



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

Issued by the Chief Inspector

Name of designated centre:	Inbhear Na Mara
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	03 June 2020
Centre ID:	OSV-0002496
Fieldwork ID:	MON-0029491

About the designated centre

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

Inbhear Na Mara provides accommodation for 10 adults over the age of 18 years with an Intellectual disability who have high support and complex needs in terms of their physical and medical needs. The unit was purpose built to accommodate persons with complex needs and all accommodation is at ground level and is suitable for wheelchair users or people with limited mobility. All bedrooms are single occupancy and some have direct access to the garden areas via double doors. Residents have access to a range of communal seating areas, a dining room and quiet room where residents can spend time alone if they wish. In addition to shared toilet and bathing facilities a number of residents have en suite shower and toilet facilities. The centre is located in a small town and is staffed 24 hours with nurses on duty at all times.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 3 June 2020	09:30hrs to 14:10hrs	Stevan Orme	Lead

What residents told us and what inspectors observed

During the course of the inspection, the inspector had the opportunity to meet all nine residents currently living at the centre. Prior to the current pandemic, some residents would have accessed Inbhear Na Mara through shared care arrangements with their families. However, due to the pandemic and associated public health guidance and restrictions, residents and their families were given the option by the provider to either stay at their family home or the centre on a full-time basis, with all residents or their representatives on their behalf opting to remain at the centre throughout the 'lock down' period. Due to the complex needs of the residents at Inbhear Na Mara prior to phase one of the government's plan for the easing of Covid-19 restrictions, residents had been 'cocooning' at the centre.

The inspector spoke with residents during the inspection; however, due to their assessed needs they were unable to tell the inspector about the care and support they received at the centre including how they had been effected by Covid-19 restrictions. Residents appeared relaxed in the inspector's company and although not communicating their views on the centre, responded with smiles. One resident also asked the inspector if they wanted to see her bedroom. The resident expressed pride in their room, showing the inspector their family photos and other personal items such as a photo of a music performer they liked. Staff who supported the resident when showing their bedroom also said that the centre had plans to decorate the resident's room and she would be involved in choosing the colour scheme.

However, when spoken with residents appeared happy and relaxed at the centre, and comfortable with all interactions with the staff on duty during the day. Staff were observed spending time with residents and supporting them in a sensitive manner, offering them choices on activities both within and outside of the centre; as since the easing of the requirement to 'cocoon', residents were going for walks to the nearby seafront. Several residents took up the opportunity to go for a walk with staff as the weather was bright and sunny on the day of inspection.

Residents also appeared comfortable and unaffected by staff providing support to them while wearing face masks during the inspection. Staff also told the inspector that staffing arrangements had been reviewed due to Covid-19 guidance and the same staff only worked with specific residents during the day, which may have also reduced any possible anxiety for residents.

Residents were observed relaxing in the centre's large communal room as well as smaller seated areas, and while having lunch in the dining room. Residents appeared relaxed and comfortable at all times and appeared happy at the centre.

Capacity and capability

Governance and management arrangements at Inbhear Na Mara had improved since the last inspection in December 2019. These improvements had, prior to the effects of imposed Covid-19 restrictions, lead to positive impacts on the day-to-day lives of residents, and further improvements were planned at the centre as restrictions were ended or reduced.

Following the last inspection, the provider had made improvements to the centre's governance arrangements in order to make them more robust in nature. Previously although a person in charge was assigned to the centre, due to their role as an Area Coordinator which involved them being responsible for a further two designated centres and also day services in a set geographical area, oversight of the care and support provided at the centre was inconsistent in nature. Since the last inspection, the provider had employed a Clinical Nurse Manager (CNM2) to support the person in charge in the day-to-day management of the centre which had, had a positive impact. Throughout the inspection, the person in charge and CNM2 showed themselves to be very knowledgeable about the needs of residents, running of the centre and plans for the further improvements such as to the design and decoration of the premises.

Following the last inspection, improvements had been made to systems and processes by which the care and support provided to residents was monitored to ensure it was to a good standard. Both the person in charge, CNM2 and other delegated staff at the centre completed a range of management audits on all aspects of the centre's operations such as residents' personal plans, residents' finances, incident reporting, fire safety and infection control. It was further evident, that the outcome of such audits were drivers of improvements at the centre with outcomes being incorporated into the centre's 'Quality Improvement Plan' (QIP) which was reviewed weekly by the person in charge's line manager and senior management. Although some areas for improvement such as plans for the layout and decoration of the centre had been impacted upon by the effects of Covid-19 restrictions, the person in charge had clear plans in place for outstanding actions to be completed once restrictions were eased or they were instructed to re-commence works by senior management.

The provider had ensured following the last inspection that staffing arrangements at the centre were reviewed in line with the assessed needs of residents. Rosters ensured that during the day, two nurses were on duty to assist with residents' needs at the centre and in the community if required. Where additional nursing staff were required, the CNM2 had ensured that a third nurse was available either through the roster as well as the availability of themselves or another qualified nurse who undertook administrative duties at the centre during the week. In addition, rosters and discussions with staff showed that three to four health care assistants were also available daily to support residents' needs. Both from discussions with staff and documents reviewed it was evident that staffing levels were suitable to meet residents' needs. Due to the impact of Covid-19 restrictions, additional staff

resources had been redeployed to the centre from day services which had reinforced further improvements following the last inspection.

Staff spoken to during the inspection were very knowledgeable about residents' assessed needs and spoke with confidence about how residents were supported and the changes that had been made due to the impact of Covid-19 on care and support provided to residents. The inspector found that staff had improved access to opportunities to attend regular training to ensure their skills were kept up-to-date and reflected residents' needs since the last inspection. Furthermore, oversight of this area of staff development was assisted by the introduction of a training matrix which showed when staff last received training and when refresher training was due in accordance with the provider's policies.

Records showed that staff had received up-to-date training in all areas apart from behaviour management where three staff members were still to undertake this training. However, it was confirmed by the person in charge and CNM2 that due to the staffing arrangements at the centre these staff would not work on their own and trained staff would be always work alongside them. Records further showed that staff had received up-to-date training through the provider's online resources in regards to the signs and symptoms of Covid-19, hand hygiene and the use of personal protective equipment (PPE).

Improvements had also been made following the last inspection in regards to the management of risk at the centre, with all risks now recorded in the centre's risk assessment folder. The person in charge also ensured that identified risks requiring additional action such as the condition of the centre's premises was included in the QIP and escalated to senior management.

Risk assessments reviewed were up-to-date and also subject to regular review by the CNM2 and then approved by the person in charge. In addition, risk management policies and risk assessments were also in place in response to the management of an outbreak of Covid-19, including a detailed Covid-19 contingency plan for the centre which looked at all aspects of care and support which may be impacted upon and the associated responses to ensure the continued operation of the centre, and meeting of residents' assessed needs.

Regulation 14: Persons in charge

Following the last inspection, the registered provider had recruited a Clinical Nurse Manager (CNM2) at the centre to support the person in charge. The addition of a CNM2 at the centre enabled the person in charge to have effective governance and oversight at the centre and be responsible for two other designated centres under their responsibility.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements had been reviewed following the last inspection and had ensured that suitable numbers of appropriately qualified staff were available at all times to meet residents' assessed needs. For example, nursing support was rostered to facilitate residents accessing the community where this was an assessed need.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular training, which ensured they were suitably skilled to support residents' assessed needs and their practices reflected current developments in health and social care. In addition, training arrangements had been put in place to ensure that staff were kept up-to-date on public health guidance and infection control practices relating to the management of an outbreak of Covid-19 at the centre.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management oversight at the centre had improved following the last inspection. Oversight had been improved through the appointment of a CNM2 who assisted the person in charge with the day-to-day operational management of the centre. Management audits had been reviewed following the last inspection and were consistently undertaken with the outcomes feeding into the centre's quality improvement plan which was updated weekly and reported on to senior management.

Judgment: Compliant

Quality and safety

Following the last inspection in December 2019, actions taken by the provider had led to improvements in the care and support provided to residents at Inbhear Na Mara. However, planned improvements to the premises had not been

fully addressed and were, on the day of inspection, subject to imposed delays due to restrictions associated with the management of an outbreak of Covid-19 t.

The previous inspection had found that although residents did access activities in their local community this was limited in nature, with some residents spending the majority of their time at the centre. However, following the last inspection, the person in charge had commenced weekly resident meetings, which facilitated residents to make choices about activities they wished to do both in the centre and local community. Discussions with staff and a review of activity-related documentation showed that residents had greater opportunity to access community facilities. The inspector noted that residents were regularly involved in trips to the local cinema, bowling alley, dances in hotels and musical concerts. In addition, residents went on shopping trips to local towns which also involved meals out and having a drink in local public houses. The provider had also ensured through effective staff rostering that where residents required nursing support to access their local community this was made available with two nurses being rostered during the day, and examples of a third nurse being regularly assigned at weekends.

In addition, to community-based activities, the centre also facilitated weekly activities at the centre which included external facilitators coming in to run music and art therapy sessions. One of the large communal rooms at the centre was used for art sessions and displayed recent art projects such as self-portraits and the making of decorative butterflies.

Due to the impact of the restrictions associated with the Covid-19 pandemic, community-based activities had been suspended from April 2020 at the centre due to the potential risk to residents. These measures also meant that externally facilitated activities such as music and art therapy were also suspended until further notice. However, records showed that a range of modified activities still continued especially as residents were unable to attend their day service placements.

Although residents were 'cocooning' since April, they were still involved in activities such as art sessions, exercise programmes and reminiscence work facilitated by the centre's residential staff. Residents also had access to the centre's sensory room and staff had facilitated an Easter party and celebrations for residents' birthdays. Staff had also supported residents to attend religious services through the radio and tablet broadcasts, and had also had summer picnics in the centre's grounds due to the recent good weather.

In addition, residents also had the benefit of additional staff at the centre due to the impact of Covid-19 restrictions resulting in the temporary closure of day services. This situation had resulted in day care staff being redeployed to Inbhear Na Mara, which led to greater opportunities for one-to-one activities for residents.

Records and discussions with staff also showed that since June 2020 and the easing of the need to 'cocoon', residents had taken advantage of the good weather and had started to again access their local community through regular walks to the local seafront which was only a small distance away.

Staff also told the inspector about how they had maintained residents' contact with their families during the Covid-19 pandemic, which had included supporting them to make regular phone calls, use social media video applications and also sending free postcards provided by An Post to their friends and families. Due to not all residents having access to a computer tablet, the centre had also purchased its own tablet and installed video call applications so that all residents had an opportunity to use this medium with their families. Staff also told the inspector that some relatives still came to see their 'loved ones' daily, with contact being facilitated through the centre's external facing windows.

In addition, to planning weekly activities with residents, the centre's regular resident meetings were also used to promote resident choice and involve them in the running of the centre. Discussions with staff and a review of resident meeting minutes facilitated since January 2020, showed that residents were supported to make choices on meals provided by the centre's chef. Staff also told the inspector that if on the day, anyone did not want any of the meal choices provided, the centre's chef would have no difficulty in providing an alternative of the resident's preference. Resident meetings were also used by staff to update residents on events and changes at the centre, which included plans for improvements to the centre's decoration and design, fire safety arrangements and updates on the measures in place due to risks associated with Covid-19.

The previous inspection had identified that the design and layout of Inbhear Na Mara was institutional in nature and many parts of the centre were not in a good state of repair. However, following the last inspection the provider had commenced work to address these findings. Prior to the Covid-19 pandemic, the provider had undertaken and completed damp proofing of all affected areas of the centre including a resident's bedroom. The provider had also engaged an architect to assess the centre's layout and provide plans to re-design parts of the centre including the kitchenette located in the large communal room close to the entrance of the centre to make it more homely and accessible to residents. Plans and funding for the kitchenette had been agreed; however, due to Covid-19 related restrictions, improvement works had been postponed. In addition to the kitchenette, planned and authorised decoration works to the communal areas and residents' bedrooms had also been temporarily postponed. The person in charge was eager for the works to progress and hoped this would occur in the near future, although this was subject to restrictions easing and the approval of senior management to recommence.

Improvements had also been made by the person in charge to the management of risk at the centre following the last inspection. Risk documentation had been reviewed and identified all risks currently being managed at the centre including arrangements associated with the management of an outbreak of Covid-19; due to the current pandemic.

Identified risks associated with the state of the premises had been appropriately assessed and closed when remedial works had been completed such as damp proofing. Where risks had required escalation to senior management it was evident from discussions with staff and documentation reviewed that this had occurred and

plans were in place to address. Reviewed risk assessments related to both residents' assessed needs and the day-to-day operations of the centre, and included measures to mitigate the risk and guide staff on actions to be taken, assessments were also subject to regular review to ensure their effectiveness.

Improvements had also been made in regards to guidance on fire safety arrangements at the centre, the previous inspection had found that guidance on evacuation arrangements for residents in the event of a fire was ambiguous in nature. Following the inspection, all guidance had been reviewed and updated to reflect the provider's arrangements for the compartmentalised evacuation of the centre in the event of a fire. Residents' personal emergency evacuation plans (PEEPs) had been updated to reflect the centre's evacuation plan and clearly guided staff on supports each resident would need to leave the premises safely in an emergency.

In relation, to the Covid-19 pandemic, the person in charge had developed a centre specific Covid-19 contingency plan for Inbhear Na Mara. The document was subject to regular review and updating in line with current public health guidance. A review of the plan showed that it was comprehensive in nature, giving clear guidance to staff on how an outbreak of Covid-19 would be managed at the centre.

Infection control measures were robust in nature at the centre, and had been further enhanced in light of public health guidance on the management of an outbreak of Covid-19. Staff were observed wearing face masks when providing care to residents and being unable to maintain two metre social distancing. In addition, personal protective equipment (PPE) was readily available along with alcohol hand sanitizer and disinfectant, with the person in charge explaining to the inspector the clear pathway they had to ensure re-supply as and when required.

Staff were knowledgeable about the management of Covid-19, with the person in charge and CNM2 ensuring that staff had accessed on line training in areas such as the use of PPE, hand hygiene and the signs and symptoms of Covid-19. The person in charge and CNM2 had also reviewed staffing arrangements in the light of Covid-19, which meant that residents were assigned set staff members to work with them during the day to reduce their risk of being exposed to multiple contacts. Staff stated that although this arrangement had been introduced as an infection control measure, it had been positive for residents as it ensured a consistency of approach by staff in supporting residents' assessed care needs.

Following the last inspection, personal planning arrangements for residents at the centre had been improved upon, a sample of personal plans were reviewed by the inspector and were found to be comprehensive in nature, up-to-date and clearly guided staff on how to support residents' assessed needs. Previously, it was found that a resident who had moved to the centre three months prior to the last inspection in 2019, had not had a personal plan developed to meet their needs. A personal plan was now in place for the resident and clearly detailed their needs and support requirements. Accessible personal plans had also been introduced for all residents according to the person in charge, and these were evident in the plans

sampled.

Where residents support needs required the use of restrictive practices, the person in charge had ensured that following the last inspection these were all subject to a review by multi-disciplinary professionals; such as occupational health and psychology, to ensure their suitability and the least restrictive option available. Restrictive practices in use at the centre had clear rationales in place on how, when and why they were used to meet residents' assessed needs in order to guide staff.

Behaviour support plans were also reviewed by the inspector, where residents required support due to behaviours of concern. Those behaviour support plans reviewed were up-to-date, subject to a regular review on their effectiveness and clearly guide staff on the behaviour and recommended proactive and reactive support strategies to be adopted.

Regulation 13: General welfare and development

Prior to the implementation of Covid-19 related restrictions, the inspector found that activities available to residents had been improved upon, with greater opportunities to access their local community as well as externally facilitated activities being offered in the centre. With the implementation of restrictions due to Covid-19, residents had been 'cocooning' leading to a suspension of community-based activities, although during this time residents had been facilitated to do a range of group or individual activities within the centre. Residents were also taking advantage of accessing the local seafront following the easing of restrictions.

Judgment: Compliant

Regulation 17: Premises

Improvement had commenced to the state of repair of the building since December 2019, with damp proofing being completed in all affected parts of the centre. Plans were also approved from decoration of the communal areas and residents' bedrooms as well as the kitchenette. However, due to Covid-19 restrictions these plans had been postponed and their completion was subject to the easing of restrictions and instruction on recommencement from senior management.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management arrangements had improved at the centre, with risks to residents' safety being identified and appropriate control measures implemented. Where risks required further actions to mitigate their effects, the person in charge ensured they were escalated to senior management in-line with the provider's policy. In addition, risk management interventions were subject to regular review to ensure they were effective in nature and protected residents.

Judgment: Compliant

Regulation 27: Protection against infection

Areas of the designated centre observed by the inspector were maintained to a good standard of cleanliness. Infection control arrangements at the centre had been reviewed, updated and implemented in line with public health guidance on the management of an outbreak of Covid-19.

Judgment: Compliant

Regulation 28: Fire precautions

Following the last inspection, fire evacuation arrangements had been reviewed ensuring with both the centre's evacuation policy and residents' individual personal emergency evacuation plans (PEEPs) reflecting the need for a compartmentalised evacuation of the centre in the event of fire. Furthermore, residents' PEEPs had been updated to clearly guide staff on each residents' support needs in an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were subject to regular review and a personal plan had been put in place to meet the needs of a resident who had transitioned to the centre three prior to the last inspection in December 2019. Furthermore, accessible personal plans had been put in place to communicate to residents the key aspects of care and support they would receive from staff to meet their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of healthcare professionals in line with their assessed needs. Due to the impact of Covid-19, arrangements were in place to support residents' health needs either through on site visits with healthcare professional wearing PPE or through social distanced or telephone assessments.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices in use to support residents' needs at the centre had been reviewed since the last inspection to ensure they were least restrictive option available. Those practices still in use had clear protocols in place on when, how and why they should be used and were subject to regular review to ensure their ongoing suitability. Although staff were knowledgeable about residents' support needs if they exhibited at times behaviours of concern, not all staff had received training on the management of behaviours that is challenging and a date was not scheduled for this to occur.

Judgment: Substantially compliant

Regulation 8: Protection

There were no identified safeguarding concerns at the centre on the day of inspection; however; all staff had received up-to-date training on the safeguarding of vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

Following the last inspection, weekly resident meetings had commenced which informed residents about their rights, developments at the centre and facilitated them to make choices about planned social activities and meals provided at the centre. In addition, residents were supported by staff to maintain contact with their

families and friends, which due to the impact of Covid-19 restrictions and the residents 'cocooning', included the use of the telephone, postcards, social media video applications and window visits by their families.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Inbhear Na Mara OSV-0002496

Inspection ID: MON-0029491

Date of inspection: 03/06/2020

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In order to bring the service into compliance with this regulation the following will be undertaken:</p> <ul style="list-style-type: none"> • Residents Bedrooms will be painted and decorated in line with resident’s wishes – scheduled for completed by 30/09/2020. • Residents will be supported to personalise the living areas throughout the centre including bedrooms, bathrooms and communal areas. <p>The kitchenette will be upgraded to include a hob, oven, extractor fan and a range of cooking and baking utensils. This will be completed by 30/09/2020. Residents will be supported by staff to access this kitchen for baking and preparation of snacks and meals in line with residents’ preferences and wishes.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: In order to bring the service into compliance with this regulation the following will be undertaken: Training in the management of behaviours of concern has been scheduled for staff who require same and this will be completed by July 31st 2020.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/09/2020
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.	Not Compliant	Orange	30/09/2020
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	Substantially Compliant	Yellow	31/07/2020

	intervention techniques.			
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