



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

## Issued by the Chief Inspector

Name of designated centre:	Saint John of God Kerry Services - Forge Park
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	10 September 2021
Centre ID:	OSV-0002919
Fieldwork ID:	MON-0027820

## About the designated centre

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

Saint John of God Kerry Services - Forge Park consists of one detached two-storey house and one semi-detached two-storey house, both located within the same housing estate in a town. This designated centre provides a residential service for a maximum of 8 residents with mental health needs, Intellectual disabilities and physical disabilities. Both male and female residents over the age of 18 can avail of the centre. Each house can provide a home for four residents and each resident has their own bedroom while other rooms in both houses include bathrooms, lounges, kitchens/dining areas and conservatories/sun rooms. Residents are supported by the person in charge, social care staff and nursing staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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
Friday 10 September 2021	10:15 am to 5:50 pm	Conor Dennehy	Lead

## What residents told us and what inspectors observed

Active efforts were being made in this designated centre to promote the rights and choices of residents. Residents were consulted and given information during residents' meetings and also through the personal planning process. While the two houses that made up this designated centre was very homely and well-furnished generally, some maintenance was required in some areas while there was a long standing issue with dampness in some residents' bedrooms.

This designated centre was comprised of two houses that were located within the same housing estate. While both of these houses were visited by the inspector, he spent the majority of the inspection in the first house visited. On arrival there was only one resident present with the other three residents who lived there having already left to attend day services operated by the same provider. The inspector greeted this resident but they did not engage with him. Consequently, the inspector used the initial period in this house primarily to speak to staff present and a person participating in management for the centre.

However, this time did also allow some opportunities to observe and overhear some resident and staff interactions. The one resident present was preparing to leave the house to attend day services also but was being supported to do so at their own pace. This resident was observed to move freely throughout the house while staff present at this time engaged with and supported the resident in an appropriate and respectful manner, For example, at one point the resident was in their bedroom and a staff member knocked on their door and asked if they needed assistance. When the resident answered no, the staff member respected this choice and did not enter.

After the resident left the house to attend their day service, the person in charge arrived soon after. This provided an opportunity for the inspector to discuss issues concerning the centre with them and to review documentation relating to the centre overall but mainly the house first visited. It had earlier been indicated to the inspector that there was some tension between some of the residents living in this house. This was evident from a review of incidents records available in the house with an increase in such incidents noted in recent months with such incidents having the potential to impact residents' quality of life.

However, it was seen that active efforts were being made to lessen the possibility and impacts related to such incidents. For example, some residents were supported to change their routines while the provider was also exploring potential reasons behind the recent increase in incidents. It was also noted how the provider had checked with residents to see if they were happy to continue to live in the house with records reviewed indicating that residents were happy to do so and considered the other residents they were living with as friends. To ensure that residents were appropriately supported in coming to their own decisions, it was seen that residents were availing of an independent advocacy service.

The possibility of one resident moving from this house to another designated centre run by the same provider had been raised but the resident clearly indicated their wish to remain in the current home and this was supported by the provider. Reference to this was contained within notes of resident meetings that occurred in the first house visited by the inspector. The inspector reviewed these notes and saw that they were facilitated by staff, took place on a monthly basis, provided residents with an opportunity to talk about things that they were doing and allowed for topics such as complaints, safeguarding and COVID-19 to be discussed with residents.

When reviewing the notes of the most recent resident meeting from this house it was seen that reference was made to there being dampness in some residents' bedrooms. During this inspection, two of the resident bedrooms of this house seen by the inspector were noted to have large areas of dampness on the ceilings with some evidence of mould also. The inspector was informed by the person in charge that such areas had been cleaned previously and that the provider was seeking to improve ventilation in these bedrooms to address such issues soon. It was noted though that the issues with dampness in residents' bedroom in this house had been a long standing issue. For example, it was also referenced in notes of a residents' meeting from January 2020.

Aside from this issue, this house was seen to be generally well maintained, well-furnished and homely with plenty of photographs of residents and their families on display throughout. The resident bedrooms seen during the inspection in house were also noted to be personalised. To the rear of the house was a garden area with some garden chairs and a small canopy present there. Some nice plants and colourful flowers were also evident in this garden and from records reviewed, it was noted how one resident helped in the maintenance of these as part of an identified personal outcome for them.

Personal outcomes were identified for residents as part of the individual personal planning process that was followed in this centre. Residents were actively consulted as part of this process to find out what was important to them and examples of personal outcomes for residents included doing more activities outdoors, having nights away in hotels, making visits to family members and pursuing courses. It was seen that residents had a specific member of staff assigned as their keyworker to help achieve these outcomes. Reviews of such outcomes took place on a regular basis with notes of such reviews indicating that residents were achieving the identified outcomes.

The four residents living in the house first visited by the inspector began to return to the house towards the end of the inspection. One of these residents greeted the inspector and told the inspector that they would be watching the All Ireland Football the following day. The resident also indicated that they liked living in the house and felt safe. Shortly after this resident was seen engaging a staff member in conversation and talked about staff who would be on duty in the days following this inspection. The staff member present responded pleasantly to the questions raised by the resident and told them who would be on duty then.

Another resident gave the inspector a quick tour of the ground floor of the house

and also showed the inspector their bedroom. This resident appeared very happy on their return to their house and told the inspector that they liked their bedroom and liked living in the house. When asked by the inspector what they liked about living in this house, the resident indicated that they liked living with their friends. Later on this resident was seen to engage with another resident who returned to the house with another staff member asking this latter resident how their day had been.

The inspector had an opportunity to speak with this resident who also showed the inspector their bedroom. It was noted that the resident had their own key to their bedroom door which they used to keep it locked when they were not in the house. It was seen that this resident's bedroom was very personalised with items which were of interest to the resident present throughout. For example, the resident told the inspector they liked monster trucks and in their bedroom was a numbers of truck and tractors models which the resident appeared very proud of. The resident also talked about liking cowboys and had a television and DVD player in their bedroom which they used to watch movies about cowboys.

A tablet device was also used by this resident to watch videos. The resident owned their own tablet and showed it to the inspector. During this conversation the resident appeared happy and told the inspector that they liked living in the centre and felt safe. After speaking with the resident the inspector met the resident that he had met earlier in the day who had spent their time away from the house doing some work experience in a charity shop, having a meal out with fellow day service users and going for a drive. This resident indicated to the inspector that they liked their work experience and liked living in the house. As the inspector was leaving this house this resident was seen to be watching television in lounge while other residents were in their bedrooms.

The inspector then briefly visited the other house that made up this designated centre. At the time of this visit only two residents were present. Of other two residents who usually resided there, one had been at home with their family for the past two weeks while another had gone to stay with their family at the outset of the COVID-19 pandemic and had yet to return. The inspector met the two residents who were present. One of these residents greeted the inspector by touching elbows and was seen smiling throughout the inspector's visit. The resident showed the inspector their bedroom which was seen to be very bright and personalised with photos and medals belonging to the resident. Upon leaving their bedroom, this resident was using their own tablet device and headphones to listen to music and appeared very happy in doing so.

The other resident present in the house during the inspector's visited told the inspector that they loved living in the house. In particular the resident highlighted that they loved their bedroom on the ground floor and talked about having a bedroom on the first floor previously before moving downstairs. This bedroom was noted to be very spacious with a comfy chair for the resident to sit on with the resident commenting that they preferred this bedroom as they were now able to move more quickly. This resident also showed the inspector a sign on their bedroom door which encouraged any visitors to knock and wait for a response before entering. The resident told the inspector that other residents and staff adhered to

this.

The second house visited by the inspector was of a similar size and layout to the first house and as with the first house, the second house was seen to be well-furnished and very homelike. However, the inspector did observe some areas of this house which required some maintenance. In particular, it was noted in the downstairs lounge that there was a large area of staining on the ceiling. The inspector was informed that this was a result of a previous leak that had since been fixed and that the provider hoped to carry out the necessary maintenance work soon. When reviewing documents related to this house it was noted that reference had been made to adapting one of the bathrooms in house to better suit the needs of one resident. The inspector was informed that such works had been completed.

In summary, improvement was required to aspects of the premises provided. All residents spoken with indicated that liked living in this designated centre and/or appeared very happy. Ongoing efforts were being made to respect the rights of residents and their choice as to where and whom they lived with.

The next two sections of the report 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.

## Capacity and capability

Overall a good level of compliance was found during this inspection although it was noted that some improvement was required regarding the timely submission of statutory notifications to HIQA.

This designated centre was registered until September 2022 with no restrictive conditions and had last been inspected in November 2019 where an overall good level of compliance was found. Given the length of time since the previous inspection, a decision was made to carry out a further inspection to assess the levels of compliance with the regulations and the supports that the residents of this designated centre were being provided with. As with the November 2019 inspection, this inspection was an unannounced inspection.

Similar to the previous inspection, it was also found on the current inspection that an overall good level of compliance had been maintained in the designated centre. There was evidence that the provider was generally discharging its obligations under the regulations and was making active efforts to support the needs of the residents living in the centre. For example, owing to a recent increase in incidents occurring in one house of the centre, the inspector was informed that additional staffing resources had been secured to respond to the particular circumstances of this house.



The provider had also ensured that an appropriate person in charge had been appointed to this designated centre. This person in charge had only been in their post since July 2021 and at the time of this inspection was responsible for a second designated centre located in the same town. Despite this, the person in charge was able to talk in depth with the inspector about the particular needs of some of the residents living in this designated centre and was actively involved in the operations of the centre. For example, the person in charge had facilitated staff team meetings where issues such as individual residents and incidents were discussed.

A clear organisational structure was also in place for this designated centre and as part of this the person in charge reported to a Programme Services Manager who also served as person participating in management for this designated centre. The inspector spoke with this person during the inspection who outlined how they maintained oversight of this designated centre which including one-to-one meetings with the person in charge. From speaking with this person it was also noted that there had been learning from HIQA inspections of other designated centres which they were also involved in the management of. For example, a new risk forum, which had multidisciplinary input, had recently commenced where persons in charge could raise and review particular risks present in their centres.

The person participating in management also informed the inspector that the person in charge would be carrying out a review of incidents occurring in the designated centre to ensure that all events which required notification to HIQA had been submitted. Under the regulations HIQA must be informed of certain events within three working days which is important to ensure that HIQA is aware of any events which could adversely impact residents. It was seen that in the weeks leading up to this inspection, two such notification had been submitted. However, it was found that one of these had not been submitted within three working days while when reviewing other incident records in the centre, it was noted that other events had happened in the centre which should have been notified to HIQA.

#### Regulation 14: Persons in charge

A suitable person in charge was in place who met the requirements of the regulations in terms of their experience and qualifications. The person in charge was responsible for a total of two designated centres but this was not found to impact the running of the current centre.

Judgment: Compliant

#### Regulation 15: Staffing

Staff rosters were being maintained in the designated centre. Staffing arrangements

in place were in keeping with centre's statement of purpose but such staffing arrangements were in the process of being adjusted to reflect the particular needs of residents and a recent increase in incidents in one house. Staff members spoken with during this inspection were knowledgeable around residents' needs and were seen to interact appropriately and respectfully with residents present.

Judgment: Compliant

### Regulation 23: Governance and management

A clear organisational structure was in place for this centre. Monitoring systems were also in operation for the designated centre such as specific audits in areas such as medicines, six monthly provider audits and annual reviews. When reviewing the annual review for 2020, it was noted that while it provided for consultation with residents it did not include any feedback from residents' families. There was evidence of learning from other HIQA inspections which were being applied for this centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Some incidents which required notification to HIQA had not been submitted or had not been submitted in a timely manner.

Judgment: Not compliant

## Quality and safety

Active efforts were being made to safeguarding residents although some improvement was required regarding risk assessment in this area while a behaviour support plan for one resident was also required. However, in general good guidance on supporting the needs of residents was contained within residents' personal plans.

As highlighted earlier there had been a recent increase in incidents occurring in one house of this designated centre. This was discussed with those involved in the management of the centre and in response safeguarding plans had been put in place with measures taken to reduce the potential of similar incidents to reoccur. At the time of this inspection, the indications were that such measures were having a positive impact but given the recent timing of some of these incidents, this would

need to be closely monitored. Staff members spoken with were aware of the potential safeguarding issues in this house and training records reviewed also indicated that all staff had undergone relevant safeguarding training.

Despite the awareness of management and staff of these safeguarding concerns it was found that some risks related to these had not been adequately risk assessed at the time of inspection while a risk assessment relating to the particular needs and history of one resident was not in place. In addition, it was noted how, having due regard to the nature of some incidents occurring in the designated centre, one resident did not have a behaviour support plan in place to provide tailored guidance for staff in promoting positive behaviour from the resident. It was acknowledged though a behaviour therapist was in the process of reviewing this resident and such a plan was expected to be in place shortly after this inspection. It was also noted that staff members had undergone training in de-escalation and intervention.

Further training was also provided to staff in fire safety. It was noted in both houses of this designated centre that they were equipped with appropriate fire safety systems including fire doors, which help prevent the spread of fire and smoke, fire extinguishers, fire blankets, emergency lighting and fire alarms. Residents were also provided with personal emergency evacuation plans (PEEPs) outlining the supports they needed to evacuate the houses where they lived in the event of a fire. These PEEPs were contained with residents' individual personal plans which are required by the regulations and are intended to provide guidance on how to support the assessed needs of residents.

The inspector reviewed a sample of residents' personal plans in one house of the centre. It was seen that these had been recently updated and contained a good level of guidance in how to support residents' needs. For example, residents had specific health care plans in place for particular health needs such as diabetes and epilepsy. Health needs were also being actively monitored such as by the review of the blood sugar levels of residents with diabetes or by the monthly monitoring of residents' weight. Access to various health and social care professionals, such as general practitioners and endocrinologists, was also being facilitated where necessary.

### Regulation 17: Premises

There was a long standing issue of dampness in some residents' bedrooms in one house which was contributing to mould. Some maintenance was seen to be required in the other house.

Judgment: Not compliant

### Regulation 26: Risk management procedures

While various risk assessments were in place for individual residents, some risks assessments were not in place related to recent incidents in the centre nor was a risk assessment in place to reflect the particular needs and history of one resident.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Stocks of personal protective equipment such as face masks, gloves and gowns were in place alongside with cleaning supplies. Staff members were observed to use face masks throughout the inspection with sanitising hand gel also available in both houses of the centre. Training was provided in relevant areas such as hand hygiene while residents were monitored daily for any possible symptoms of COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate fire safety systems were in place in both houses of this centre. Residents had PEEPs in place and fire safety training was provided to staff.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual personal plans provided for which contained guidance for their assessed needs. Such plans had been recently reviewed and residents were involved in this through a personal outcomes process with resident being supported to achieve specific outcomes.

Judgment: Compliant

### Regulation 6: Health care

Access to various health and social care professionals was being facilitated where necessary. Residents had specific health care plans in place for particular health

needs such as diabetes and epilepsy. Health needs were being actively monitored.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
One resident did not have a behaviour support plan in place at the time of inspection. Staff members had been provided with training in de-escalation and intervention.
Judgment: Substantially compliant
<b>Regulation 8: Protection</b>
Safeguarding plans were put in place following recent incidents in the centre with resulting actions noted to be having a positive impact at the time of inspection. Guidance was available for staff in supporting residents with intimate personal care while training in safeguarding was also provided.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
Residents were seen to be treated respectfully and efforts had been made to identify the will and preference of residents for their living arrangements. Access to independent advocacy was also supported. Residents' meetings took place regularly where residents could be consulted and given information.
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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially 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 Saint John of God Kerry Services - Forge Park OSV-0002919

Inspection ID: MON-0027820

Date of inspection: 10/09/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regulation 23(1)(e) The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>• PIC will ensure that the organization continues to provide an opportunity for residents to be consulted with and provide feedback to be included in the annual review, while also ensuring the residents families have an opportunity to be consulted with and provide feedback. This will then be captured in the 2021 annual review.</li> </ul> <p>Completed by 31/01/2022</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Regulation 31(1)(f) The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>• PIC to ensure that all adverse incidents occurring within the designated Centre are notified to the chief inspector within 3 working days.</li> </ul> <p>Completed 13/09/2021</p>	



- PIC to complete a full review of all incidents within the Designated Centre dating from 2019 to present.

Completed 29/10/2021

- PIC cross referenced incidents with NF06's previously notified to the regulator

Completed 29/10/2021

- PIC cross referenced NF06's with Designated Officers Safeguarding log to ensure all were submitted to the CHO4 Safeguarding Team

Completed 29/10/2021

- Safeguarding Incidents identified from the PIC's review of all incidents that were not already notified to be screened by Designated Officer and reported to CHO4 Safeguarding Team.

Completed 29/10/2021

- PIC to retrospectively submit NF06's for Safeguarding's identified through review carried out.

Completed 29/10/2021

- Protocol developed to ensure the PIC and the PPIM of Designated Centre to sign off on all incidents within the Designated Centre and ensure that any allegation, suspected or confirmed of abuse of any resident is notified to the regulator within 3 working days

Completed 27/09/2021

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>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.</p> <p>Regulation 17(1)(c) The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.</p> <p>Regulation 17(7) The registered provider shall make provision for the matters set out in Schedule 6.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>• PIC has liaised with the Housing Association regarding maintenance work that needs to be completed within the designated center which includes painting, ventilation and general repairs.</li> </ul>	

Completed 10/07/2021

- Architect assessed works to be completed and sent report to Housing Association.

Completed 06/08/2021

- Housing association have requested contractor to inspect the works that need to be carried out and to provide quotation and timelines.

Completed 22/09/2021

- Contractor to Inspect works, provide quotation and timeline.

Completed by 15/10/2021

- All ventilation works identified to be carried out.

Completed by 31/12/2021

- All painting works identified to be carried out.

Completed by 28/02/2022

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

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.

Action Plan

- PIC in consultation with staff has put in place a risk assessment that reflects the particular needs and history of one resident.

Completed by 24/09/2021

- PIC in consultation with staff to complete a risk assessment on service user experience relating to one house within the Designated Centre which was highlighted during a recent inspection.

Completed by 01/10/2021

- PIC to ensure that all risk assessments within the designated centre with a high risk rating are included for review by the monthly risk forum.

Completed by 12/10/2021

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

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.

#### Action Plan

- PIC in consultation with Day Services has engaged the Positive Behavior Specialist to provide reactive strategies and behavior support plan to support staff working with one particular resident within the designated Centre.

Completed by 30/08/2021

- PIC will ensure that Antecedents Behaviors and Consequences recording form is completed by staff for all incidents relating to one resident within the designated Centre and sent to the Positive Behavior Specialist for analysis.

Completed by 15/10/2021

- PIC/staff team in consultation with Day Services to complete Multi Element Behaviour Support Step 1 plan template and to submit to Positive Behavior Specialist for analysis.

Completed by 15/10/2021

- Positive Behavior Specialist in consultation with staff to complete a Multi Element Behavior Support Step 1 plan for one resident who requires this.

Completed by 05/11/2021

- PIC to ensure that all staff has up to date training in Positive Behavior Support.

Completed by 31/10/2021

## 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)(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	28/02/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	28/02/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their	Substantially Compliant	Yellow	31/01/2022

	representatives.			
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.	Substantially Compliant	Yellow	12/10/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	29/10/2021
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	05/11/2021