observations and the documentation viewed by the inspector. Significant improvements had been made since the previous inspection and residents were now enjoying an improved quality of life. Some further improvements were required in the areas of risk management and personal planning.

The centre was located in a pleasant rural area close to a town and was found to be suitable to meet the needs of the residents living there. The centre was spacious and significant work was seen to have been undertaken to the premises since the previous inspection. Overall, the living areas presented as nicely furnished and clean, and efforts had been made to personalise and decorate the centre in a homely fashion since the previous inspection. Residents had large bedrooms that were decorated in line with their preferences and there was ample living and

recreational space available to residents.

Maintenance issues found with the interior of the centre since the previous inspection had been rectified. Residents in this centre had access to a large external grounds including a prefabricated structure that served as an art studio. Since the previous inspection equipment had been removed from a shed that had served as a carpentry workshop. However, this shed was still inaccessible to residents due to safety concerns and was seen to still contain a large amount of discarded objects and furniture. An unused poly-tunnel and chicken coop had been removed and overgrown areas had been cleared.

The inspector found there had been a significant reduction in the level of restrictions noted in the centre. A restrictive practice log was in place and restrictions that were present were used in line with protocols in place. Restrictive practices had been appropriately reviewed by a restrictive practice committee since the previous inspection and management in the centre demonstrated good commitment to ensuring that the least restrictive practice was used for the least duration necessary. The inspector noted some restrictions such as locked doors and gates had been removed and this was a positive improvement. However, there was a need to update risk assessments to take into account and manage some of the possible associated risks with this, given the specific assessed needs of residents living in this centre. Positive behaviour support plans were in place. The staff team were in the process of receiving specific training in the management of actual and potential aggression (MAPA). While not all staff had completed this training on the day of the inspection, the person in charge was forthcoming about this, and this training was scheduled for completion in the weeks following the inspection.

Individualised care plans were in place for residents. The inspector viewed these and found them to be comprehensive. Some areas of plans required review and updating to ensure that they reflected changing circumstances in the centre. Also, while residents were consulted with and offered choice in the centre about daily activities, some improvements were required to ensure that goals that were being set for individuals were appropriately documented. This would ensure that all staff were aware of them, and that residents were being supported to achieve their full potential in the centre. For example, daily notes viewed by the inspector indicated that one resident routinely spent all day watching television, while at other times took part in a variety of activities and was actively involved in day to day life in the centre. The inspector did not view sufficient evidence on the day of this inspection to demonstrate that all staff were making appropriate efforts to encourage this individual to partake in alternative activities or to make and set appropriate short term goals that would support them to achieve long term goals that they spoke to the inspector about, such as accessing employment.

Records viewed by the inspector showed that appropriate healthcare, including mental health supports was provided for residents. Some additional supports were currently not routinely available to residents, such as speech and language therapy. One resident was on a waiting list to be reviewed by a speech and language therapist. The registered provider had identified a delay in accessing this service publicly and the management of the centre told the inspector of plans in place to

access these additional supports privately, if required.

Since the previous inspection, one resident had transitioned from the centre as planned. This had resulted in a significant reduction in the safeguarding issues identified during the June 2020 inspection. The registered provider had initiated a process for review of certain important documentation relating to the residents that currently lived in the centre and the inspector saw evidence that this was progressing, although not yet complete. Safeguarding plans were in place as appropriate and staff spoken to were aware of safeguarding procedures in place. Where safeguarding concerns arose, they were found to have been managed appropriately. Training in the safeguarding of vulnerable adults had been completed and suitable intimate care plans were in place for residents.

This inspection found that while improvements had been made in relation to risk management procedures since the previous inspection, some further improvements were required to ensure that risk was being appropriately managed in the centre. Some risk assessments required review to reflect changes in the centre, such as a change in the residents living in the centre. As mentioned briefly in the capacity and capability section of this report, some risk assessments required review following the removal of a number of restrictions in the centre. For example, some documentation viewed in a plan cited a "line of sight" requirement for a resident in the centre, which meant that staff should maintain a visual view of the resident at all times. The grounding documentation that provided a rationale for this recommendation was under review at the time of this inspection and in practice this was not occurring continuously on the day of this inspection, with the resident spending periods of time in their own living space by themselves. This very restrictive recommendation was no longer warranted given some of the changes that had occurred in the centre, and the resident was seen to be appropriately supervised when accessing other areas of the centre and when in the vicinity of another resident. However, alongside this, other restrictions such as door and gate locks, door alarms and CCTV had also been removed. Given that a full review of the grounding documentation was not yet completed, appropriate consideration had not been given to the risk to residents and others should an unsupervised resident choose to leave the centre following these changes. Risk assessments in place did not provide staff with clear detail to ensure that appropriate control measures were in place, such as specific times when supervision was required, and how exits were to be monitored if residents were spending time alone in their own living spaces.

Infection control procedures in place in this centre were found to be in line with guidance issued by public health during the COVID-19 pandemic. Residents had been provided with ample information about the COVID-19 virus and the associated precautions and restrictions that were in place around this. Staff were seen to adhere to maintain physical distancing from residents where possible, to carry out appropriate hand hygiene, and to wear appropriate personal protective equipment (PPE) when required. This was in line with the public health guidance at the time of the inspection. Cleaning schedules were in place, including enhanced schedules for cleaning high contact areas and the inspector viewed an ample supply of PPE and suitable hand sanitisation facilities in the centre. The centre was visibly clean on the day of the inspection and resident and staff temperature checks were taking place

regularly and appropriately recorded. Training records seen by the inspector showed that staff working in the centre had completed training in a number of areas such as how to don and doff PPE, infection control and hand hygiene procedures. Residents had access to appropriate areas for self-isolation, in the event of a suspected or confirmed case of the COVID-19 virus.

Regulation 13: General welfare and development

Residents had access to a variety of activities such as art, golf, swimming and walking. There was a dedicated art studio on site that residents utilised regularly and residents also had access to external services if they wished. One resident was not consistently offered appropriate engagement and encouragement to partake in preferred activities, or to try out new activities.

Judgment: Substantially compliant

Regulation 17: Premises

Some improvements were still required to some of the exterior of the premises. A shed on the grounds was not accessible to residents' and required some maintenance work. Also, an area of rough ground required attention, and some paths required ongoing maintenance to clear fallen leaves.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was a plan in place to support a resident to transition from this service in accordance with their own expressed wishes. The person in charge had put in place a plan to ensure that this transition would take place in a planned and safe manner, and would be discussed, planned for and agreed with the resident and, where appropriate, their representatives.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management

and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This required updating to ensure that all risks were being appropriately reviewed and considered.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents in this centre had individualised plans in place that contained detailed information to guide staff in supporting them on an ongoing basis. These were found to be comprehensive and gave good guidance to staff about the day to day support needs of residents. Since the previous inspection circumstances in the centre had changed. These changes afforded residents new and meaningful opportunities. However, plans had not been updated to reflect this and goals that were set within residents plans were not always regularly reviewed or updated. A resident's plan did not reference meaningful goals that had been identified for this resident, or the plans in place to support the resident to achieve these goals.

Judgment: Not compliant

Regulation 6: Health care

Appropriate healthcare was provided for residents, in line with their personal plan. The registered provider had identified where healthcare supports were not accessible in a timely manner and had put a plan in place to access additional supports such as speech and language therapy.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a low level of restrictions present in this centre at the time of this inspection. The person in charge had ensured that, where restrictive procedures were used, they were applied in accordance with evidence based practice and the least restrictive procedure, for the shortest duration necessary was used. Staff were provided with the necessary information to support residents to manage their behaviour. Some staff training, although scheduled, had not yet been completed.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were found to be adequately protected from abuse on the day of this inspection. Staff had received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. The registered provider had initiated a process for review of certain important documentation relating to the residents that currently lived in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Resident consultation was occurring and residents were supported to exercise choice and control over their daily lives. For example, residents were offered choices about when and where they ate their meals and choose their own meals. Residents had full access to their home. One resident had for quite some time expressed a wish to no longer live in the centre and at the time of this inspection, efforts were being made to facilitate this in a planned manner.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Leaside OSV-0003319

Inspection ID: MON-0030534

Date of inspection: 14/12/2020

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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>PIC has completed support meetings with all staff in relation to their roles and responsibilities, specifically focusing on engagement with residents and participation in resident's interests, choices, activities and well-being. A full review of activities/ day plans Were undertaken in consultation with residents and key-workers.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Maintenance Manager Visited Leaside on 22nd Jan 2021 and put a plan in place which would bring Leaside into compliance with HIQA. The first stage is to remove any furniture and discarded objects from the main shed. This is to be completed before the 28th February 2021.</p> <p>The second stage will include the removal of broken slabs and replacement of same on the way to the sheds. This is to begin in late February.</p> <p>Finally Photographs were taken of the rough ground around the sheds and the plan here is to fill same with a mix of screenings and hard core, the works here are to begin in March 2021.</p>	

Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: A full review of the risk management systems and process's has been undertaken. Emphasis, on supervision of residents, was also considered in this review. The removal of "Line of sight supervision" from Risk assessments has taken place.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Full review of resident's personal plans and goals has been undertaken. An assessment of goals has been reviewed by PIC and key-workers in consultation with residents. Same evident in resident's care plans and daily progress notes.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All staff have now completed MAPA training.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	21/01/2021
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.	Substantially Compliant	Yellow	21/04/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Not Compliant	Orange	18/01/2021

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	18/02/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Not Compliant	Orange	18/02/2021
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	Substantially Compliant	Yellow	25/01/2021

	techniques.			
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