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:	Beauvale Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	15 June 2023 and 16 June 2023
Centre ID:	OSV-0002354
Fieldwork ID:	MON-0034733

About the designated centre

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

Beauvale Residential is a designated centre operated by St Michael's House located in North County Dublin. It provides a community residential service to six adults with a disability. The designated centre is a large two-storey house which comprises of a main house and adjoining apartment. The main house consisted of a sitting room, quiet room, utility room, a kitchen/dining area, five individual bedrooms, a staff room, a toilet and a shared bathrooms. The adjoining apartment consisted of a living area, bathroom and an individual bedroom. The designated centre is located close to community amenities e.g. hospital, health centre, local shops, church, clubs and pubs. The centre is staffed by the person in charge, clinical nurse manager, staff nurses and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 15 June 2023	09:30hrs to 12:00hrs	Karen McLaughlin	Lead
Friday 16 June 2023	14:00hrs to 17:00hrs	Karen McLaughlin	Lead
Thursday 15 June 2023	09:30hrs to 12:00hrs	Kieran McCullagh	Support
Friday 16 June 2023	14:00hrs to 17:00hrs	Kieran McCullagh	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. It was carried out as part of the regulatory monitoring of the designated centre. Inspectors found that aspects of the care and support provided to residents in the centre was effective and of a reasonably good quality however, improvements were required to ensure suitable arrangements were in place to meet residents' assessed needs at all times.

The centre comprised of a two-storey house located in a housing estate in North County Dublin. The centre was located close to many services and amenities, which were within walking distance and good access to public transport links. The centre had the capacity for a maximum of six residents, at the time of the inspection there were five residents living in the centre full-time.

The inspectors used observations, in addition to a review of documentation, and conversations with staff to form judgements on the quality of service provision, compliance with the regulations and residents' quality of life.

The inspection took place over two consecutive days, with inspectors completing a walk around of the centre on the morning and meeting with some residents on the first day and a review of documentation on the afternoon of the second day.

The person in charge accompanied the inspectors on an observational walk around of the centre on the first day of the inspection. Overall, it was found to be clean, bright, homely, nicely furnished, and the lay out was appropriate to the needs of residents living there.

Visual communication arrangements for residents were observed during the walk around of the centre. For example, inspectors observed picture signs at the entrance to each room to indicate what room it was. Inspectors also observed a communication board in the hallway. It contained information on advocacy services, safeguarding information, an easy-to-read guide to making a complaint and a local community newsletter. The staff rota was displayed using photos of staff coming on shift.

The centre's contingency plan and infection prevention control folder was conveniently located at front door, as was the provider's visitor policy and the mission statement.

The communal sitting room was big and spacious, and one resident showed the inspectors a box of knitting they enjoy using. There was photos of residents on the walls and a letter from a neighbour to a resident on display on the mantel piece.

There was a designated visitor's room with a television, books, DVDs and a computer. Residents also had access to this room and it was clear that residents

liked to enjoy this space for their own recreation.

All the bedrooms were personalised to the residents' tastes with art-work, photos of family and of residents attending events and activities on display.

The kitchen was busy and accessed regularly by all residents throughout the day for meals and also just to spend time in. The fridge was clean and food was labelled and in date. There was a separate fridge for one resident who had specific dietary requirements. There was a visual activity board on display for all to access and waste disposal systems in place. The kitchen was stocked with colour coded chopping boards however, they were tired and worn looking and needed replacing. The menu plan on the fridge was not visual and therefore did not support residents communication needs.

Some areas of the house were in need of attention, for example the upholstery of some furniture was torn and held together with tape which was peeling, impacting on the ability to properly clean and sanitise surfaces. Laminate was peeling off a wardrobe and a black out blind in one of the bedrooms was off the window. In another bedroom there was mildew developing around a window and on the window sill.

The inspector had the opportunity to meet with some residents and observe interactions in their home during the course of the inspection. Some residents communicated verbally and other residents used other methods of communication.

Two residents were provided their day service on site which was in line with the their assessed needs. Another resident had chosen to reduce their day service attendance with a view to retire. The inspector observed a resident having her hair styled in the morning and choosing what she would like for breakfast thereafter. Another resident spent time in the garden listening to music.

On observing residents interacting and engaging with staff, it was obvious that staff could interpret what was being communicated to them by the residents. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident. On briefly speaking with staff throughout the day, the inspector found that they were familiar with the residents' different personalities and were mindful of each resident's uniqueness and different abilities.

The provider's recent annual review of the centre had consulted with residents and their representatives. One resident said "I have no complaints, I am happy" and another said "I have my say at house meetings with other residents". One family member commented that the "staff are supportive and kind" and they "always get a great relaxed welcome". Staff said they "feel they support residents well" and do this through "teamwork and communication", they also said that "regular permanent staffing could be improved".

Overall, the inspector observed that residents appeared content and relaxed in their environment and in the company of staff. Inspectors observed staff engaging kindly with residents and respecting their choices, and it was clear that they knew each

other well. Inspectors spoke with the person in charge, Clinical Nurse Manager 1 (CNM1), staff on duty and the service manager. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents and commitment to ensure a safe service for them.

From what inspectors were told, read and observed during the inspection, it was clear that the staff team endeavoured to provide residents with a good quality and safe service. However, aspects of the service required improvement by the provider to ensure residents were safe and that adequate arrangements were in place to meet their needs.

This is discussed in the next two sections of the report which present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs. However, some improvements were required to these systems and associated arrangements to ensure that they were effective.

The provider was demonstrating they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. The person in charge worked regular shift pattern on the roster with assigned management days.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre.

The were also additional quality oversight arrangements in place to monitor and review the quality of services provided within the centre such as a daily duties folder including a cleaning schedule, infection prevention control (IPC) checklist and a fire safety checklist.

Improvement was required in systems of oversight of matters related to the routine operation of the designated centre. For example staff training and development, follow up on outstanding premises issues, including storage and outstanding items

identified in the providers recent IPC audit.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. On the day of the inspection, there was one permanent full-time vacancy and one permanent part-time vacancy. The vacancies were managed well to reduce any impact on residents, and familiar agency and relief staff were used to support the consistency of care for residents. The person in charge said that extra staffing had recently been sourced.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

However, not all staff had completed or were scheduled to complete mandatory training and refreshers within a suitable time-frame. A review of the staff training log showed that some training was overdue, this required improvement to ensure staff had up-to-date knowledge and skills to ensure good quality care and support for residents.

The person in charge provided support and formal supervision to staff working in the centre. Some formal supervision was overdue, however staff spoken with advised inspectors that they were satisfied with the support they received.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Regulation 14: Persons in charge

The designated centre was managed by a suitably qualified and experienced person in charge.

The person in charge was full-time and had oversight solely of this designated centre.

There were suitable arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

The provider had ensured there was a suitable skill-mix of staff working in the centre to meet the assessed needs of residents. The staff team comprised of a team of nurses, direct support workers, and social care workers.

On the day of inspection, there was two vacancies, one full-time and the other part-time in the staff complement. The person in charge arranged for regular relief staff to cover vacant shifts, to promote continuity of care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training audit record, dated May 2023, reported on the training needs for staff working in the centre. The audit showed a large number of staff required training in a number of areas.

For example:

- Two staff required training in fire safety
- Two staff required training in positive behaviour support, a further three were waiting to complete their probation to be able to access this training
- One staff required training in safeguarding
- Four staff required training in infection, prevention and control

The staff training audit, reviewed by inspectors, required updating as it did not accurately reflect or capture training needs for staff working in the centre. For example, the training audit record stated the centre was 90% compliant regarding staff training.

In addition to the above, inspectors reviewed a sample of staff supervision files. Formal supervision, as per the provider's supervision policy and procedures, was to take place on a quarterly basis per year, however, this inspection found a total of five staff were overdue formal supervision.

Judgment: Substantially compliant

Regulation 23: Governance and management

For the most part, there were satisfactory governance and management systems in place in the centre that ensured the service provided was safe and effectively monitored.

This included a comprehensive audit folder which included an annual quality and safety report, medication management audit, infection prevention and control audits, a hygiene audit and a monthly data report. A six-monthly unannounced audit had recently been completed and the designated centre's annual review for 2022 was available for review on the day of inspection. The centre's fire checklist was signed daily as were the cleaning schedules.

However, the systems in place did not ensure that the service was appropriately resourced to meet the residents' needs at all times.

Some of the management systems in place were not effective in ensuring that the service provided was safe and effectively monitored. This included oversight of staff training and supervision, behaviour support plans and premises maintenance. For example, while the provider's own unannounced audit identified the premises to be in good repair, noting a few outstanding items from the recent IPC audit in march it did not identify storage as an issue. Furthermore, this was a regulatory finding from the previous inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the regulations.

A copy of the statement of purpose was readily available to the inspector on the day of inspection.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre.

While the inspectors found that aspects of residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support, some improvement was required in relation to the oversight of behaviour support plans,

premises and fire containment.

The inspectors completed a walk through of the designated centre accompanied by the person in charge. The house was generally clean and well maintained. However, there were some areas that required improvement and inspectors noted storage facilities in the centre required improvement.

Inspectors observed good fire safety systems including fire detection, containment and fighting equipment. The fire panel was addressable and there was guidance displayed beside it on the different fire zones in the centre. Inspectors observed the fire doors to close properly when released. However, some improvements were required as not all staff had completed mandatory fire training and the centre's fire evacuation plan required up-dating.

Inspectors reviewed a sample of personal support plans which were overall detailed, person-centred, and sufficient in providing guidance to staff on supporting health, personal and social support needs.

There was a comprehensive assessment of need in place for each resident. The assessment had been recently reviewed and reflected any changes to the residents' health and wellbeing. These assessments were used to inform detailed care plans which were written in a person-centred and respectful manner.

However, inspectors found that improvements were required to the oversight and audit of documentation in the centre particularly in relation to behaviour support plans.

There were systems in place to safeguard service users. The inspector also observed that residents appeared comfortable in their home and engaged positively with the staff team. A review of residents meetings showed that safeguarding was discussed regularly to support their understanding of safeguarding matters.

Regulation 17: Premises

Overall the premises was suitable for the number and needs of residents, including spacious and personalised living, dining and bedroom areas and large safe internal garden grounds.

However some areas of the centre required upkeep and maintenance.

For example:

- The paintwork on the stairs was scuffed and scrapped, as was the paintwork in the hall.
- In one of the bathrooms a towel rail was broken and half of it remained on the wall. There are plans to change improve the bathrooms upstairs by making them into one room with a walk in shower. The small bathroom is not

in use currently leaving only one bathroom available for four residents to access shower facilities.
- In one of the residents en-suite bathroom, there were holes in the wall and mould observed around the base of the bath.
- There was mildew around a bedroom window. This bedroom was vacant and not in use.

Furthermore, the storage facilities in the centre requirement improvement.

For example:

- The hot-press in the landing was messy and cluttered, inspectors saw that stationary and the hoover were being stored in it. This was observed on the last inspection and was then de-cluttered however, it was starting to fill up again.
- A press in the utility room had a number of administration files in it.
- In one resident's bedroom, there was an open hot-press being used to store a wheelchair, several suitcases and refuse sacks containing Christmas decorations.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had measures in place to protect residents and staff from the risk of fire. These included scheduled servicing of equipment such as extinguishers, alarms and emergency lighting, and a system of ongoing internal checks. The provider had ensured that fire doors were installed throughout the house and that self-closing mechanisms linked to the fire alarm were in place and operational.

The staff team had been provided with appropriate training regarding fire safety and evacuation. However, two staff were overdue training. Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances.

While there are suitable policies, procedures and appropriate fire safety management practices in places, however, inspectors identified that the centre's fire evacuation plan required up-dating. For example, the evacuation plan states that doors are "accessible to all", however during walk through of the centre inspectors observed a number of doors were locked internally, with keys in a break glass box on the walls beside. Not all the residents would have the capacity to use this measure in the event of a fire. However, personal emergency evacuation plans were on file for each resident and daily, weekly and quarterly checks were complete, up to date and signed off by the person in charge.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessments of need and personal plans were available for each resident. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had a yearly assessment of their health needs, and in general residents had a yearly meeting with allied health care professionals to review their care and support requirements

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff spoken with informed the inspectors that three residents required support in promoting positive behaviour. However, following review only one resident had an up-to-date positive behaviour support plan in place. One resident's plan had insufficient information detailing required supports and one resident had no plan in place. The inspectors were not assured that the systems in place to support residents with behaviours of concern were effective.

The provider had not been able to clearly determine a behaviour support plan for one resident and written guidance was not available for review on the day of inspection. This meant that information to adequately guide and support staff to manage behaviours that challenge, in a consistent way, was insufficient and therefore impacting on the quality of care the resident was receiving.

Where therapeutic interventions had been recommended, not all plans clearly demonstrated at what stage the intervention should be implemented. In addition, the use of the intervention had not been adequately risk assessed and guidance available to staff as to how to administer the intervention was not clear.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that

outlined the governance arrangements and procedures for responding to safeguarding concerns.

The centre's safeguarding folder included reporting guidance, frequently asked questions and a checklist for filling out and notifying the relevant agencies of safeguarding concerns. The provider also runs monthly adult safeguarding clinics.

There was accessible information on safeguarding available to residents and safeguarding was discussed at residents meetings, to support their understanding of safeguarding and protection.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns. The person in charge told the inspector she had just started to look at the current bed vacancy in the house and compatibility profiling with respect to the other residents already living here.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Beauvale Residential OSV-0002354

Inspection ID: MON-0034733

Date of inspection: 15/06/2023 and 16/06/2023

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: · Up to date Training Audit received 12/07/2023 · All staff have been scheduled for their mandatory in person training · 2x staff IPT Fire Safety – 19/07/2023 and all staff · 1x staff TIPS – 24/07/2023 · 7x staff TIPS – 16/08/2023 · 1x staff SAM – 20/07/2023 · 3x staff Diabetes – 20/09/2023 · Person In Charge and PPIM to ensure current outstanding online training will be completed by all staff by 31/07/2023 · Three staff currently on probation will be assigned dates for their Positive Behavior Support training once Probation has been signed off as Per St Michaels house Policy. · Supervision Meetings –Scheduled meetings with all staff identified for the year and outstanding support meetings to be completed by 31/07/2023. · In person Fire training Completed for all staff on 19/07/2023.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: · All staff have been scheduled for their mandatory in person training · 2x staff IPT Fire Safety – 19/07/2023	

· 1x staff TIPS – 24/07/2023
· 7x staff TIPS – 16/08/2023
· 1x staff SAM – 20/07/2023
· 3x staff Diabetes – 20/09/2023
· Up to date Training Audit received 12/07/2023.
· In person Fire training Completed for all staff on 19/07/2023.
· Person In Charge and PPIM to ensure current outstanding online training will be completed by all staff by 31/07/2023
· PIC to develop local system for ensuring ongoing monitoring of training.
· Supervision Meetings – Scheduled meetings with all staff identified for the year and any outstanding support meetings to be completed by 31/07/2023
· All Positive behavior support plans have been updated 2 updated in June and one updated in July- 19/07/2023
· Premises maintenance – reflected in health and safety monthly audit, tracker implemented in maintenance folder, to ensure submission and tracking of works with maintenance 14/07/2023
· Site meeting scheduled to take place with Head of Technical Service department by 18/08/2023 with a view to progress plans for upstairs bathrooms. Review storage areas in the house and develop plan for outstanding maintenance items to be addressed
· Storage issues are being addressed with the removal of clutter from the Hot press on the landing with the purpose of use now as only for Linen and Hoover 30/6/2023
· Removal of wheelchair, several suitcases and refuse sacks containing Christmas decorations from Hot press in residents room 30/6/2023
· All administrative files relocated to Staff ofiice on the 1st floor 30/6/2023

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
· Site meeting scheduled to take place with Head of Technical Service department by 18/08/2023 with a view to progress plans for upstairs bathrooms. Review storage areas in the house and develop plan for outstanding maintenance items to be addressed.
· Mildew around window in vacant bedroom cleaned 9/7/23
· Hot Press upstairs cleared- with the purpose of use now for Linen and Hoover 30/6/2023
· Hot Press in residents room cleared- 6/7/23
· Signage in place in both hot presses around function and purpose of the press 30/06/2023
· OT submitted funding request to HSE on 18/5/2023. OT has followed up on same but awaiting update. OT contacted Assistive Equipment Company directly latest contact 24/07/203. Awaiting update.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
· In Person FIRE Safety Training done for all Staff on 19/07/2023
· Beauvale fire evacuation plan has been updated and now reflects level of accessibility to certain areas and guidance to support 09/07/2023
· Walk through of Designated Centre completed with member of Positive Approaches Environmental Monitoring Group on 7/07/2023 and advised that the door from one resident's living space and bedroom to the rear of the property should remain unlocked during the day but locked at night for safety reasons.
· Consultation with fire officer regarding front of house access from two entry points, advised to keep it locked as the house is located on a major busy road and history of absconding. PAMG approval sought 8/7/2023

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
· All positive behaviour support plans have been updated-19/07/2023
· Formulation meeting held for one resident on 19/07/2023, all staff attended. Awaiting feedback report and recommendations.
· Emotional Wellbeing support plan for one resident, reflective of Positive Behaviour Support Plan has been updated. Information guides staff in a consistent manner in the support of the resident's emotional support needs- 30/06/2023
· Risk assessment updated 14/07/2023. All staff have read and signed as understood.

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	30/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out	Substantially Compliant	Yellow	31/03/2024

	in Schedule 6.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2023
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/07/2023
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency	Substantially Compliant	Yellow	31/07/2023

	procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	30/09/2023
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	30/09/2023