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:	Edencrest & Cloghan Flat
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	09 March 2022
Centre ID:	OSV-0005487
Fieldwork ID:	MON-0035406

About the designated centre

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

Edencrest and Cloghan flat provides full-time residential care and support to adults with a disability. The designated centre comprises of a six bedded bungalow and a one bedroom flat located within a campus setting operated by the provider. Residents in the bungalow have their own bedroom and have access to a small kitchenette, dining room, two sitting rooms, clinic/visitors room and bathroom facilities. Cloghan flat provides self contained accommodation with a bedroom, bathroom, kitchen and living room. Meals are prepared and cooked in a centralised kitchen on the grounds of the campus and delivered at specific times throughout the day. The centre is located in a residential area of a town which is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported on a 24/7 basis by a staff team of both nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 9 March 2022	09:17hrs to 17:19hrs	Stevan Orme	Lead

What residents told us and what inspectors observed

During the course of the inspection, the inspector found that care and support provided to residents at Edencrest and Cloghan Flat had improved since the last inspection in September 2021and following its reconfiguration into a standalone designated centre in December 2021. The reconfiguration of the designated centre was in response to previously identified regulatory non-compliance and part of the provider's submitted management improvement plan for both Edencrest and Cloghan Flat and the Ard Greine Court campus as a whole.

During the day, the inspector had the opportunity to meet five residents living at the centre, and speak with one resident in depth about their life at Edencrest and Cloghan Flat. The resident spoke about how they liked living at the centre and got on well with the staff. The resident at the time was enjoying watching television in one of the centre's two communal sitting rooms, and spoke about how this room was predominately used by them. They also spoke about activities they enjoyed which included going to the shops in Letterkenny. The resident also spoke about how staff supported them to visit their family's graves in the local area and also maintain contact with relatives who lived in America.

Other residents were engaged in a range of activities reflective of their needs during the day, with several residents being assisted by staff to attend medical appointments using the centre's transportation which was adapted to meet their needs.

Residents were also observed to enjoy all aspects of the centre through the course of the day, with one resident using the centre's kitchenette with the support of staff on the inspector's arrival, while two other residents were separately accessing the centre's two quiet rooms which were in addition to the aforementioned communal sitting rooms. The quiet rooms were equipped with items that the residents enjoyed such as a musical juke box in one room particularly favoured by a resident.

The inspector did not visit Cloghan Flat as the resident who lived there was away from the centre due to family circumstances on the day of inspection. However, the Edencrest part of the centre was spacious in design and adapted to meet the needs of residents. As described before following previous changes at the centre, residents had access to a range of communal areas including two sitting rooms, two quiet rooms, communal bathrooms and toilets , dining room and a kitchenette. The premises was in good condition and suitably decorated, with communal areas displaying photographs of the residents along with soft furnishings. Where the inspector had the opportunity to observe residents' bedrooms, these were again spacious in size and had been personalised to reflect the residents' needs and interests. One bedroom was decorated with vinyl records and an electric guitar mounted on the walls due to the resident's enjoyment of music, while another had been decorated with coloured floral stencils and a large cuddly caterpillar toy was on

their bed which they liked.

However, although the centre was in the main in a good state of repair and condition, the inspector did observe some paint damage in the dining room as well as burn mark damage to the work surfaces in the kitchenette.

One resident was also supported during the day to walk into the local town by a staff member which they appeared to enjoy. Later the staff member spoke with the inspector and explained that as well as an activity the resident enjoyed, this activity was also used to encourage the resident to walk as at the centre they would mobilise on their hands and knees.

Throughout the inspection, staff were observed to be following public health guidance in relation to COVID-19 and infection prevention and control procedures. On arrival at the centre, staff recorded the inspector's temperature and were observed to be wearing appropriate face masks throughout the day. The centre was well stocked with personal protective equipment (PPE) and hand sanitizer was readily available. In addition, the inspector observed a range of information on display at the centre to inform staff, residents and visitors about the signs and symptoms of COVID-19 and hand washing techniques.

In summary, the inspector found that residents' needs were supported in line with their care plans and agreed interventions at the centre, however, further improvement on the oversight of practices at the centre were required which will be described later on in the report.

Capacity and capability

Governance and management arrangements at Edencrest and Cloghan Flat had improved since the last inspection and its subsequent reconfiguration into a standalone centre. Improvements at the centre ensured that care and support provided to residents was in line with their assessed needs and ensured they were kept safe from harm and supported to enjoy activities both at the centre and in the local community. However, further action was required to ensure the effectiveness of governance arrangements at the centre and to ensure improvements in practices and regulatory compliance was sustained.

Prior to December 2021, Edencrest and Cloghan Flat had been part of a larger three premises designated centre within the Ard Greine Court campus, however as part of the provider's accepted management improvement plan to address significant non-compliance with the regulations, applications had been received to separate the previously described centre into two standalone designated centres.

As a result of changes to Edencrest and Cloghan Flat's registration, the provider had put in place a clear governance and management structure for the centre. The intended governance structure included a full-time person in charge who was

supported with the day-to-day management of the centre by a Clinical Nurse Manager (CNM1). Both the person in charge and CNMM1 were also responsible for another designated centre within the Ard Greine Court campus. However due to the impact of COVID-19 related absences, the intended management structure had not been fully established, and on the day of inspection and for an extended period the centre was supported by another centre's person in charge and CNM1 which was reflective of the provider's risk management arrangements. However, although care provided to residents was not impacted by the described circumstances, it was evident that oversight arrangements at the centre although improved would benefit further with the assigned management team being fully in place.

In addition, to centre's management structure, staff and residents also had access to supports from the campus' Director of Nursing as well as the provider's out of office hour's system. The on call system had commenced in February 2022, and provided staff with out of hours access to support and advice from a designated Director of Nursing or Area Coordinator within the provider's Donegal if required.

Following the centre's reconfiguration, a dedicated staff team comprising of both nurses and health care assistants had been established. Staffing arrangements ensured that residents were supported by up to five staff (one staff nurse and four health care assistants) in Edencrest and a health care assistant in Cloghan Flat during the day. At night-time staffing reduced to two staff in Edencrest (one staff nurse/health care assistant) and no night-time support for the resident at Cloghan Flat due to their needs. However, in the event of additional supports being required for the resident in Cloghan flat, staff spoke about night-time staffing being available and being put in place subject to ongoing review. Management covering the centre spoke about the resident's recent personal circumstances and how planned additional night-time support had been planned ahead of their intended return back to the centre.

Due to the impact of COVID-19 at the designated centre and across the campus, arrangements were also in place to ensure staffing levels were maintained, with a core group of temporary workers identified to cover staff absences. In addition, risk assessments were in place to manage situations such as if due to unforeseen circumstances staffing levels at Edencrest fell to four staff on duty. On the day of inspection, due to staff absences, staff engage usually at the day service hub had been reallocated to Edencrest to ensure staffing levels remained at five during the day, with the staff member being both known to the residents and knowledgeable on their assessed needs.

However, although staffing levels were maintained even with the impact of COVID-19, some improvements were required to ensure compliance with regulations. A review of staffing documentation showed that oversight arrangements had not ensured that the staffing rota was kept up-to-date in order to reflect accurately the staff working each day, with the person in charge's absence due to sickness not being recorded on the day of inspection or on previous occasions. Also staffing arrangements to support the resident in Cloghan Flat were not consistently recorded on the centre's rota.

Staff spoken with throughout the inspection were knowledgeable on all aspects of residents' care and support, and spoke in detail about how residents were supported with activities, health needs and at times of anxiety or incidents of challenging behaviour. However, training record showed that not all staff had received up-to-date training in both mandatory and centre specific areas. For example, not all staff had received training in required areas such as fire safety, positive behaviour management, sexuality awareness in supported settings , communication and infection control.

The provider had a suite of management audits in place to monitor and review practices at the centre, these were completed by a delegated member of the staff team, and dependent on the aspect of practice were undertaken either monthly, quarterly or annually. A review of audits showed that they were completed in line with the planned schedule for the year. However, audits were generic in nature, used across the Ard Greine Court campus and not specific to the needs of both residents and the daily operation of the centre, and had not identified areas for improvement or action observed by the inspector during the day. For example , audits were not completed on whether temporary staff engaged at the centre had completed the required staff induction checklist, with one sampled week showing that out of the fourteen temporary staff used, only 7 had documented evidence that the checklist had been undertaken.

The provider had undertaken both an annual review of the care and support provided at the centre and six monthly unannounced provider visits of Edencrest and Cloghan Flat as required under the regulations. However, the inspector noted that the six monthly unannounced visit had been delayed resulting in an 8 month gap between the previous visit in April 2021 and the last in January 2022. In addition, the annual review of the centre although complete did not reflect all improvements required at the centre and being presently progressed such as plans for the improvement of the kitchenette facilities at Edencrest. The annual review also did not include evidence of consultation with either residents or their representatives on the care and support received at the centre.

Although improvements were required to audits and provider visits, where audits had identified actions these were included and monitored through the centre's Quality Improvement Plan (QIP). A review of the QIP showed that it was regularly updated and reviewed by the Director of Nursing, with actions being completed within agreed time frames.

In summary, governance and management arrangements had improved since the last inspection, although further improvements were required to ensure ongoing effective oversight of all aspects of the centre. Temporary management arrangements in place to manage COVID-19 absences ensured that residents' needs were met and they were kept safe; however, the unforeseen delay in the establishment of the centre's intended management team meant that further improvements in the oversight of the centre were required.

Regulation 15: Staffing

The provider had ensured that appropriate numbers of qualified staff were available to meet residents' needs, including in the event of high absenteeism due to COVID-19 outbreaks. However, oversight of the centre's rota had not ensured that it was kept up-to-date to reflect absenteeism of the day of inspection. Furthermore, governance arrangements had not consistently ensured that a rota was in place to clearly reflect staffing arrangements across the whole designated centre, namely Cloghan Flat.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Although staff were knowledgeable about residents' needs and had access to a range of training both in line with the provider's policies and residents' specific needs, not all staff had completed training in areas such as;

- Fire safety
- Manual and people handling (theory & practical)
- Infection control
- Infection control - Respiratory Hygiene
- Managing behaviours of concern
- Sexuality awareness in supported settings
- Communicating with people who have an intellectual disability

Judgment: Not compliant

Regulation 23: Governance and management

Governance and management arrangements at the centre although ensuring residents were kept safe and were provided with care and support consistent with their needs required further improvement in areas such as:

- Arrangements had not ensured that all staff had accessed up-to-date training
- Overarching resident safeguarding plans did not clearly guide staff on how, when and where risks may occur and the response required.
- Temporary staff engaged at the centre had not all completed the required induction checklist
- The centre's risk register was generic in nature and did not reflected specific risks associated with the centre and residents' needs.
- Six monthly provider unannounced visits at the centre had not occurred in line with

regulatory time frames and did not capture actions taken in response to previous inspection finding.
- The centre's annual review of care and support provided had not involved consultation with residents or their representatives.

Judgment: Not compliant

Quality and safety

Residents at Edencrest and Cloghan Flat received care and support which was reflective of their assessed needs and preferences. Supports in place ensured they were safe from harm and behaviours of concern were managed in accordance with agreed interventions. However, further improvements were required in areas such as personal planning, supports for residents' communication and safeguarding arrangements to ensure residents' needs were fully met and to achieve compliance with the regulations.

Residents' care and support needs were regularly reviewed and updated in their nursing care assessments which were subsequently reflected in associated nursing interventions on all aspects of the lives and needs. Where changes in residents' needs had been identified these were updated by assigned staff to ensure that appropriate guidance was in place to inform staff actions and ensure consistency of care. However, one resident's' care plan did not fully reflect staff knowledge on supports to be provided at times of crisis. Management at the centre told the inspector that additional staffing would be provided at night-time for the resident at identified times of crisis, although this was not documented in their personal plan or behaviour support plan on the day of inspection.

In addition, the centre's previous inspection in September 2021 had highlighted the need for residents to be provided with speech and language supports due to their communication needs. Discussions with centre management highlighted that this had not occurred to date. Management informed the inspector that although a Speech and Language Therapist was engaged at the campus, they were only allocated one day a week, and had not assessed residents at Edencrest and Cloghan Flat due to the priority of other residents living across the campus.

Where residents had behaviours which challenged, up-to-date behaviour support plans had been developed in conjunction with the provider's senior clinical psychologist as well as staff who were qualified in behaviour management. Plans were detailed and clearly guided staff on supports to be offered to residents at times of distress; apart from in the aforementioned example of night-time staffing arrangements for one resident. In addition, behaviour support plans were subject to regular review to ensure their effectiveness. Staff were knowledgeable about behavioural supports to be provided to residents, however as illustrated earlier in this report, not all staff had completed up-to-date positive behaviour management

training.

Where the positive management of behaviours required the use of restrictive practices such as restricted access to the centre's kitchenette and use of bedroom motion sensors, there were a clear rationales for their use in place, with records illustrating when, how and when they would be used. Associated documentation clearly illustrated that restrictive practices in use at the centre were regularly reviewed and only adopted if they were the least restrictive practice available to support residents' needs.

The inspector was told that there were no current safeguarding concerns at the centre, which was reflected in documentation reviewed. Where safeguarding concerns had occurred in the past these were reported to the centre's designated safeguarding officer as well as the local safeguarding and protection team and recommended interventions put in place to protect residents. Staff were knowledgeable about agreed supports to safeguard residents from risk and had received up-to-date training in both safeguarding of vulnerable adults and Children's' First. However, current overarching safeguarding plans for residents did not reflect discussions with staff and provide sufficient detail to ensure a consistency of approach. For example, board references were used to illustrate the safeguarding risk such as 'psychological' of 'physical', with no further detail provided on when, how and why this risk may occur, if it involved other centre residents and what action should occur in response apart from reporting the concern to the centre's management.

Residents were supported to access a range of activities at the centre as well as make choices in their day-to-day activities. Although residents' meals were provided through a centralised kitchen facility on the campus, residents were supported to make choices on the weekly menu which were reflected in records of the weekly residents meetings facilitated by staff. In addition, residents were supported through the same meeting to decide on activities they wished to do during the week, with evidence that residents enjoyed trips to local towns for personal shopping and to places of interest both in County Donegal and surrounding counties. Residents had also accessed facilitated activities at a local leisure facility outside of the campus, however this had been temporary suspended due to COVID-19 outbreaks in accordance with the provider's risk management arrangements.

Risk management arrangements were reflective of identified risks at the centre. Assessments were detailed and clearly informed staff of the risk and recommended interventions to mitigate against its impact, which were reflective of staff knowledge on the day of inspection. Risk assessments covered all aspects of residents' care and support as well as the day-to-day operational management of the centre with interventions in place for fire safety, infection control, COVID-19 outbreaks, internet access and the use of restrictive practices. However, although a risk register was in place in accordance with the provider's policy, this was generic in nature and did not reflect specific behavioural and safeguarding risks at the centre.

In conclusion, care and support arrangements at the centre ensured that residents' needs were consistently met and they were kept safe from harm, although

improvements were required to the governance and management arrangements to ensure this was maintained and subject to ongoing effective oversight.

Regulation 10: Communication

Although staff were knowledgeable about residents' communication needs and guidance was provided through up-to-date personal plans, speech and language assessments were still outstanding for residents living at the centre.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was generally in a good state of repair and decoration. However, burn marks were observed on work surfaces in the centre's kitchenette as well as minor damage to paintwork on the dining room walls.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements at the centre clearly identified risk and measures to mitigate its effect. Staff were knowledgeable on all risk interventions in place at the centre, with measures being reviewed regularly to ensure they were the most appropriate and effective response.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Overall, residents' assessed needs were supported through comprehensive personal planning arrangements which were kept up-to-date and reflected any changes in need or multi-disciplinary recommendations. Plans were subject to regular review to assess their effectiveness in consultation with residents, their representatives, staff and associated professionals. However, although recently updated one resident's' personal plan did not reflect staff knowledge on night-time staffing arrangements in the event of a crisis.

Judgment: Substantially compliant

Regulation 6: Health care

Arrangements were in place at the centre which ensured that residents had access to a range of healthcare professionals in line with their assessed needs as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall behaviour supports plans clearly identified the assessed needs of residents and the supports they required. Furthermore, where restrictive practices were required these were only put in place in the last resort and were the least restrictive option available to meet the resident's needs. Staff knowledge was reflective of supports in place for residents, although records showed that not all staff had completed up-to-date positive behaviour management training.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding arrangements in place at the centre were subject to regular review and reflected staff knowledge on the day of inspection. Staff knowledge was further reinforced by the accessing of up-to-date training in this area to ensure their practices reflected current health and social care developments. However, although residents were protected from harm and there were no current safeguarding concerns at the centre, reviewed overarching resident safeguarding plans were broad in nature and did not provide sufficient guidance on how, when and where identified safeguarding risk may occur, and the subsequent response to be undertaken by staff, apart from informing management of the concern.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were actively encouraged by staff to make decisions about their lives and the day-today operations of the centre through their involvement in annual reviews of their care plans and participation in regular house meetings.
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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Edencrest & Cloghan Flat OSV-0005487

Inspection ID: MON-0035406

Date of inspection: 09/03/2022

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: 1. The Person in Charge will ensure that the rota is checked daily to ensure it is reflective of the staff on duty daily – Completion date: 11/03/22 2. The person in Charge has reviewed the rota to reflect the staff that are working in Cloghan flat – Completion date: 01/04/22	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The Person in charge/ Director of Nursing has completed a further review of the training matrix to identify outstanding training requirements – Completion date: 01/04/22 2. All staff within the centre will complete the training on supporting adults sexuality in residential settings – Date for Completion: 31/05/22 3. The Person in Charge has scheduled all staff for outstanding fire training and these will be completed by the end of May 2022 – Date for Completion : 31/05/22 4. The Person in Charge has scheduled 3 staff for outstanding Studio III training and these will be completed by the end of May 2022 – Date for Completion : 31/05/22 5. The Person in Charge has advised staff of all outstanding training on HSELAND ie Infection control and all other mandatory training that they require to update and complete by end of May 2022 – Date for completion 31/05/22	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. The Regional Director of Nursing in conjunction with the CNM3 for quality, risk and service user safety and persons in charge are currently undertaking a review of all audits in place will be conducting a review of the audits in place - Date for completion: 30/04/22
2. Following completion of this review any improvements and actions identified will be implemented to ensure auditing systems that are in place are effective and robust – Date for completion 31/05/22
3. The Provider representative has developed a schedule to ensure that all 6 monthly and annual reviews are completed within the required time frames and reports are provided to the centre in a timely manner – Completion date: 31/01/22
4. The Provider representative will ensure that there is consultation with residents and families included in the 6 monthly and annual reviews – Completion date 14/03/22
5. The Person in charge will ensure that a record of inductions for all agency staff is retained in the centre – Completion date: 14/03/22
6. The Person in charge will complete a review of the training matrix and identify any training needs on a monthly basis – Date for completion: 01/04/22
7. The person in Charge has reviewed all overarching safeguarding plans and these will be reviewed with the safeguarding and protection team – Date for completion: 28/04/22

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
1. The Person in Charge has liaised with the Speech and Language therapist (SALT) in relation to when the residents in Edencrest will be fully assessed by SALT – Date for completion: 14/04/22

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The Person in Charge has completed a review of maintenance required within the centre – Completion date: 01/04/22

2. The Person in charge has forwarded this to maintenance for any outstanding works to be completed – Completion date: 22/04/22
The HSE has engaged an architect to develop plans for the reconfiguration to the layout of the Centre. The proposed layout has been approved by the housing association. The HSE has approved the funding for these works and the HSE Estates Department will commence a tendering process in April 2022 with an anticipated completion date for the works is 31/12/22 – Date for completion: 31/12/22

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:
1. The Named nurse in liaison with the Person in Charge have reviewed the residents care plans to ensure that they are reflective of the supports required for day and night – Completion date: 11/03/22

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
1. The Person in Charge has scheduled 3 staff for outstanding Studio III training and these will be completed by the end of May 2022 – Date for Completion : 31/05/22

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1. The person in Charge has reviewed all of the overarching safeguarding plans to ensure that they contain all the information required to fully guide staff in maintaining the safety of all residents – Completion date: 11/03/22
The Person in Charge will liaise with the safeguarding and protection team to further review the overarching safeguarding plans – Date for completion 28/04/22.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	14/04/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	01/04/2022
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.	Not Compliant	Orange	31/05/2022

Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/05/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	31/05/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and	Not Compliant	Orange	31/05/2022

	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 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	11/03/2022
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	31/05/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	28/04/2022