Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	No.3 Bilberry
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	25 January 2022
Centre ID:	OSV-0005148
Fieldwork ID:	MON-0027236

About the designated centre

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

No. 3 Bilberry provides residential support for a maximum of four adult residents. It provides support for persons with moderate to severe levels of intellectual disability including those with autism. The focus of the centre is on understanding and meeting the individual needs of each person living here by creating as homely an environment as possible. Individuals are encouraged to reach their fullest potential by participating in leisure, social and household activities. Support to residents is provided by the person in charge and care staff. All residents have their own individual bedrooms and other facilities in the centre include bathrooms, living areas, dining rooms, kitchens, laundries and external garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Tuesday 25 January 2022	09:30hrs to 17:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an announced inspection for No.3 Billberry which was completed to monitor the ongoing compliance with regulations and to assist with the renewal of registration. The provider was given one months' notice to prepare for the inspection. The inspection was completed during the COVID 19 pandemic with the necessary precautions taken by the inspector. This included the wearing of a face masks, hand hygiene and social distancing when speaking with residents and staff. On arrival to the centre the inspector was greeted by the person in charge and social care leader, whom requested the inspector to complete a temperature check and complete the COVID questionnaire. Throughout the course of the inspection staff were observed adhered to guidance with respect to hand hygiene and infection control measures in place within the centre.

The centre was a hive of activity upon the arrival of the inspector as a number of residents had already gone to their day service. One resident currently had day supports in place whilst awaiting their return to day service following COVID 19. Staff had supported this resident to submit a complaint as they missed their service and wished to return. The person in charge was actively addressing this. On the day of inspection this resident was doing art in the dining room with staff and went for a social outing in the afternoon. They were observed to be relaxed and comfortable in the company of staff.

Another resident was relaxing in the living room after getting up from bed. They were enjoying a cup of coffee just how they like it. Staff communicated with this resident in their chosen way providing assurance when questions were asked to reduce any anxiety. The inspector was given guidance on how best to communicate with this resident. The resident was looking forward to going to their favourite coffee shop with staff and eagerly asked staff to get their bits and pieces ready. This resident had chosen not to return to their day service after the break due to COVID 19. They preferred a more relaxed routine. Staff had supported this decision.

The centre presented as a warm and homely place. Residents had their favourite areas in the house. One resident had their private living area with they had decorated with some of their favourite items such as an Elton John blanket. They had a love of music and this was clearly evident in their room. One resident showed the inspector their bedroom and some of their favourite family pictures. At present two residents did not enjoy sharing a space together. They could become upset if they chose to participate in different activities in a living room they shared. At the time of the inspection the provider was actively reviewing this. Plans to reconfigure that internal layout of the centre to provide individual living spaces was under review by the governance team in conjunction with members of the multi-disciplinary team and the maintenance department.

On return from their day service one resident was having a bad day. They were provided with personal space from their peers with one staff providing supports.

This was observed to be provided in a dignified and supportive manner. Peers were supported to engage in activities at this time in a separate area of the house. Staff spoken with could clearly discuss all the supports required to support residents to protect themselves from abuse or how to manage behaviours of concern effectively. However, when reviewing each resident's personal plan's this guidance was not present. Due to this lack of guidance it was unclear if supports were consistently provided in the most effective manner.

Also, when walking through the centre the governance team spoke of the presence of environmental restrictions to promote the safety of residents. This included a coded lock on the front door and locking of the laundry area. One resident had an audio monitor in their room which they could use to call staff at night if they needed them. Documentation was not in place to monitor the use of restrictions to allow effective review of same in line with the rights of the residents. Also, a number of environmental restrictions had not been identified as such for example, the child lock on the car and residents not being able to access areas of the house due to behaviours of peers. This required review.

The governance team present were clearly aware of the needs of the residents and that of the service. Whilst monitoring systems were in place to identify areas of improvement; such as training and staff supervision, others required review to ensure they were utilised to identify all aspects requiring review for example restrictive practice. 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

The inspector reviewed the capacity and capability of the service provided to residents within No.3 Billberry. The provider had ensured a plethora of monitoring systems were in place to maintain oversight within the centre. A numbers of areas requiring improvements had been identified by the provider including the need for formal staff supervision and a review of training. The provider was also completing a review of the premises as part of the registration renewal process to ensure the design and layout of the centre was reflective of the residents' individual needs.

The registered provider has appointed a suitably qualified and experienced person in charge to the centre. Whilst they had governance responsibilities within three designated centres they provided effective oversight with the support of an appointed social care leader. The registered provider had ensured a clear governance structure was in place within the centre with lines of accountability and responsibilities. The person in charge reported directly to the director of services. Clear communication was evident between all members of the governance team through regular face-to-face meetings and formal supervision meetings. The person

in charge reported daily phone contact was maintained within the staff team when not present in the centre. Also weekly reports of significant events were sent form social care leader to person in charge to ensure awareness of the needs of the centre. The person in charge and social care leader were known to the residents who interacted positively with them.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in January 2022. The most recent unannounced visits to the centre had been completed by a delegated person also in January 2022. Residents and their families were consulted with regard to both monitoring events. Reports generated were found to be comprehensive and identified a number of actions required to achieve a safe and effective service. This included the need for staff consistency and to prioritise review of resident's personal outcome measures. The person in charge was actively reviewing these actions through the use of a quality and risk management tool.

Centre level monitoring systems in place within the centre were utilised to drive service improvements. These included regular fire checks, infection control assessment tool and the completion of a medication audit to name a few. Where areas for improvement were identified, effective actions were implemented to ensure that these were addressed in a timely manner. Some improvements were required to ensure that monitoring systems were used reliably to drive developments. For example a review of restrictions had been completed in December 2021. However this had not identified the need for review to ensure the consistent approach of staff.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs and clearly articulated supports in place. Staff members had voiced their concern with respect to lack of continuity of staff within the centre. This was due to recent staff turnover. The registered provider was actively addressing this through the recruitment process. Staff members were supported to have an awareness of their responsibilities and key tasks. Staff meetings were also completed to allow staff to voice any concerns in the operation of the centre. The social care leader completed on the floor supervision and mentoring through direct supports. However, formal supervisions had not been completed in accordance with organisational policy.

The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The person in charge however, had not ensured that all staff were supported and facilitated to access appropriate training including refresher training. This had been identified through an audit and actions were being implemented to ensure all staff received up to date training in all areas. Some training had been postponed due to COVID 19 and the need for face to face interactions. This included managing behaviours that is challenging, with seven of the core staff team requiring training. Evidence of an alternative training was not presented on the day of inspection.

The person in charge had not ensured the notification of all notifiable incidents within the required time frame. Whilst a review of incidents over the previous six months was completed by the inspector it was noted that a number of incidents relating to allegations of staff misconduct for example, had not been notified to the chief inspector, including actions taken post the alleged incident. These were submitted retrospectively following the inspection.

There were a number of active complaints in the designated centre at the time of the inspection. The person in charge provided evidence of ongoing review of complaints and communication with the complainant to ensure the complaint was being addressed in a timely manner. The provider had a complaints procedure in place with residents and their representatives supported to make complaints which included the absence of day services for one resident in the designated centre. The complaints policy present clearly outlined the appeals process and the process for all to adhere to address complaints in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had completed a full and correct application to renew the registration of the centre for a three year cycle.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role. They held governance responsibilities in three designated centres.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents. The provider had an actual and planned rota in place. Staff had raised concerns with respect the continuity of staff within the centre due to staff turnover.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had not ensured appropriate measures were in place for the formal supervision of staff in line with organisational policy.

The governance team had identified the need for additional training for staff members allocated to the centre. This included face to face training which had been put on hold due to COVID 19 restrictions. For example, seven staff members required training in the area of managing behaviours that challenge.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the allocation of a clear governance structure all of whom were aware of their roles and responsibilities.

There were some evidence of effective governance, leadership and management arrangements in the designated centre. The annual review and six monthly provider led audits evidenced actions being identified and progressed in the designated centre with the provision of person centred and safe service to the residents. The person in charge maintained oversight of actions required. Whilst centre level monitoring systems were being completed, some enhancements were required to ensure that these were used to identify concerns and drive service improvements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1. The governance team had an awareness of the need for regular review of this document.

Judgment: Compliant

Regulation 31: Notification of incidents

Upon review of incident it was evident that the person in charge had not notified the chief inspector of all notifiable incidents. This included any allegation of misconduct of a staff member.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were active complaints in the designated centre at the time of the inspection. The person in charge provided evidence of ongoing review of complaints and communication with the complainant to ensure the complaint was addressed in a timely manner.

The provider had a complaints procedure in place with residents and their representatives supported to make complaints which included the absence of services in the designated centre. The complaints policy present clearly outlined the appeals process and the process for all to adhere to address complaints in a timely manner.

Judgment: Compliant

Quality and safety

It was evidenced during this inspection that the service provided to residents currently residing within No.2 Billberry was person centred in nature. Residents were

consulted in the day to day operation of the centre and in all areas of the daily life. The premises was decorated in a manner that was reflective of the individual interests of each resident. Communal areas were warm and homely with photographs showing the residents activities and community outings. Currently, the registered provider was completing a review of the premises to ensure the internal layout was reflective of the current needs of residents. All residents liked to have their own living space and did not like to share areas. A plan to reconfigure the internal layout was in progress.

Each resident had been supported to develop and review an individualised personal plan. These plans were found to be comprehensive and incorporated a range of support needs of residents including the areas of health care and social supports. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team. Residents had regular meetings with staff to agree discuss goals and what they wanted to do in their free time. Currently, one resident was availing of a wraparound service whilst awaiting return to day service following the COVID 19 pandemic. Minor improvements were required to ensure that all plans were updated in a timely manner to reflect any change in circumstances for the residents.

The registered provider had not provided staff with guidance and knowledge to support residents with behaviours of concern. Staff were observed supporting residents in a respectful manner and ensuring their safety was promoted. However, a number of behaviour support plans were found to contain historic information and did not reflect the current needs of all residents. Also, where a new behaviour had been identified, which the resident required supports to manage guidance was not in place for staff. This did not promote a consistent approach and given the turnover of staff did not promote a clear approach to supports. Also, as addressed under Regulation 16, all staff had not received up to date training in this area.

Where restrictive practices were in place, evidence was not provided to show these were implemented in the least restrictive manner for the shortest duration necessary. Whilst staff could articulate the use of restrictions this information was not documented to ensure a consistent approach by all staff and to allow for effective review. Also, a number of environmental restrictions had not been identified as such. For example, the use of the child lock on the car or the removal of residents for the communal living area should a peer become distressed.

The registered provider ensured that each resident was assisted and supported to develop knowledge and self-awareness required for keeping safe. Where a concern arose the registered provider ensured effective measures were in place to investigate and address this including consultation with residents and external agencies. The registered provider was actively addressing safeguarding concerns within the centre through review of the premises and mental health supports, guidance for staff was observed to be reactive in nature. Staff verbalised and were observed participating in proactive measures such as requesting the inspector to commence at a later time to reduce the anxiety of residents and open conversations with residents. These measures whilst observed to be effective were not

documented to ensure a consistent and effective response.

The registered provider had ensured practices measures were in place to promote the safety of residents. This included the ongoing identification and review of risks within the centre and a planned response for emergencies. The social care leader was currently completing a full review of the risk register to ensure all identified risks had effective control measures in place. The registered provider had ensured that effective fire safety management systems are in place some improvements were required in the area of evacuation. Evacuation drills had been completed, where actions had been identified these had been addressed.

This inspection was carried out during the COVID 19 pandemic. The registered provider had ensured that residents were protected from potential sources of infection. Staff were afforded with the effective training including hand hygiene and infection control. Self-assessments were completed of infection control measures in place within the centre. A COVID 19 folder had been developed to provide guidance for staff and residents within the centre, this was organisational in nature and provided centre specific guidance for staff and residents. Guidance was documented should a suspected or confirmed case arise within the centre relating to individual isolation needs of residents.

Regulation 17: Premises

The centre presented as a large two storey detached property in a private cul de sac. Each resident was supported to decorate their private bedrooms in accordance with their likes and interests. Residents currently did not access the upper floor of the centre.

Currently a review of the premises was in process by the registered provider to ensure that each resident was supported to have a choice of private or communal living spaces in accordance with their assessed needs. Currently two residents did not enjoy sharing a living space.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had ensured a resident's guide for this designated centre had been prepared and was available to all residents. Easy-to–read documentation was readily available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had ensured all risks within the designated centre had been assessed and subject to regular review at the time of the inspection. Currently the appointed social care leader in the centre was completing a full review of all risks to ensure they were adequately addressed with effective control measures in place.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre were in place. The centre presented as clean with a cleaning schedule in place to maintain this level of cleanliness at all times.

Staff were observed adhering to national and organisational guidance with respect to COVID 19 including the use of facemasks, social distancing and hand hygiene.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place in the designated centre, including fire alarms and emergency lighting. All staff and residents were supported to be aware of fire evacuation procedures by implementation of regular fire evacuation drills and review of personal emergency evacuation plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and support plans were in place with each resident being supported to have a comprehensive personal plan in place. Some improvements were required to ensure that amendments were implemented to these plans in a timely manner to reflect the residents current

support needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Evidence was not presented on the day of inspection to show all restrictions in place were utilised in the least restrictive manner and for the shortest duration required. Whilst staff could articulate the use of restrictions this information was not documented to ensure a consistent approach by all staff and to allow for effective review.

The person in charge had not ensured the staff team within the centre were supported with up to date knowledge, skills and guidance to support residents in the area of behaviours that may challenge. Guidance was found to be historic in nature, whilst some behaviours were not supported with a clear support plan.

Judgment: Not compliant

Regulation 8: Protection

The inspector observed on the day of inspection that there were systems in place to ensure residents were protected from harm. All staff spoken with were clear on the process to follow and the governance team were actively addressing any areas of concern.

However, increased guidance was required of a proactive nature to minimise the risk of identified safeguarding concerns and to promote a consistent approach and adherence by all staff including relief and agency.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported to make choices and decisions during their respite stay which were listened to with regard to activities and personal goals. The registered provider ensured that each resident's privacy and dignity was respected at all times.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.3 Bilberry OSV-0005148

Inspection ID: MON-0027236

Date of inspection: 25/01/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider has a plan in place to ensure staff continuity where possible and manage vacancies as they arise through retirements and other leave entitlements. As part of this plan a Social Care Worker commenced a specific purpose contract on [16/02/2022] and additional relief commenced [26/01/2022] to cover short term absences. Recruitment of staff remains a challenge and the Person in Charge continues to work with Human Resource Department to recruit for vacant positions as they are identified.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Person in Charge has ensured the mandatory online training for infection control that required updating was completed [02/03/2022]. FEDS training was completed by staff [16/02/2022]. Crisis Prevention Intervention (CPI) training was completed by one staff [11/02/2022] and the remaining staff are booked to attend [05/05/2022]. Remaining staff are booked onto first aid training [21/06/2022]. The Person in Charge maintains a training Matrix to ensure that training is booked for staff as required. Supervision for the staff team has recommenced with the Social Care Leader aiming to complete by [28/03/2022] a schedule of supervisions is maintained in the Centre on an ongoing basis.	

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Provider has a schedule for systems audits for the Designated Centre and will ensure that the findings of these audits are collated to inform the quarterly updates of the Centre's Risk Register and risk escalation process to drive improvements in the Centre, including incident reports, complaints, safeguarding plans, staffing issues etc.
31/05/2022

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The Person in Charge has reviewed incidents and made a full retrospective notification submission to the Authority [24/02/2022]. The review highlighted a number of system weaknesses including the need to strengthen safety & safeguarding awareness at local staff induction and on an ongoing basis, incident management protocols and clarity on reporting of incidents. The monitoring of incident reports will be reviewed to improve reporting systems by 4 March 2022.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Provider has advanced plans to reconfigure the internal layout of the centre to provide individual living arrangements for residents based on their assessed needs and preferences. The registered provider consulted with the Lead Inspector on the proposed changes to the centre [24/02/2022]. The final plans will be forwarded to the Authority before re-registration [31/03/2022]. Works will be completed by 20/5/22.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge will ensure that the personal plans will be updated to reflect resident recent changes to need [15/04/2022]. Risk assessments and protocols will be updated to support the needs of the residents [14/03/2022]. The personal goals in the residents plans are reviewed quarterly and will continue to be prioritised.	
Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A referral has been made to behaviour support and a consultation meeting with the Coordinator of Behaviour Support was scheduled for 03/03/2022. This needed to be rescheduled to April. A Senior Psychologist is active with the residents and will carry out observations and continues to attend scheduled Multi-Disciplinary meetings. Proactive strategies will be updated [15/04/2022] and the Psychologist will meet with the staff team to implement and continue to support the staff team. Updated protocols will be put in place to ensure consistent staff approaches to behaviours are clearly set out for all staff. in place and proactive behaviour support strategies will be updated and finalized [20/04/2022] All Restrictive Practices have been referred to the Behaviour Standards Committee for sanctioning. The local Team and the behavior standards Committee are obliged to consider that all restrictions are proportionate, least restrictive and for the shortest duration possible. The Person in Charge and the Committee will ensure that review dates are set in this regard. Meeting have been scheduled in line with the 'Fuller lives, Safer lives' policy and will be completed by [24/5/22]. The practice of closing of the laundry room has been discontinued. Training on the Management of Behaviours that Challenge (CPI) training was completed by one staff [11/02/2022] and the remaining staff are booked to attend [05/05/2022].	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Provider has ensured that all staff are trained in Safeguarding of Vulnerable adults. A	

Safeguarding plan in place and has been reviewed at staff team meetings. Updated protocols in place and proactive behaviour support strategies will be updated and finalized [15/04/2022. The Providers Safeguarding Designated Person is scheduled to attend a staff team meeting [29/04/2022].

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	16/02/2022
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.	Substantially Compliant	Yellow	21/06/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	28/03/2022
Regulation 17(1)(a)	The registered provider shall ensure the	Substantially Compliant	Yellow	20/05/2022

	premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
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.	Substantially Compliant	Yellow	31/05/2022
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.	Not Compliant	Orange	24/02/2022
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	Substantially Compliant	Yellow	15/04/2022

	take into account changes in circumstances and new developments.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	05/05/2022
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	15/04/2022
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	26/04/2022
Regulation 08(2)	The registered	Substantially	Yellow	29/04/2022

	provider shall protect residents from all forms of abuse.	Compliant		