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:	Grangebective
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	15 December 2021
Centre ID:	OSV-0001913
Fieldwork ID:	MON-0035103

About the designated centre

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

Grange Bective provides support to five residents aged 18 years or older. The centre consists of a two storey, dormer style bungalow, situated outside a large town in County Meath. The centre includes an independent living unit which can accommodate one resident and is connected to the bungalow by a hallway and connecting door. There is a large garden to the back of the property where residents can enjoy sitting out. Residents are supported 24 hours a day, seven days a week by a person in charge, team leaders, and support workers. There are six staff and one team leader on duty each day and two waking night staff and a sleepover staff on duty each night. The person in charge is employed on a full time basis, but is also responsible for another designated centre under this provider.
Transport is provided for residents to avail of activities in the community.

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 15 December 2021	10:00hrs to 18:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall this centre had went through significant changes over the last number of months which had resulted in a shortfall of staff and changes in the management structures. This had directly impacted the quality of services being provided and resulted in a number of improvements being required in the regulations inspected against to assure a safe service and to ensure that the provider was meeting the requirements of the regulations.

On arrival to the centre, most of the residents were preparing to go out on planned activities for the day. One resident was visiting family and was not in the centre.

The inspector did not get to speak to residents formally about the services provided in the centre and did not get to meet all of the residents as they were either out on activities, or did not want to meet the inspector. The inspector met three of the residents informally and introduced themselves to the residents. The residents appeared happy and were engaging with the staff member who was supporting them on the day.

One resident was observed enjoying a snack and smiling when the staff member engaged with them. The staff were observed to treat the residents in a caring a dignified manner.

The inspector observed that the centre was very busy and observed one example where a resident was supported with their likes and personal preferences. For example; it was very important for this resident to ensure that everything in their home was neat and tidy before they left to go on an outing. The staff were observed supporting the resident in a patient and respectful manner during this, as the resident could become anxious if an item in their home was out of place.

The premises were spacious but were in need of modernisation, updating and required a deep clean. This is discussed later in the report. Each resident had their own bedroom. The apartment attached to the main house was not visited on the day of the inspection as the resident living there was not happy to meet with the inspector earlier in the day and in the afternoon had gone on a shopping trip to buy Christmas presents.

There was a sensory room in the home which provided a quiet space for the residents. Sensory objects such as tactile boards and soothing sensory lights were available.

Pictures were displayed on the notice board in the kitchen to inform the residents what staff were on duty in the centre and what meals were being provided that day. One resident had a picture exchange communication system book (PECS) which enabled the resident to communicate their preferences by choosing pictures of

specific items they wanted, like food or drinks or different activities they might like to do.

The next two sections of this report outline in more detail the improvements required in this centre to assure a safe quality service to the residents living here.

Capacity and capability

This inspection was carried out following the receipt of unsolicited information to the Health Information and Quality Authority (HIQA) which outlined some concerns regarding staff supports, safeguarding, infection control procedures and the supervision of residents. At this time the provider was required to submit a provider assurance report outlining how they were meeting the requirements of the regulations. This was submitted and at the time assurances were provided. The provider had also identified some areas of improvement from this report. The purpose of this inspection was to ensure that the provider had those arrangements in place.

The provider had also notified the chief inspector of a serious incident that had occurred in the centre in October 2021. At that time assurances were requested and submitted to HIQA from the person in charge to ensure that the residents were in receipt of a safe service. Those assurances were also followed up as part of this inspection.

Overall the inspector found that improvements were required in a number of regulations in order to assure a safe quality service to the residents living here. Some of those improvements had already being identified by the provider through their own audits prior to this inspection and the inspector found examples of where the provider had put plans in place to address these going forward.

The inspector found that the provider for the most part had implemented the actions outlined in the assurance reports submitted to HIQA prior to this inspection to ensure a safe service. However, it was evident that there had been a number of changes in terms of the management and oversight; and the staffing arrangements in the centre which was impacting on the quality and safety of care to the residents.

The inspector was assured somewhat by the fact that the provider had identified some of these improvements through their own audits and had taken a number of steps to address the issues prior to the inspection. Notwithstanding this, improvements were required in a number of the regulations inspected.

While there was a defined management structure outlined in the statement of purpose for the centre, a number of changes had occurred over the last number of months to the management structures in the centre. For example; there was a shortfall of team leaders, the person in charge who was employed full time and only responsible for this centre had left and a new person in charge had been appointed.

The new person in charge appointed was also responsible for another designated centre. This meant that there was a reduction in the oversight arrangements in the centre. The registered provider through their own audits had observed that this arrangement was not adequate. As a consequence of one internal audit the registered provider had made arrangements to change the management structure in the centre. A new person in charge had been recruited, a new person participating in the management of the centre would also be appointed. This person would spend two days a week in this centre to support and mentor the new person in charge and provide support to the team leaders. This process had begun at the time of the inspection and a team meeting was being held with the team leaders on the day of the inspection.

This audit had also found that improvements were required in a number of areas to ensure that the residents here received a safe quality service. The areas of improvement observed included, a deep clean of the premises which was due to take place the week following this inspection. Significant updates to the premises which included new flooring, a new kitchen, and new furniture. The records stored in the centre were not kept up to date and therefore did not always guide staff practice.

The inspector spoke to the registered provider over the phone on the day of the inspection who provided assurances around the arrangements they had put in place to ensure effective oversight of the centre. They acknowledged that this centre required improvements in a number of areas including the arrangements for residents to be engaged in more meaningful days. Most of the residents did not attend a formal day service arrangement and the provider had recognised that providing a more structured day may be more beneficial to the residents in the centre.

The provider had also instigated a full review of the assessed needs of the residents to ensure that adequate supports were in place to meet those needs at all times. This assessment was due to commence the week after the inspection.

The inspector found that the staffing arrangements in this centre were not appropriate to meet the assessed needs of the residents everyday. The centre had just managed an outbreak of COVID-19 which had resulted in a shortfall of staff. There had also been a high turnover of staff in the preceding months. As a result there were times in the centre when the required staffing levels to meet the assessed needs of the residents were not in place.

The registered provider had a policy in place which outlines the required number of hours in order to meet the residents needs in the centre. This was in line with the staff numbers employed as outlined in the statement of purpose for the centre. They also had a policy whereby in the event of a shortfall of staff and in an emergency that there was an arrangement for a specific amount of staff to be present which was considerably lower that those outlined in the Statement of Purpose. The inspector found that this was not in line with the assessed needs of the residents, all of whom were required to be supported by one staff in the centre and two staff when they were in the community. The inspector was informed that

the staffing arrangements in the centre based on the assessed needs of the residents included six support workers and a team leader working every day. At night two waking night staff and one sleepover staff (the team leader) should be on duty every day. The inspector found that there were numerous occasions where this had not happened over the last number of weeks.

The inspector was not assured that given the needs of the residents this arrangement was safe or enabled residents to receive a quality service. The inspector was provided with assurances that the staffing levels would remain at the required levels and in line with those outlined in the statement of purpose for the centre the day after the inspection.

The provider was also addressing the staff vacancies at the time of the inspection. New staff were being recruited and two new staff had started in the centre on the day of the inspection. The staff had been provided with a two week induction and training programme and were also shadowing full time staff in the centre, in order to get to know the residents' needs.

A number of staff were met on the day of the inspection. All of them reported that they felt very supported in their role and in general had no concerns about the quality and safety of care in the centre. Staff reported that following a serious incident in the centre, that both a resident and staff had been provided with support from the management team with this. For example; the staff had been provided with additional training in order to support the resident. Meetings had also been held with staff members to ensure they felt supported after the incident.

However, following this incident the staff hours had been increased to support the resident and ensure that they were safe. The inspector found that the staff were not fully aware of the hours to be provided to this resident during the day. This required review and as stated written assurances were provided to the inspector to ensure this going forward.

Staff had been provided with training in a number of areas to ensure that they had the skills to support the residents. This included training and refresher training in fire safety, positive behaviour support, safeguarding vulnerable adults, first aid and the safe administration of medication. However, some staff reported that they were still unsure if they were fully skilled to meet the needs of one resident in the centre. This is discussed in the next section of this report under positive behaviour support.

The records in the centre required significant review. This had been identified in the registered providers own audit of the centre in November 2021. For example; risk assessments in place had not been updated following incidents and they had not been reviewed within the required time frames.

The inspector reviewed a sample of incidents that had occurred in the centre since the last inspection and found that the registered provider and the person in charge had notified the chief inspector as required under the regulations.

There was a statement of purpose available in the centre which had recently been updated and contained the requirements of the regulations. However, the statement

of purpose referred to the providers own policy to provide safe staffing levels in the centre, meaning that one staff could be on waking nights with one sleepover staff. This was not in line with the assessed needs of the residents at the time of this inspection.

Regulation 15: Staffing

There were times in the centre when the staffing levels were not sufficient to meet the assessed needs of the residents.

There were a number of staff vacancies which resulted in a reliance on agency and relief staff at the time of the inspection.

Following an incident in the centre the staff hours had been increased to support the resident and ensure that they were staff. The inspector found that the staff were not fully aware of the hours to be provided to this resident during the day.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had been provided with a range of in service training to support the residents. Some improvements were required as referenced under Section 2 of this report. Staff received supervision from the team leader or person in charge.

Judgment: Compliant

Regulation 21: Records

The records in the centre required significant review. This had been identified in the registered providers own audit of the centre in November 2021. For example; risk assessments in place had not been updated following incidents and they had not been reviewed within the required time frames.

Judgment: Not compliant

Regulation 23: Governance and management

The governance and management arrangements in the centre were not sufficient at the time of the inspection. This had already been identified by the provider, who had plans in place to address this going forward.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose referred to the providers own policy to provide safe staffing levels in the centre, meaning that one staff could be on waking nights with one sleepover staff. This was not in line with the assessed needs of the residents at the time of this inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of incidents that had occurred in the centre since the last inspection and found that the registered provider and the person in charge had notified the chief inspector as required under the regulations.

Judgment: Compliant

Quality and safety

Overall on the day of the inspection the residents were engaged in a number of activities in the community. However, a number of improvements were required under risk management, infection control, general welfare and development, personal plans and the premises to ensure that the residents were receiving a safe quality service.

As stated earlier the premises required updates which the provider had already identified and had plans in place to address these going forward. This was taken into consideration as part of the judgement of this regulation.

There were infection control management systems in place. However, improvements were required in this area. For example; the centre required a deep clean as identified by the provider. The contingencies in place to manage a shortfall of staff were not effective and needed to be reviewed going forward should an incident like this occur in the centre again. One of the bins in the centre did not have a lid, the flooring in the premises were torn in areas, which posed an infection control risk. Some of the walls were marked and curtains in a sensory room were stained. Cleaning schedules were in place, however, some of the records were not available as they could not be found. There were systems in place to monitor the residents and staff for symptoms of COVID-19.

Each resident had a personal plan in place. The provider was in the process of completing a full review of these records and the assessed needs of the residents to ensure that records were up to date, relevant and guided practice. In order to ensure this, a full review which was due to start the week after the inspection was being undertaking by a nurse and another manager to ensure that the residents' assessed needs were identified and met. This provided some assurances to the inspector, however, given that the residents needs were still being fully assessed the inspector was not assured that the required supports were in place to meet the needs of the residents at the time of this inspection.

While the inspector observed that residents were actively engaged in activities on the day of the inspection, the registered provider had recognised that the residents in the centre may benefit from a more formalised day service. In addition, as already stated sometimes the staffing levels in the centre impacted on the residents ability to go out in the community.

The registered provider had risk management systems in place. However, some of these risk assessments had not been updated and there were times in the centre when the control measures outlined could not be implemented. For example; all of the residents had risk assessments in place which stated that they required one to one support in order to mitigate some risks. However, as stated the provider did not always have the required number of staff on duty to facilitate this. This also impacted on the quality of life of the residents, as in those incidents community activities could not always be facilitated. This required review.

The inspector also found that a control measure in place for one resident, which included checking the residents room every day to ensure that the area was safe was not recorded by staff. This also required review.

All staff had been provided with training in safeguarding vulnerable adults. The staff were aware of safeguarding measures in place in the centre to protect the residents from abuse. The provider had notified the chief inspector of one incident that had occurred in the centre. The inspector was assured that this had been followed up and the provider had taken actions to review and mitigate the risk to the residents.

The residents had support plans in place to manage their anxieties which sometimes resulted in behaviours of concern. The staff spoken with had been provided with training in order to support the residents. However, as stated some staff were not

assured that they had the appropriate skills to support one resident. For example; following a serious incident a report had been made available to the staff team regarding this residents mental health status. This required review to ensure that the recommendations and control measures were adequate in the centre to maintain a safe service for the resident and staff. And to ensure that the staff had the necessary skills to provide these supports to the resident. This needed to be addressed by the provider.

Regulation 13: General welfare and development

The registered provider had recognised that the residents in the centre may benefit from a more formalised day service. In addition, as already stated sometimes the staffing levels in the centre impacted on the residents ability to go out in the community.

Judgment: Substantially compliant

Regulation 17: Premises

The providers audits had identified a number of improvements required in the premises. This included, a deep clean of the premises which was due to take place next week. Significant updates to the premises which included new flooring, a new kitchen, and new furniture.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Some risk assessments had not been updated and there were times in the centre when the control measures outlined could not be implemented.

A control measure in place for one resident, which included checking the residents room every day to assure that the area was safe was not recorded by staff. This also required review.

Judgment: Not compliant

Regulation 27: Protection against infection

At the time of the inspection the centre required a deep clean.

One of the bins in the centre did not have a lid.

Some of the flooring in the premises were torn in areas, which posed an infection control risk.

Some of the walls were marked and curtains in a sensory room were stained.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

At the time of the inspection the inspector a full comprehensive assessment of need was been undertaken by the provider for each resident. As a result the inspector was not assured that the required supports were in place to meet the assessed needs of the residents at that time.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Some staff met were not assured that they had the appropriate skills to support one resident. This needed to be addressed by the provider.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding vulnerable adults. The staff were aware of safeguarding measures in place in the centre to protect the residents from abuse. The provider had notified the chief inspector of one incident that had occurred in the centre. The inspector was assured that this had been followed up and the provider had taken actions to review and mitigate the risk to the residents.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Grangebective OSV-0001913

Inspection ID: MON-0035103

Date of inspection: 15/12/2021

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:

- The Registered Provider has re-assessed the resident's needs and staffing levels are in line with assessed needs. The daily staffing is 6 support workers on shift daily, 2 waking night duty support workers and 1 team leader on sleep over duty daily. Commenced 16/12/2021

- The Registered provider has recruited 4 WTE support workers to fill identified vacancies [30/12/21]. The candidates are now in pre-employment check phase of recruitment. Commenced 30/12/2021

- The registered provider continues to recruit for 2 WTE remaining support worker vacancies. To be completed by 31/03/2022.

- The Registered Provider is currently recruiting for 1 WTE team leader. To be completed by 28/02/2021

- The Registered Provider has employed a full time 39 hour Person in Charge for the centre. To commence 31/01/2022.

- The Registered Provider will ensure all staff are aware of staffing level resource within the Centre. This will be communicated to staff in staff meeting. To be completed by 01.02.2022

- The Registered Provider has increased staffing level to support one resident to 10 hours per day. This has been communicated to staff in staff meeting January 2022. Commenced 16/12/2021

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
- The Registered Provider has completed a judgement framework in centre which details a quality improvement plan for records. Commenced 31/12/2021

- The registered provider organization has commenced the piloting of a new online care planning system. All resident's changing health needs will be captured through the online care plan. Commenced Dec 2021

- The registered provider will review all residents' personal plans and risk assessments, and residents' folders to ensure information is accurate and up to date. To be completed by 10.02.2022

- The registered provider will review and improve the process and systems of record keeping procedures in the centre. To be completed by 28.02.2022

- The registered provider will ensure archiving in centre is completed in line with policy. To be completed by 28.02.2022

- The Registered Provider will ensure all risk assessments are consistently updated following each incident when required. Commenced 30/12/2021

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
- The registered provider will ensure staffing resource in place is in line with the assessed needs of residents. Completed on 14/01/2022.

- The registered provider continues recruitment for two remaining vacancies. This vacancy is currently been backfilled by consistent agency staff. To be completed by 31.03.2022

- The Registered Provider has recruited 4 WTE identified vacancies to fill identified vacancies [30/12/21]. The candidates are now in pre-employment check phase of recruitment. Commenced 30/12/2021

- The registered provider continues to recruit for 2 WTE remaining support worker vacancies. To be completed by 31/03/2022.

- The Registered Provider is currently recruiting for 1 WTE team leader. To be completed by 28/02/2021

- The PPIM will be allocated to the centre for two days weekly. Commenced on 03/01/2022. To be reviewed 30/03/2022.

- The registered Provider has employed full time 39 hour WTE Person in Charge for centre. To commence 31/01/2022

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
- The Registered Provider has re-assessed the resident's needs and staffing levels are in line with assessed needs. The daily staffing is 6 support workers on shift daily; 2 waking night duty support workers and 1 team leader on sleepover duty daily. Commenced 16/12/2021

- The Registered Provider has reviewed the Statement of Purpose to ensure all information is in line with the Centre's requirements. Completed 14.01.2022

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
- The registered Provider has completed a full review of residents assessed needs. Completed 14.01.2022

- Following the review of resident's needs, all residents' personal plans and risk assessments will be updated to reflect needs. To be completed by 11.02.2022

- The Registered provider has arranged multi-disciplinary meetings for individual service users to discuss day centre opportunities. To be completed by 28.02.2022

- The Registered Provider will ensure a meaningful day activity schedule continues to be

in place to support residents in the absence of day service. To be completed by 21.01.2022

- The Registered Provider will ensure staffing levels are maintained at all times to facilitate community access in line with resident(s) wishes and their activity schedules. Commenced 16.12.2021

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
- The Registered Provider has a clear action plan and schedule of works relating to a significant upgrade to the premises. These actions will upgrade and modernize the property and will include all issues identified during the inspection. To be completed by 30/04/2022

- The PPIM will ensure the cleanliness of the Centre is checked monthly in the monthly monitoring visit. Commenced 31.12.2021

- An environmental audit will be completed monthly by the Person in Charge. Any issues raised within the audit are escalated to the PPIM and Director of Care, Health and safety officer and/or Head of Property as appropriate. Commenced on 31.12.2021.

The registered Provider will complete a deep clean of the Centre. To be completed 25.01.2022

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
- The clinical nurse lead and Head of Operations completed a review of residents assessed needs. Completed 14.01.2022

- The registered provider will ensure resident's individualized risk assessment management plans are updated to include all known risks. To be completed by 11.02.2022.

- The Person in Charge has updated the risk register to include all known risks in the Centre. Completed 31.12.2021.

- The Registered Provider will ensure that the Head of Operations while completing the monthly monitoring visit will escalate any risk concerns for the attention of the Director and Health & safety. Commenced 31/12/2021

- The Registered Provider will maintain staffing levels to ensure appropriate control measure are in place at all times in order to mitigate risk. The PPIM will monitor staffing levels through weekly hours monitoring system. Commenced 20/12/2021

- The Person In Charge has commenced a recording sheet for resident's daily checks. The PPIM will monitor and review checks weekly. Commenced 04/01/2022

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
- The registered Provider will complete a deep clean of the Centre. A further deep clean of the centre will be completed by January ending. Completed 24.12.2021 and to be re-completed by 25.01.2022.

- An environmental audit will be completed monthly by the Person in Charge. Any issues raised within the audit will be escalated to the Director of Care, Health and safety officer and/or Head of Property as appropriate. Commenced on 31.12.2021

- Further oversight of the cleanliness of the Centre will be monitored in the monthly monitoring report which is completed by the Head of Operations. Commenced 31.12.2021

- An organizational policy which is reflective of the National policy is in place to guide best practice in relation to infection control practices, local procedures such as the cleaning schedule will be reviewed in line with this policy. Commenced 01.01.2022

- The Registered Provider will complete a significant property upgrade and refurbishment to include all items in this report are addressed. To be completed by 30/04/2022

- The Person in Charge has purchased new bins throughout the Centre. Completed 31.12.2021

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
- The clinical nurse and Head of Operations have reviewed all assessments and personal plans to ensure they are reflective of current assessed need and support requirements. Completed 14.01.2022

- The clinical nurse and Head of Operations have ensured that the plans in place include supports required to meet the individual social care needs of residents. Completed 14.01.2022

- The Person in Charge will ensure identified referrals are forwarded to multi-disciplinary professionals following review of residents assessed needs. Commenced 14.01.2022

- The residents' personal plans will be updated following review of assessed needs. This will be completed by 11/02/2022.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
- The Registered Provider has commenced behavioural workshops for staff in December 2021. The behavioural consultant will continue to hold workshops monthly for staff until March 2022. The head of Operations and Person in Charge will review in March to identify if further workshops are required. Commenced December 2021.

- Behavioural support has increased in line with the residents needs in the Centre from December 2021 and this will continue until March 2022. The Head of Operations will review in March to identify if further support is required. Commenced December 2021. To be completed 31.03.2022

- Additional scheme specific mental health training will be provided to staff team by learning and development. To be completed by 31.03.2022

- The registered provider has re-assessed all resident's needs to ensure staffing/skill mix is in line with assessed needs. Completed 14.01.2022

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	28/02/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/03/2022

Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/03/2022
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	30/04/2022
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.	Not Compliant	Orange	28/02/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	14/01/2022
Regulation 23(1)(b)	The registered provider shall ensure that there	Substantially Compliant	Yellow	31/03/2022

	is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	11/02/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/01/2022
Regulation 03(1)	The registered provider shall prepare in writing	Substantially Compliant	Yellow	13/01/2022

	a statement of purpose containing the information set out in Schedule 1.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	11/02/2022
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	31/03/2022