



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

Issued by the Chief Inspector

Name of designated centre:	Forest View
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	27 March 2023
Centre ID:	OSV-0008173
Fieldwork ID:	MON-0037275

About the designated centre

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

Forest Views consists of a detached bungalow located in a rural area within close driving distance to some nearby towns. The centre provides full-time residential support for a maximum of four residents of both genders over the age of 18 with intellectual disability and Autism who present with behaviour which challenges. Each resident had their own individual bedroom and other rooms in the centre include a kitchen, a dining room, a living room, a conservatory, bathrooms and a staff office. Residents are supported by the person in charge, social care staff and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 27 March 2023	09:25hrs to 18:10hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents were supported to leave the centre during the day to go to an equestrian centre, to go for walks and to visit friends. Staff present during the inspection supported residents in a pleasant and respectful manner. There were indications that some residents could trigger one another which was resulting in some negative interactions taking place.

On arrival at the centre the inspector was initially greeted by a staff member and directed to sign into a visitors' log. At this time the three residents living in the centre were preparing to leave to the centre. On the initial walkthrough of the centre, the inspector met two of these residents, neither of whom interacted with the inspector. One of these residents was sat in the centre's living room area with staff while the second resident moved around the centre vocalising loudly and occasionally jumping.

As the inspector was speaking to the person in charge during this time, he had to asked the person in charge to repeat some information due to the vocalisations of this resident. This resident appeared keen to leave the centre but first the other two residents left the centre in the company of staff in the centre's one vehicle to attend a nearby equestrian centre and farm operated by the same provider. The vehicle returned shortly after and the resident left the centre in the vehicle with staff to go for a walk.

With the centre now vacant the inspector completed the walkthrough of the premises provided. In general it was seen that the centre was nicely presented, clean and well-furnished. The centre's communal areas were of an open plan design with the kitchen, dining area and living room all interconnected. The living room was indicated as being a space for one particular resident and had couches and a television. An adjoining conservatory area was marked by being an area for another resident which also had its own television and couches.

Each resident had their own individual bedrooms while there was a fourth bedroom that was vacant at the time of inspection. The inspector noted that two of the residents' bedrooms had a keypad which required a code to be entered in order to access the rooms. The inspector was informed that this was to prevent the third resident accessing these two residents' bedrooms. It was also indicated that these two residents knew the codes for their own bedrooms and were able to access them independently.

The inspector saw the three residents' bedrooms which in general were seen to be nicely presented, personalised and well furnished. It was observed though that one bedroom had a noticeably odour coming from it when initially viewed by the inspector while a quilt on the bed was noted to have a clear stain. The person in charge highlighted how both of these were related to the particular needs of the resident whose bedroom this was. This bedroom was subsequently cleaned by a

staff member shortly after the inspector first viewed it.

Aside from this it was also observed by the inspector that the location of this bedroom raised potential challenges from a fire evacuation perspective. This bedroom did not have its own evacuation point and in the event of the fire, anyone in that room who would have to pass through the centre's utility area in order to access an evacuation point. It was noted though that aside from this matter the centre did have multiple fire evacuation points which were all unobstructed and had fire safety systems installed including a fire alarm, emergency lighting and fire doors.

During the centre walkthrough, the inspector was shown an external shed by the person in charge where some food was stored. It was indicated that while some food was stored in the kitchen, other food had to be stored in this shed due to the needs of some residents. When viewing this shed it was noted that parts of it were visibly unclean while the inspector smelt a noticeably musty odour in the shed. Apart from this shed the centre's exterior also included a garden area which had a trampoline and a swing present. In the afternoon of the inspection all three residents returned to the centre with the inspector meeting the third resident who did greet the inspector. Two of the residents were later seen sitting separately on the swing and trampoline.

While there were some occasional vocalisations by one resident, the centre was noticeably quieter and calmer than it had been at the start of the inspection. However, when reviewing records in the centre and speaking to staff, it was highlighted how the noise of one resident could act as trigger for other residents which resulted in challenging behaviour from some residents, negative interactions between residents and residents being redirected to different areas of their home. Such matters will be discussed in more detail elsewhere in this report.

As the inspection progressed it was seen that some members of the provider's senior management, including the provider's Chief Executive Officer, visited the centre. While in the centre they did their own walkthrough of the centre and were overheard introducing themselves to the residents and staff. The staff members on duty, including the person in charge, were noted to engage pleasantly and respectfully with residents throughout the inspection. For example, efforts were made to preserve the dignity of one resident given their presentation while another resident was heard being asked if they wanted to do certain activities.

It was indicated to the inspector that two residents attended the nearby equestrian centre and farm where they did horse riding, fed animals and walked a mountain trail amongst others. Residents also did swimming but it was highlighted that the presentation of one resident was making accessing some community based activities difficult. However, efforts were being made to accommodate this resident. Towards the end of inspection, some residents left the centre separately to go for walks with staff while one resident was supported to visit some friends in a nearby town. As the inspector was leaving the centre, a meal was being prepared in the kitchen with a nice smell noticed.

In summary, the premises provided for residents to live in was homelike. Residents were supported appropriately by staff members present who supported the residents to leave the centre. On arrival at the centre the inspector heard the vocalisations of one resident and it was highlighted how some negative interactions taking place due to residents triggering one another.

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

Capacity and capability

A number of regulatory actions were identified during this inspection including in areas which related to residents' needs and safety. Improvement was also required regarding the provision of required information and the submission of notifications.

The provider applied to register the current centre in December 2021 with a view to providing a home for three residents who were living in another of the provider's centres at that time. Once all of the required documentation to support this application were received, the Health Information and Quality Authority (HIQA) carried a site visit of the centre in April 2022. Following this the centre was subsequently registered without any restrictive condition until June 2025 for a maximum of four residents. The three residents whom the centre was intended for first moved into the centre in July 2022. Since that time, the Chief Inspector of Social Services was notified of various events happening in the centre including the unexpected absence of the centre's initially appointed person in charge in February 2023.

In keeping with the regulations the Chief Inspector must be notified as soon as it becomes apparent that a person in charge will be absent from a centre for 28 days or more. The relevant notification received in February 2023 stated that the initially appointed person in charge commenced their absence on 18 January 2023. However, rosters reviewed during this inspection indicated that this individual had been absent since 23 December 2022. Based on this the inspector was not assured that the absence of the initially appointed person in charge had been notified in a timely manner. In response to this absence a new person in charge was put in place who was met during this inspection. They demonstrated a good knowledge of the residents in the centre and responded to all information requests made by the inspector on the day of inspection.

It was noted though that not all of the required documents for this new person in charge had been submitted to the Chief Inspector by the provider at the time of inspection. This was despite multiple requests made by HIQA on such matters during March 2023. Aside from matters related to documentation and notifications for the person in charge, it was seen that a number of notifications of a

safeguarding nature had been submitted concerning the residents in this centre as will be discussed in more detail later in this report. Notifications were also submitted to the Chief Inspector around restrictive practices used in the centre on a quarterly basis as required but the inspector did note that an unplanned restrictive intervention in December 2022 had not been notified in the most recent quarterly notification.

Notifications were reviewed as part of the one provider unannounced visit that had been completed for the centre in December 2022. Such visits are a regulatory requirement and formed part of the monitoring systems for this centre along with audits in areas such as cleaning and safeguarding. Such monitoring systems should ensure that the services provided in a centre are safety, appropriate to residents' needs and consistent. However, evidence gathered during this inspection suggested that there were not suitable arrangements in place to meet the needs of residents living this centre which was contributing to safeguarding incidents. This, along with a number of other regulatory actions identified on this inspection, suggested that the monitoring systems in operation for this centre required some improvement.

It was acknowledged though that the provider indicated that they would take prompt action in response to some of the issues raised on this inspection. For example, it was suggested that the provider would change the location of food storage and alter the layout of the utility area from a fire safety perspective. It was also highlighted that the provider had recently appointed a quality and safety manager with a view to improving standards and compliance within the provider's centres while a process was ongoing to fill a vacant area manager post to support the running of this centre. An area manager was indicated as being part of the staffing compliment for the centre in the centre's statement purpose. It was noted that the statement of purpose in the centre had not been updated to reflect some management changes but it did include details of the other staffing arrangements provided to support residents.

Under the regulations staffing must be provided in accordance with the statement of purpose and while this was generally the case, from speaking to staff and reviewing staff rosters there were times when staffing levels by day had been lower than the statement of purpose indicated. In addition, it was indicated that some agency staff (staff sourced from an agency external to provider) were working in the centre. The regulations require providers to maintain specific documentation relating to all staff working in a centre including any agency staff. On the day of inspection some of the required documentation for such agency staff were provided but not all. As such the inspector requested further assurances that all of the required documents were being maintained for all agency staff. While some assurances were received the day following this inspection, including confirmation that Garda Síochána (police) vetting was in place for all agency staff, the information and documents received did not provide assurance that all of the required documents were being maintained for all agency staff.

Registration Regulation 7: Changes to information supplied for registration purposes

Some of the required documentation for the current person in charge had not been submitted at the time of inspection. These included a complete medical declaration, one written reference, evidence of one qualification and a complete employment history.

Judgment: Not compliant

Regulation 15: Staffing

From speaking to staff and reviewing staff rosters there were times when staffing levels by day had been lower than the statement of purpose indicated.

Judgment: Substantially compliant

Regulation 16: Training and staff development

It was indicated that staff were to receive formal supervision on a quarterly basis but records available indicated that most staff had not undergone such supervision since October and November 2022.

Judgment: Substantially compliant

Regulation 21: Records

Based on documentation provided during and after inspection, the inspector was not assured that all of the required documents, such as written references and full employment histories, were being maintained for all agency staff working in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Taking into account the overall findings of this inspection in areas such as residents' needs and safeguarding, the monitoring systems in operation were not ensuring that the services provided were appropriate to residents' needs, safe and consistent. This

contributed to a high number of regulatory actions being identified on this inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose provided contained most of the required information but had not been updated to reflect some recent management changes.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A restrictive intervention used in December 2022 had not been notified to the Chief Inspector.

Judgment: Not compliant

Regulation 32: Notification of periods when the person in charge is absent

Based on the rosters reviewed during this inspection, the unexpected absence of the initially appointed person in charge had not been notified in a timely manner once it became apparent that they would be absent for 28 days or more.

Judgment: Not compliant

Regulation 34: Complaints procedure

Records were kept of complaints made which included details of follow-up action taken. However, these records did not indicate if two complaints made in 2022 had been closed or if the complainants were satisfied with the outcome.

Judgment: Substantially compliant

Quality and safety

Evidence gathered during this inspection indicated that suitable arrangements were not in place to meet the needs of all residents which was contributing to safeguarding incidents.

During this inspection it was noted that some restrictive practices were in use in the centre. The provider did have systems in place for a multidisciplinary team to review the use of these and since residents had moved into the centre some restrictive practices had been stopped after review. Records and logs were being maintained of such restrictive practice. When reviewing these the inspector noted that in December 2022 an unplanned restrictive intervention used. This involved the locking of the centre's front door and it was indicated to the inspector that this unplanned restrictive intervention was only used once. The one use of this had been prompted by an incident where the vocalisations of one resident caused another resident to become unsettled. This result in one resident being redirected outside of the centre to the garden and the front door was subsequently locked to prevent the other resident from getting at their peer.

Such incidents were not an isolated event with records available for review on the day of inspection indicating that one resident in particular was impacted by the vocalisations of a peer. Examples of these included the resident becoming upset or engaging in self-injurious behaviour due to vocalisations of their fellow resident. Staff spoken with and documentation reviewed indicated that the resident liked quietness and it was notable that the television in this resident's specific area in the centre was on mute throughout the inspection. However, the presentation of their fellow resident meant that there would be times when this resident would not be a quiet environment as was observed by the inspector during the initial stages of the inspection. The inspector did get some varying responses from staff spoken with as to how often such vocalisations occurred.

One staff indicated that sometimes a resident's vocalisations could be fine but another staff indicated that they occurred a couple of times a day and that what the inspector heard at the start of the inspection was "mild". Such vocalisation were also contributing to safeguarding incidents occurring in the designated some of which involved residents physically interacting with one another. For example, on one occasion one resident was described as aggressively charging at a peer before slapping them. Incidents had also occurred between residents when using the centre's vehicle. One of these appeared to be escalated in nature and involved one resident attempting to grab and then bite a second resident. This resulted in staff having to park up the centre's vehicle but residents' behaviour was indicated as lasting for a further 30 minutes. When the vehicle returned to the centre a third resident was described as being evacuated from the bus and being upset for an hour after.

In response to such instances, specific travel arrangements had since been introduced and all three residents no longer travelled together on the same vehicle.

However, at the centre only had one vehicle it was suggested that this was limiting for one resident who did not like waiting. Other safety measures followed included all three residents being provided with 1:1 staffing during the day, some residents having their own specific areas in the centre and staff having guidance provided on how to support residents to engage in positive behaviour along with input from a behavioural specialist who was present on the day of inspection. Staff spoken with demonstrated a good knowledge of such guidance. They also intervened to prevent residents physical interacting and at times redirected residents to different areas of the centre. While it was acknowledged that this was being done to prevent residents physically interacting, redirecting these residents did impact their choice of where they wanted to go in their homes.

Despite the efforts that were being made to support residents, the observations of the inspector, discussions with staff and documentation reviewed during this inspection suggested that suitable arrangements were not in place to meet the needs of all residents at the time of inspection. It was particularly notable that some staff referenced some residents being "triggered" by other residents while one resident was described as being fast and unpredictable which posed challenges in stopping some physical interactions. It was acknowledged though that management of the centre, including at an executive level, were aware of such concerns and it was suggested that the potential admission of a fourth resident to the centre had been stopped related to such matters. It was also indicated by the person in charge a referral had recently been made for a psychological assessment to assess the impact that incidents were having on the residents living in this centre. The inspector was informed that this referral had been accepted with the assessment due to take place.

Regulation 17: Premises

The premises provided for residents to live in was seen to be homelike, clean and well-maintained on the day of the inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

On the day of inspection some food was being stored in an external shed which was visibly unclean in places while the inspector also observed a noticeably musty smell.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Staff wore face masks throughout the inspection. Supplies of personal protective equipment and hand gels were available in the centre. Relevant self-assessments were being completed regularly.

Judgment: Compliant

Regulation 28: Fire precautions

The location of one resident's bedroom required review from a fire evacuation perspective. Records provided indicated that two agency staff had not completed fire safety training.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Based on the evidence gathered during this inspection, suitable arrangements were not in place to meet the needs of all residents which was resulting in some residents becoming upset or engaging in self-injurious behaviour. Personal plans were not available in an accessible format.

Judgment: Not compliant

Regulation 6: Health care

Residents' health needs were assessed with guidance on supporting residents' health needs contained within their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Records provided indicated that one agency staff had not completed training in de-

escalation and intervention.

Judgment: Substantially compliant

Regulation 8: Protection

A number of safeguarding incidents had occurred in the designated centre which did not provide assurance that residents were adequately protected for all forms of abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents being redirected in their homes affected their choice. Night checks were being carried out for all residents. Although such checks had the ability to impact resident's privacy, there was some uncertainty as to why these were being done for two residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Forest View OSV-0008173

Inspection ID: MON-0037275

Date of inspection: 27/03/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: To regain compliance with Regulation 7 the Registered Provider has now submitted all required information in respect of the Person in Charge. The Registered Provider will ensure in future that all required information will be submitted to Hiqa within the required timeframes</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To comply with Regulation 15 the staffing ratio assigned to the centre will be maintained as per the Statement of Purpose. There is ongoing recruitment of all staff grades and the agency uses relief and agency staff to support the staff team.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p>	

To comply with Regulation 16 the Person in Charge will complete supervisions with all staff and future supervisions are scheduled quarterly. Additional supervision will be facilitated as required.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:
To comply with Regulation 21 the HR Department will contact all agencies requesting all the necessary documentation which is required to be maintained in respect of agency staff.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
To regain compliance with Regulation 23 the Compliance Manager is currently reviewing our monitoring systems to ensure that they measure our compliance appropriately and will amend and introduce additional systems where this is indicated. An Area Manager has now been appointed who will support the Person in Charge and provide an additional level of Governance.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
To comply with Regulation 3 the Statement of Purpose has been updated to reflect the changes in the management structure and will be maintained to reflect any further changes.

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>To comply with Regulation 31 the Person in Charge will ensure that all incidents will be notified in line with regulation. The restrictive practice implemented in December 2022 will be included in the NF 39A submitted for Quarter 1 2023.</p>	
Regulation 32: Notification of periods when the person in charge is absent	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent:</p> <p>To come into compliance with Regulation 32 any absence of a Person in Charge will be notified in line with the required timeframe.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Complaints Officer has reviewed both complaints which have been satisfactorily resolved and closed both.</p> <p>The Complaints Officer will close all complaints which have been resolved going forward on the system.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>To regain compliance with Regulation 18 the storage of the food has been reviewed and an alternative storage area has been secured to ensure all food items are stored appropriately and a cleaning schedule is in place to maintain the area's cleanliness.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To ensure compliance with Regulation 28 the laundry equipment has been relocated to an external area. This ensures a safe area in the event of an emergency evacuation of residents. The identified agency will not be offered further shifts until they have completed their fire training.</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: To comply with Regulation 5 the Person in Charge will review the resident's personal plans to ensure that they are in a more accessible format. Following a referral for a psychological impact assessment and in light of recent changes to the presentation of one resident the MDT will review the compatibility of all residents. The residents needs have been reviewed and reassessed by their MDT team and detailed individualized plans are being formulated and implemented by staff. These include individual day activity programmes for each resident. A full medical has been deemed necessary to address an area of concern for one resident which may be contributing to recent behavioural issues and the Person in Charge is liaising with this resident's GP regarding same. An additional transport plan is in place to support activities as required.</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 permanent staff are trained in MAPA/CPI and training is in date. The identified agency staff has verified that they are trained in MAPA and that their training is in date. Same confirmed by the Person in Charge.</p>	

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The residents display behaviours that may challenge due to their diagnosis. Positive behavior plans are in place and reviewed regularly to reflect any changes required. The residents are supported by a trained staff team and an MDT team which comprises of a psychologist, psychiatrist, behavior analyst , OT, Social Worker and SLT. All incidents of behavior are recorded and safeguarding concerns are submitted to the designated officer and the Safeguarding team. All resulting plans are followed by staff and safeguarding is discussed at all staff handovers. Intensive support is being provided by the MDT to support residents and mitigate the occurrence of challenging behavior incidences. Residents have 1:1 staffing and individualized daily activity timetables to support them with their personal interests and wishes. Additional transport needs are being facilitated. As per Regulation 5 a compatibility review of all residents will completed by the MDT.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The residents may present with episodes of behaviours which may challenge and staff offer the other residents the opportunity to distance themselves from an incident and engage in a preferred activity with their assigned staff if they wish to do so. This is approved to minimize the impact of the behavior and for safety and is reviewed on a regular basis. The night checks have been reviewed for all residents and are to remain in place for one resident due to a diagnosis of epilepsy however the night checks have been discontinued for the remaining residents.</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
Registration Regulation 7(2)(b)	Notwithstanding paragraph (1) of this regulation, the registered provider shall in any event supply full and satisfactory information, within 10 days of the appointment of a new person in charge of the designated centre, in regard to the matters set out in Schedule 3.	Not Compliant	Orange	27/04/2023
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.	Substantially Compliant	Yellow	07/04/2023
Regulation	The person in	Substantially	Yellow	05/05/2023

16(1)(b)	charge shall ensure that staff are appropriately supervised.	Compliant		
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	12/03/2023
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	05/05/2023
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	09/06/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the	Substantially Compliant	Yellow	12/04/2023

	designated centre and bringing them to safe locations.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	09/06/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/04/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or	Not Compliant	Orange	26/04/2023

	environmental restraint was used.			
Regulation 32(3)	Where the person in charge is absent from the designated centre as a result of an emergency or unanticipated event, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice in writing to the chief inspector of the absence, including the information referred to in paragraph (2).	Not Compliant	Orange	26/04/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	26/04/2023
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as	Not Compliant	Orange	26/06/2023

	assessed in accordance with paragraph (1).			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/06/2023
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.	Substantially Compliant	Yellow	26/04/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	02/06/2023
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	27/04/2023
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	Substantially Compliant	Yellow	04/04/2023

	her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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