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:	Glen 1
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	24 June 2020
Centre ID:	OSV-0004907
Fieldwork ID:	MON-0025749

About the designated centre

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

Glen 1 is located in a campus setting and provides a residential service for 24 adult ladies with an intellectual disability who require moderate to high support interventions. The centre is located in a suburb of Co. Dublin with access to a variety of local amenities. The centre is nurse led and residents are supported 24 hours a day by a team comprising of a person in charge, clinical nurse manager, staff nurses, social care workers, healthcare assistants and household staff. Residents are supported to engage in a range of activities which were meaningful to them both in the community and on the campus where the centre is located. The designated centre consists of four buildings, three of which are bungalows. In the bungalows, there is a main living room and a smaller sitting room where residents can meet family and friends or have some personal space. There is a shared dining space and kitchen where residents can prepare or choose snacks of meals. There are two bathrooms and one toilet and six bedrooms with a sink in each bungalow. Each bungalow has a shared garden area which leads into the main centre grounds. There is a restaurant within the inner garden of the main centre which is accessible to all residents, staff, families, friends and volunteers and offers a wide variety of food to suit all dietary requirements. There is also a quiet reflection room were residents can express their spiritual needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18

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 - 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 24 June 2020	11:00hrs to 16:40hrs	Marie Byrne	Lead
Wednesday 24 June 2020	11:00hrs to 16:40hrs	Jacqueline Joynt	Support

What residents told us and what inspectors observed

The inspectors had the opportunity to meet and briefly engage with ten residents during the inspection. Throughout the inspection residents appeared comfortable with staff and the levels of support offered by them. A number of residents communicated with inspectors independently, whilst others were supported by staff to meet with inspectors. Each of the inspectors visited one of the houses during the inspection and briefly engaged with the residents who were at home.

On arrival at one of the houses the inspector found that staff members had supported residents to know about the inspection through an accessible social story. The story advised residents about the visit, the reason for the visit and about the PPE gear the inspectors would be wearing. The inspector observed residents were sitting outside in the patio area and being supported to colour pictures. Residents appeared relaxed and happy. Each resident was supported by staff to tell the inspector about their particular interests including gardening, music and doing household chores. One resident had celebrated a milestone birthday at the weekend and showed the inspector cards they had received in the post that day. The inspector met another resident inside the house who was taking some time out. The resident appeared content and relaxed and was happy to talk with the inspector. Overall, the inspector observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards the residents through positive, mindful and caring interactions.

On arrival to the another house, the inspector met two residents who were relaxing in the living room with the door to the garden open, enjoying the warm weather. The atmosphere in the living room was peaceful and both residents appeared comfortable, content and relaxed. The inspector met another resident who was in the relaxation room after having a foot massage provided by a staff member. They smiled at the staff who introduced them to the inspector and then went back to relaxing after their massage. One resident was having an afternoon rest in their bedroom and another resident was observed being supported by staff to have an assessment completed by an allied health professional. The inspector observed warm and caring interaction between residents and staff during the visit to their home and at all times, residents appeared comfortable, content and relaxed.

Capacity and capability

Overall, the inspectors found that the registered provider and person in charge were ensuring a good quality and safe service for residents in the centre. There were systems in place to monitor the quality of care and support for residents and when areas for improvement were identified by the provider action plans were developed

to complete the required actions to bring about improvements which were positively impacting on residents experience of care and support in the centre.

There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. The person in charge had recently transferred from another designated centre. They were found to be knowledgeable in relation to residents' assessed needs and their responsibilities in relation to the regulations and motivated to ensure residents were happy, safe and making choices in relation to their day-to-day lives. The local management team had been further strengthened in the centre since the last inspection, through the recruitment of an additional layer of management in the form of a Clinical Nurse Manager 3 (CNM3) who reported to the service manager. The local management team were meeting regularly to ensure they were monitoring the quality of care and support for residents. When the person in charge was not on duty, there was an on call support available. The CNM3 and service manager were also available to support residents and staff as required.

The provider was completing six monthly and annual reviews of care and support for residents in the centre. These were identifying areas for improvement in line with findings of this and previous inspections. There was evidence that a number of the actions following these reviews had been followed up on and completed and that these were leading to positive outcomes for residents such as; continuity of staff support, an increase in staff training to support residents with their assessed needs and overall improvements to their homes. There was also evidence of improvements in relation to the day-to-day management of the centre. For example, staff supervision had commenced, a number of audits had been completed, a review of staffing vacancies had been completed and restrictive practices had been reviewed. There was an audit schedule in place for the centre and evidence that these were being completed and the actions followed up on. A number of actions remained outstanding. For example, the staff training plan in the centre required review, but a plan was in place to complete the required actions within a specified timeframe. From reviewing audits and other reviews completed by the provider and local management team, it was evident that they were driving improvements. However, the annual review was not found to be reflective of the progress on actions in the centre and the findings and timeframes were not found to relate to the period which the annual review was listed to cover.

Team meetings were occurring regularly in the centre and were found to be resident focused. They included topical agenda items during the pandemic such as; infection prevention and control, the implementation of public health measures and the impact of these for residents, health and safety, safeguarding, staffing and training. The provider had developed a business continuity plan for use during the pandemic and a number of policies, procedures and guidelines had been developed to guide staff practice.

Overall, residents were supported by a staff team who were familiar to them. During the inspection, inspectors observed staff engaging with residents in a positive, supportive and respectful manner. Staff were familiar with residents' assessed needs

and were observed engaging in safe practices related to reducing the risks related to COVID-19 when delivering this support. There were 3.3 staff vacancies in the centre at the time of the inspection and the provider was in the process of recruiting to fill these vacancies. In addition, a number of staff had been redeployed to the centre in line with the current pandemic. A sample of rosters reviewed showed that all the required shifts were covered in each of the houses and it was evident that every effort was made to ensure continuity of care for residents through the redeployment of staff and the use of regular relief and agency staff who were familiar with residents' needs. Redeployed staff, relief and agency staff had received an induction to the centre. This induction included a review of important phone numbers and contacts, a review of pertinent policies and procedures, discussions relating to residents' needs, discussions relating to maintaining residents' privacy and dignity, visiting procedures, fire safety and guidelines on the use of personal protective equipment.

Staff supervision had been formalised in the centre since the last inspection. There was a supervision plan in place to ensure all staff had access to formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. Staff also had access to the support of the management team should they have any concerns relating to residents care and support in the centre. The provider and person in charge had identified in their own audits that improvement was required in relation to staff accessing training and refresher training. Staff had access to training and refreshers in line with residents' assessed needs. Area specific training had been provided for staff in relation to infection prevention and control and more was planned. However, a number of staff required training and refreshers in areas such as safeguarding, fire safety, positive behaviour support and manual handling. In the interim, staff who required training and refreshers in areas such as safeguarding and fire safety, had been provided with an area specific induction to ensure they were familiar with policies and procedures and practices in the centre.

Overall, the inspectors found evidence of good practice in relation to record keeping in the centre. All of the information requested by the inspectors was made available during the inspection. Records were kept secure but easily retrievable. It was evident that care was delivered to a high standard in the centre, but gaps and inaccuracies were identified across a number of documents reviewed during the inspection. These gaps were not found to result in a medium or high risk for residents. A number of documents required review to ensure they, up-to-date, accurate and clearly guiding staff to support residents. For example, some records relating to fire checks, safeguarding and positive behaviour support required review.

The inspectors found that a record was kept of all incidents occurring in the centre and that notifications were sent to the Chief Inspector in line with the requirements of the regulations. However, a number of notifications submitted to the Chief Inspector had not been submitted in line with the timeframe identified in the regulations.

Regulation 15: Staffing

Residents were supported by a staff team who were familiar with their care and support needs. There were a number of staff vacancies and the provider was in the process of recruiting to fill these vacancies. In the interim, staff redeployed from within the organisation and regular relief and agency staff were completing the required shifts to ensure residents were supported in line with their assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, training and refresher training in line with residents' assessed needs was available to staff. However, a number of staff required training or refresher training in areas such as safeguarding, fire safety, positive behaviour support and manual handling. Staff were in receipt of formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Substantially compliant

Regulation 21: Records

Overall, there was evidence of good record keeping in the centre and systems to ensure documents were regularly reviewed. However, there were a number of documents viewed during the inspection which required review to ensure they were up-to-date, accurate and clearly guiding staff practice.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspectors found that the centre was well managed. There were systems in place to ensure residents were in receipt of good quality and safe care and support. The management team were meeting regularly and completing audits and reviews which were found to be resulting in positive outcomes for residents. There was an annual review of care and support in the centre and six monthly visits by the provider. However, the annual review was not found to accurately reflect the actions and progress in the centre during the time period it covered.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was available in the centre, contained the information required by the regulation and had been recently reviewed and updated in line with changes in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had systems in place to record and follow up on incidents in the centre and to notify them to the Chief inspector in line with the requirements of the regulations. However, a number of notifications had not been submitted in line with the timeframe identified in the regulations.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that there were systems in place to ensure residents were safe and in receipt of a good quality of care and support. Through discussions with residents, staff and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a warm and caring environment where they were supported to have control over and make choices in relation to their day-to-day lives. The provider was identifying areas to further improve residents' lived experience in the centre. For example, plans were in place to complete building works to one house which would include an review of storage to ensure there was sufficient storage for large items. In addition, a training plan was in the process of being developed to ensure staff were completing training in line with residents' assessed needs.

The premises were found to be warm, homely, comfortable, well maintained and designed to meet residents' needs. There was adequate private and communal spaces for residents and the centre was designed to promote residents' safety, dignity, independence and wellbeing. Each resident has their own bedroom which had been personalised in line with their interests and wishes. Each of the houses had a well maintained garden which led on to a central courtyard. Residents were observed enjoying time in their gardens during the inspection. There were systems in place to ensure the required maintenance works were completed and to ensure that equipment was maintained, tested and serviced as required. In line with the

findings of the last inspection, there was a lack of storage for large items, particularly in one of the houses. The provider was aware of this and had plans to complete some building works and review storage for large items.

Residents were supported to enjoy best possible health. Each resident had a health profile developed which identified areas where they required support and then care plans were developed as required. These included short term care plans for when residents were unwell. The business continuity plan for the organisation outlined how residents could be supported to access a GP, psychiatrist, speech and language therapist, social worker, occupational therapist, psychologist or physiotherapist during the pandemic. In addition, the centre had developed local guidelines for GP visits, consultations and prescribing. Residents were being supported to attend national screening services, if they so wish. Visits and consultations were recorded and followed up on as required. Residents were in receipt of support at time of illness and at the end of their lives. End of life care plans were developed as required and included information in relation to residents' wishes and preferences.

During the inspection, the premises were found to be clean and well maintained. There were cleaning schedules in place, which included regular touch point cleaning. Social stories in relation to COVID-19 and infection prevention and control were regularly shared with residents' at their residents' meetings. Residents also had an advocacy group and a suggestion box in place should they wish to raise any concerns during the pandemic. In addition, they had access to accessible information in relation to public health measures during the pandemic. This included leaflets relating to handwashing, COVID-19 and testing. The provider had a developed and updated existing policies, procedures and guidelines for use during the pandemic. These included guidelines on infection prevention and control including outbreak management. The provider had reviewed the effectiveness of the on-call system in the centre to ensure staff had access to 24/7 managerial and clinical support. The provider had good stocks of personal protective equipment available and systems in place for stock control and ordering. Staff had completed additional training in relation to infection prevention and control including area specific hand hygiene and training relating to the use of PPE. More area specific training was planned in the centre.

Residents were protected by the risk management policies, procedures and practices in the centre. The registered provider and the person in charge ensured the delivery of safe care whilst balancing the rights of residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk. The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks. The risk register had been updated and identified and assessed risk related to COVID-19. Furthermore a risk assessment had also been carried out for each resident surrounding the risks associated with COVID-19 and controls were put in place to manage and mitigate the risks.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Overall, there were systems in place to ensure that where behavioural support practices were being used that they were documented and reviewed by the appropriate professionals on a regular basis. However, the inspectors found that the guidance and information in place to support staff appropriately and safely respond to residents' assessed support needs required review. A sample of positive behaviour support plans reviewed demonstrated that not all sections of the plans were reviewed or updated in an appropriate timeframe. Notwithstanding this, on speaking with staff members, the inspectors found that they were familiar with residents' needs and the various supports in place to meet those needs. The inspector saw that where restrictive procedures were being used, they were based on centre and national policies and staff took the least restrictive approach. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

There was an up-to-date safeguarding policy in place. Overall, incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centre's policy. The inspectors found that some gaps were evident in the maintenance of the documentation however, this did not result in a medium or high risk to residents. Where appropriate safeguarding plans were put in place to minimise the risk of further incidents. The inspector found that there had been a satisfactory level of scrutiny by the registered provider of all alleged incidents to guarantee that safeguarding arrangements in place ensured all residents' safety and welfare. The inspector reviewed a sample of documentation relating to alleged safeguarding incidents that had taken place over the last twelve months. The inspector found that overall, the incidents had been dealt with in an effective manner. For example the inspector saw that regular multidisciplinary meetings were taken place via video calls (due to the current pandemic); These meetings ensured that a residents' changing needs were responded to and that appropriate supports were put in place to keep the resident safe.

On review of a sample of residents' personal plans, residents' modesty and privacy was observed to be respected. The inspectors saw that residents' personal plans had been updated to include information regarding personal care and the use of personal protection equipment (PPE) during the pandemic. The inspectors observed during their brief time in the two houses that the residents appeared to be relaxed in the company of staff and that there was a friendly atmosphere in the houses.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. Fire drills were taking place at suitable intervals. The mobility and cognitive understanding of residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. Overall, staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. A sample of documentation and observations in two of the houses demonstrated there were adequate means of escape, including emergency lighting. Fire safety checks

took place regularly.

Regulation 17: Premises

The premises were found to be clean and well maintained. Residents had access to private and communal space to meet their needs and space to store their personal items. However, there was a lack of storage for large items, particularly in one of the houses in the centre. The provider had plans in place to complete some building works and as part of these works to source additional storage for large items for the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider and the person in charge ensured the delivery of safe care whilst balancing the right of residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guiding staff to prevent or minimise the occurrence of healthcare-associated infections. Staff had completed training in hand hygiene and the use of PPE. Cleaning schedules had been adapted in line with COVID-19. Social stories had been developed and were available for residents in relation to COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The premises was equipped to detect, contain, and alert people to fire or smoke in the designated centre. Signage and emergency lighting was clear to guide people to a place of safety. Practice evacuation drills were occurring and records maintained.

Residents had personal evacuation plans in place.

Judgment: Compliant

Regulation 6: Health care

Residents had their healthcare needs assessed and care plans developed as required. They were being supported to access allied health professionals in line with their assessed needs and to access national screening programmes in line with their wishes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, there were systems in place to ensure that where behavioural support practices were being used that they were documented and reviewed by the appropriate professionals on a regular basis. However, the inspectors found that the guidance and information in place to support staff appropriately and safely respond to residents' assessed support needs required review.

Judgment: Substantially compliant

Regulation 8: Protection

There was an atmosphere of friendliness, and the residents' modesty and privacy was observed to be respected. Overall, the residents were protected by practices that promoted their safety; residents' intimate care plans ensured that the resident's dignity, safety and welfare was guaranteed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Glen 1 OSV-0004907

Inspection ID: MON-0025749

Date of inspection: 24/06/2020

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge shall ensure all staff have access to and complete appropriate training and including refresher training. The PIC will review the Training needs analysis for the designated center and priority will be given to online training in personal protective equipment, hand hygiene, safeguarding and manual handling. The person in charge will continue to liaise with the training department with a date for the resumption of mandatory training. The registered provider will ensure a plan for the safe returning of training .	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector. The person in charge will review the documentation on Safeguarding ,Positive Behaviour Support and Fire for all the residents in the designated Centre to ensure no gaps are recorded . The PIC will add record keeping/documentation as an agenda item to team meetings and the PIC will continue to carry out audits as per audit schedule. The PIC will support and guide staff through peer support and Supervision.	

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Daughters of Charity acknowledges and accepts the non compliance identified on the most recent visit relating to the completion of the 2019 Annual Review. The DOCDSS operates annual reviews on January – December basis. Using full year data from 2019 the completion of the 2019 review should have taken place within Q1 /2 2020, and been completed and fully reported on. This plan was disrupted due to vacancy of post that leads out on Quality Annual Reviews in the Dublin Service and the onset of the COVID 19 pandemic. This post is now appointed to and post holder will commence in August. . All outstanding annual reviews will be top priority for incoming Q&R officer.	
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 shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident. The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d). The person in charge will ensure all notifications of residents are reported in accordance with the agreed time frames.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Service manager has linked with the ACEO, Director of Property Estates and Technical Services and the Director of Finance with a request to meet and identify additional storage space for resident's equipment as set out in schedule 6. The Service	

Manager will update the PIC when he has further information and details on addressing the additional storage space for residents.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The person in charge will ensure that behaviour support plans are reviewed and recommendations are followed to positively support the person. The person in charge will ensure staff are fully inducted into the careplan and positive behaviour support and staff will be priortised for training in managing challenging behaviour. The behaviour support plan will be developed to guide staff on supporting the resident with behaviours of concern and will involve the full staff team and the multi disciplinary team members.	

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 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	31/10/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2020
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/12/2020
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review	Substantially Compliant	Yellow	31/12/2020

	of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 31(1)(f)	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, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/07/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/07/2020
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the	Not Compliant	Orange	31/07/2020

	chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			
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.	Substantially Compliant	Yellow	31/01/2021