



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

Issued by the Chief Inspector

Name of designated centre:	OCS-KH
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Short Notice Announced
Date of inspection:	27 January 2021
Centre ID:	OSV-0005338
Fieldwork ID:	MON-0027806

About the designated centre

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

Keena house is a residential service in Co. Dublin which provides a home for up to 3 young people with an intellectual disability. The premises consists of two sections, the main house which accommodates two children and a ground floor apartment suitable for one adult resident. Each bedroom has an ensuite bathroom and there are kitchens, dining facilities, and a number of multifunctional sitting/play rooms. There is a large back garden which has been divided into sections with different areas in line with the young peoples' interests and wishes. These areas include a trampoline area, a greenhouse and gardening area, an exercise area with equipment, and a seating area. There is a vehicle in the centre to support the young people to engage in activities of their choosing in the community. The young people are supported 24 hours a day 7 days a week by a staff team comprising of a person in charge, social care workers and care assistants.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 January 2021	09:15hrs to 14:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what they observed, it was evident that residents were being supported to ensure they were happy and safe in the designated centre. They appeared happy and content in their home and the inspector observed kind and caring interactions between residents and staff throughout the inspection. There were a number of staffing vacancies in the centre but to date, every effort was being made to ensure that residents were supported by a staff team who were familiar to them. The provider was not found to be fully monitoring the care and support for residents in the centre, but the staff team and local management team were identifying areas for improvement and bringing about the necessary changes to make these improvements. A number of documents required review in the centre to ensure they were reflective of residents' needs and fully guiding staff to support them. These gaps were not found to be contributing to significant risk for residents as the staff team were familiar with their care and support needs.

During the inspection, the inspector had the opportunity to briefly meet and engage with two of the three residents living in the centre whilst following public health advice. One resident was engaging in activities of their choice in the local community including a walk to a local park and a drive close to their home during the inspection. They arrived home just as the inspector was leaving the designated centre.

In addition to meeting two residents, one of them was supported to complete a questionnaire in relation to care and support in the designated centre, and three residents' family members also completed the questionnaire prior to the inspection. Questionnaires were very positive indicating that both residents and residents' family members were happy with the care and support in the designated centre. These questionnaires indicated that residents had been living in the centre between 15 months and four years.

In their questionnaire the resident indicated that they were happy with the comfort, warmth, and with their access to shared areas in their home. They also indicated that they were happy with the spaces where they could spend time with visitors and their access to the garden. They stated that they particularly liked the flowers in their garden, the trampoline and having BBQ's in the garden. They also indicated that they were happy with their bedroom, food and mealtimes, the amount of choices they had, how their privacy was respected, how safe they felt in the centre and their access to activities. They outlined some of their favourite activities such as, doing arts and crafts, doing jigsaws, reading books, using their tablet computer, cooking and gardening. They stated in their questionnaire that they also enjoyed going shopping and were missing this due to the current level of restrictions relating to the COVID-19 pandemic. They indicated that they were happy with how staff communicated with them and with the support offered by staff. They did not indicate in their questionnaire that any improvements were required in relation to

their care and support, or the designated centre.

As previously mentioned, feedback from questionnaires completed by residents' family members was very positive. They indicated that they were happy with the premises, the amount of choices available for their family member, visiting arrangements to the centre, and the level of activities they were engaging in. They were all complimentary towards the staff team. One residents' representative commented on how their family member liked everywhere in the centre, but especially the garden. Another residents' representative detailed activities their family member enjoyed both in the house and in their local community. These included, dancing, listening to music, playing with sensory toys and books, going for a walk to the local park, going for drives in the car and going to restaurants. They described the staff as "brilliant" and described the centre as "home" and the staff as "extended family".

Each of them stated in the questionnaire that they were happy with the visiting arrangements in place during the pandemic. They mentioned how important it was for their family member to be involved in the local community. For example, one residents' family member used the example of how their family member loves to go to the local shop where the staff know their name. They stated that staff members were "easy to talk to, and always available to listen" and said that they always kept them informed. They also stated that they were "very happy with they house and the staff".

Residents were taking part in activities of their choice in line with the levels of restrictions relating to COVID-19. They were being kept up to date in relation to the pandemic and the impact that this may have on their access to activities they would usually enjoy taking part in. As schools and day services were closed, residents were being supported in the centre with their school work and other activities. They were also going for walks, drives locally and taking part in activities they enjoyed in their home or in their garden. There were games, puzzles and arts and craft materials available and one resident was observed painting some pottery during the inspection. They usually went to a their favourite shops to buy pottery, but as these shops were closed due they had ordered some online and it had just been delivered. They were observed smiling as they were painting this pottery and to engage with staff throughout. They discussed what they had for breakfast, and what their plans were for the day, including school work.

Another resident was having a snack when the inspector visited them. They were sitting beside a large window watching the traffic and people coming and going in their local community. They appeared very comfortable and content and smiled at staff throughout their interactions. Throughout the inspection, residents were observed to be treated with dignity and respect. They each appeared comfortable in the presence of, and with the levels of support offered by staff. Staff were familiar with their care and support needs and particularly with their preferred methods of communication. During conversations and interactions, staff were observed to listen to residents, encourage them to make choices and to pick up on their non verbal cues. Pictures and choice boards were available throughout the centre to support residents to make choices and to keep them up to date in relation to what may be

happening during the day.

Residents' meetings were occurring regularly and activities, menu planning and day-to-day discussions relating to the residents' home were being discussed. During the inspection, residents were observed taking part in the maintenance and upkeep of their home. For example, one resident was observed to get the dust pan and brush to clean up after an activity. There was equipment available for residents to cook or bake should they so wish. Resident had their personal objects and pictures on display and they were observed spending time in their preferred spaces during the inspection. The garden was divided into different sections to afford residents the opportunity to take part in a variety of activities of their choice. There was a large trampoline and other play equipment, a seating area and a separate enclosed garden for planting and growing seeds and plants.

During the pandemic, residents were supported to maintain relationships with the important people in their lives. Where possible they were supported to meet and spend time with their families, and at times where this was not possible they were supported to make video calls.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The provider, staff team and local management team were striving to ensure that residents were in receipt of a good quality and safe service. The staff team were motivated to ensure residents were being supported to engage in activities of their choice, to develop and maintain their independence, and to be involved in the day-to-day running of the centre. However, during the inspection it was found that improvement was required in relation to staffing numbers, the completion of reviews by the provider in relation to the care and support in the centre, residents' contracts of care, the provision of positive behavior support, and in the documentation relating to fire drills, risk assessments and residents' evacuation plans. The provider was aware of the need to complete an annual review and had plans in place to complete the annual review a number of weeks after the inspection.

This inspection was completed following an application by the provider to vary the conditions of registration in the centre, to afford the provider additional time to support residents to transition to adult services. In the interim, the provider had ensured that there was separate living and sleeping accommodation for adults and children within this designated centre. The provider had submitted a project plan to the Chief Inspector with clear timeframes to purchase and register a new designated centre.

The management structure clearly identified the lines of authority and accountability

and staff had specific roles and responsibilities. The person in charge, service manager and person participating in the management of the designated centre (PPIM) were maintaining oversight of the centre by completing regular audits and reviews and identifying areas for improvement. They were then making the required changes, which were leading to improvements for residents in relation to their care and support and their home. However, the provider had not completed an annual review of care and support in the centre since 2018 and the six monthly visit had not been completed in line with the timeframe identified in the regulations. There were systems in place to review incidents occurring in the centre including systems to share learning following these reviews with the staff team.

The person in charge was full time and had the qualifications, skills and experience to manage the centre. They had worked in the centre for a number of years and it was evident that they had systems in place to ensure the effective governance, operational management and administration of the designated centre. They were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy, safe, and engaging in school and other activities they enjoyed. They were supporting the staff team to support residents with their day-to-day care and support, but also in setting and achieving their goals.

Residents were supported by a staff team who were familiar with their care and support needs. Throughout the inspection, residents were observed to receive support in a kind, caring and respectful manner. Staff were observed to take the time to listen to residents and pick up on their non verbal cues. They were also observed encouraging residents to make choices and to develop and maintain their independence. There were two staff vacancies in the centre at the time of the inspection. While recruiting to fill these vacancies the provider was attempting to ensure continuity of care for residents through regular staff completing additional hours and through the use of regular agency staff. There had been two regular agency staff working in the centre since September 2020. However, another position was becoming vacant a number of weeks after the inspection. The recruitment to fill these positions needed to progress in order to ensure the ongoing continuity of care for residents in the centre. Continuity of care and support was particularly important for the residents living in the designated centre in line with their assessed needs.

There were effective systems to support staff to carry out their roles and responsibilities to the best of their abilities. Staff were in receipt of regular formal supervision. They had access to training and refreshers in line with residents' assessed needs. A number of staff were due refresher training in managing behaviour that is challenging, and they were booked onto this training in February 2021. Staff who spoke with the inspector were aware of their roles and responsibilities and said they were well supported by other members of the staff team, the person in charge and the management team.

The provider had an admissions policy and procedures in place, and the criteria for admission was outlined in the centre's statement of purpose. Each resident had a contract of care which contained information in relation to care and support in the centre, the services to be provided for, and where applicable the fees to be charged.

However, it was not clear in residents' contracts what fees, if any they were paying.

Registration Regulation 8 (1)

The provider had submitted the required information with a recent application to vary the conditions of registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full time person in charge who had the qualifications, skills and experience to manage the designated centre. They were knowledgeable in relation to residents' care and support needs and motivated to ensure that each resident was happy, safe and engaging in activities of their choosing which they enjoyed.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a staff team who were familiar to them and knowledgeable in relation to their support needs. There were two vacancies at the time of the inspection, and another due to become vacant in the weeks after the inspection.

The existing two vacancies were been covered by staff members completing additional hours and by two regular agency staff working in the centre since September 2020. A business case had been submitted and plans were in place to advertise these vacant positions.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. A number of staff were due refresher training and area specific training was booked and for February 2021.

Staff were in receipt of formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures and staff had specific roles and responsibilities in the designated centre. There were local systems to monitor the quality of care and support for residents. However, the provider had not completed the annual review in the centre since 2018 and the six monthly visits by the provider had not been completed in line with the timeframe identified in the regulations.

Audits were being completed regularly in the centre and changes were occurring as a result of actions following audits. These changes were resulting in improvements for residents in relation to their care and support, and their home. Staff meetings had not been occurring as regularly as usual during the pandemic. However, in the interim there were systems in place to ensure that staff were supported and kept up to date with pertinent information. The person in charge was working with each staff member regularly and they had systems to alert and update staff team of important information.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were admissions policies and procedures in place and each resident had a contract of care.

In general, the contracts of care contained the required information. However, whether residents paid fees or not, was not clearly outlined in their contract of care. In the case where a resident was paying fees, the amount was not included in the contract of care.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information required by the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was given written notice of the required incidents in line with the timeframes identified in the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies outlined in schedule 5 of the regulations were in place and had been reviewed in line with the timeframe identified in this regulation.

Judgment: Compliant

Quality and safety

The provider and person in charge were striving to ensure that residents were being supported to make choices and engage in meaningful activities. They lived in a clean, warm and comfortable home. However, as previously mentioned, improvements were required in relation to some documentation in the centre to demonstrate that fire drills were completed at times when the least amount of staff were on duty to support residents and in relation to the update of some documentation to ensure it was fully guiding staff to support residents in line with their current care and support needs.

Significant works had been completed to the premises since the last inspection. These works had resulted in the house appearing more homely and comfortable. It was evident that every attempt was made to ensure the house and particularly residents' bedrooms were decorated in line with their assessed needs and preferences. The house was well maintained both internally and externally. The garden was divided into different sections to afford each resident the option to spend time in different areas, doing different activities. During the inspection residents appeared content and comfortable in their home. They moved around their home as they wished and were seen to choose to spend time in different parts of the centre at different times depending on what they wanted to do.

Each resident had an assessment of need and personal plan in place. There was evidence that these were reviewed and updated regularly in line with residents'

changing needs. A log was maintained of reviews that occurred and the changes then made to residents' personal plans. Residents were supported by a keyworker who developed monthly reports in relation to their care and support. Goals were developed and pictures were included of the steps residents were taking towards achieving their goals. For example, on the last inspection one resident had just gone on an airplane within Ireland as a step towards reaching their goal to go on holiday to a theme park in another country. Since then, the resident had achieved their goal and had gone to this theme park. There were pictures on display in their home of them enjoying this holiday including pictures of the many different activities they enjoyed during their holiday.

Residents were being supported to enjoy best possible health. There were systems in place to ensure residents could be supported to access a general practitioner (GP) and other allied health professionals during the pandemic. They had assessments in place and health action plans were developed and reviewed, as required. Each resident had a health communication booklet which contained important information relating to their healthcare needs.

Overall, residents were protected by the risk management policy, procedures and practices in the centre. The risk management policy contained the information required by the regulations and there was a risk register in place. General and individual risk assessments were developed and reviewed as required. There was evidence that incidents and near misses were regularly reviewed and that learning following these reviews was shared amongst the team.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. Staff's roles and responsibilities were clearly outlined. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. The provider had developed and updated existing policies, procedures and guidelines for use during the pandemic. The provider had contingency plans in place and there was an area specific contingency plan. This area specific plan had been reviewed and updated regularly during the pandemic. There were systems to ensure there were adequate supplies of PPE at all times. Staff had completed training in infection prevention and control and the use of PPE.

Overall, residents were protected by the fire precautions in place in the centre. Suitable fire equipment was available and there was evidence it had been regularly serviced. There were adequate means of escape and emergency lighting was in place. The evacuation plan was available and on display and each resident had a personal emergency evacuation plan which was regularly reviewed and updated. Fire drills were occurring regularly and learning following drills was shared with team. Some improvement was required in relation to updating residents' personal emergency evacuation plans (PEEPS) and other documentation following this learning, but staff who spoke with the inspector were aware of how to support residents in line with their assessed needs and plans were in place to update the required documentation.

Fire drills were occurring regularly in the centre. For the majority of fire drill records

reviewed it was evident that actions were followed up following these drills and leading to a review of residents risk assessments and PEEPS. However, a number of these documents required review and update following a number of recent fire drills. Different documents were indicating that residents required different levels of support during an evacuation. They needed to be reviewed to ensure the message was consistent and clearly guiding staff in relation to the support they requires, if any. In addition, it was not evident that a night time fire drill had been completed in the centre when the least number of staff and the maximum number of residents were present.

There were a number of restrictive practices in place in the centre. These were detailed in the restrictive practice register, which was regularly reviewed and updated. It was evident that consideration was given to the use of the least restrictive practices for the shortest duration. Overall, residents' support plans were detailed in relation to any supports that may required to manage their behaviour. However, one residents' support plan required review to ensure it was guiding staff to support them. It had not been reviewed since 2019 and their support needs had changed during this period. There was evidence that the person in charge had sought for this plan to be updated on five separate occasions and staff had handwritten some notes on the support plan in line with the residents' changing needs and learning following incidents, to inform the next review of their support plan. Staff had access to training to support residents in line with their assessed needs. A number of staff required refresher training, but area specific training was booked to take place in February 2021. Incident review and trending was being completed regularly.

Residents were being supported to make choices and decisions relating to their care and support and the day-to-day management of the centre. They were being kept up to date in relation to COVID-19 and the impact of this on them attending school, day services and activities they would usually enjoy. Staff were supporting residents to make video call with their family during the pandemic. Residents' meetings were occurring regularly and agenda items were varied. Information was presented for residents in a format which suited their communication needs and preferences. For example, there were pictures of residents' school and favourite shops to demonstrate how they were closed due to the current level of restrictions relating to COVID-19. There was also information available in a format to suit residents' needs in relation to areas such as residents' rights, advocacy, data protection and complaints.

Regulation 17: Premises

Significant works had been completed in the centre since the last inspection. The centre was warm, homely, well maintained and decorated in line with residents' needs and wishes.

There was separate living and sleeping accommodation for adults and children

and residents had access to appropriate outdoor recreational areas and were provided with age-appropriate play and recreational facilities.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained the required information, and was regularly reviewed and available for residents and their representatives in the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The risk management policy contained the information required by the regulations and was being regularly reviewed.

There was a risk register and general and individual risk assessments were developed which were generally updated in line with residents' changing needs and following the review of incidents in the centre.

There were area specific emergency plans and systems to ensure that vehicles were roadworthy and regularly serviced.

Judgment: Compliant

Regulation 27: Protection against infection

The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that each area of the house was regularly cleaned. This included regular touch point cleaning.

The provider had policies and procedures in place to guide staff in relation to infection prevention and control. A number of additional policies and procedures had been developed relating to COVID-19 during the pandemic. There were contingency plans in the organisation and area specific contingency plans which were being reviewed and adapted regularly.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment and evidence that it was being regularly serviced and maintained. There were systems to detect, contain, and extinguish fires. There was emergency lighting in place and adequate means of escape. The fire evacuation procedures were available and on display.

Fire drills were occurring regularly and records were maintained of these drills which identified learning following these drills and any actions which were required. However, this documentation was not always fully completed or leading to the review and update of residents' personal plans, risk assessments or evacuation procedures. This was not found to be contributing to significant risk for residents as staff were aware of how to support residents to safely evacuate following learning from recent fire drills.

It was not evident that a fire drill had occurred at a time when the least amount of staff and the maximum number of residents were present in the centre. The inspector was informed that this had occurred but the documentation could not be located during the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need and personal plan in place. Overall, there was evidence that they were being reviewed at least annually or in line with residents' changing needs.

Their goals including those relating to meaningful activities, education, and life skills were developed and reviewed regularly.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were assessed and they had access to allied health professionals in line with their assessed needs.

Care plans were developed and reviewed as required and residents had health communication books in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were found to be knowledgeable in relation to residents' assessed needs. However, in line with one residents' changing needs the documentation in place was not clearly guiding them. It was last reviewed in 2019 and had not been updated in line with their changing needs.

Restrictive practices were reviewed regularly and it was evident that efforts were being made to reduce and eliminate restrictions where possible, and to ensure that those which remained in place were the least restrictive for the shortest duration.

Staff had access to training and refresher training to support residents in line with their assessed needs. A number of staff required refresher training but area specific training was booked for February 2021.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' meetings were occurring regularly and it was evident from reviewing a sample of these that residents were being involved in day-to-day decisions in relation to the running of the centre such as menu planning, and choices of activities. Residents' rights, advocacy, complaints and the impact of restrictions relating to COVID-19 were regularly discussed.

There was accessible information and social stories available for residents in relation to important aspects of their care and support. There was an extensive array of picture resources available for residents to support them to make choices.

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	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for OCS-KH OSV-0005338

Inspection ID: MON-0027806

Date of inspection: 27/01/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Business case submitted to HR and posts x 2 Social Care Workers advertised, closing date 9th of March 2021 and vacancies fulfilled by 1st of May 2021. Health Care Assistant post filled by 15th of March 2021.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Quality and Risk Officer to complete annual review as per regulations. Annual report finalised by 15th of March 2021 Six monthly Provider audit due to be carried out March 2021 and completed by 31st of March 2021.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p>	

Information regarding fees to be paid, by who and when have been included in the contract of care including an easy to read format. Completed 28th of January 2021

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Night time fire drill completed on 13-02-2021 and supporting documentation completed.
Fire risk assessment updated and Risk Register amended on 4th of February 2021
Peeps updated on 4th of February 2021 to correspond with areas that have been challenging in the past.
Review of Fire drills and PEEPS on Agenda for future Keena House Staff Meetings

Regulation 7: Positive behavioural support

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Children Services Manager followed up with CNS in Behaviour and Autism requesting outstanding Behaviour Support Plan to be updated and future Behaviour Support plans to reflect changing needs of service user. Positive Behaviour support Plan updated and dated 8th of February 2021 to reflect needs of identified service user.
CNS in Behaviour and Autism attended Keena House Staff meeting on 2nd March 2021 to discuss and review Positive Behaviour Support Plan with Keena House staff team.
Staff to complete Managing Challenging Behaviour / Studio 3 training on 26th of February and 26th of March 2021

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/05/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	15/03/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall	Substantially Compliant	Yellow	31/03/2021

	carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	28/01/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	04/02/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	04/02/2021

	of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	26/03/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	08/02/2021