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:	St. John of God Kerry Services - Residential Community Services Tralee II
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	25 April 2022
Centre ID:	OSV-0002924
Fieldwork ID:	MON-0027985

About the designated centre

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

St. John of God Kerry Services - Residential Community Services Tralee II consists of a detached single story house located in a town. This designated centre provides a residential service for a maximum of six residents with intellectual disabilities. Both male and females over the age of 18 can avail of the centre. Each resident has their own bedroom and other rooms in the centre include bathrooms, a dining room, a kitchen, two living rooms and staff rooms. Residents are supported by the person in charge, social care workers, health care assistants and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Monday 25 April 2022	10:15hrs to 19:10hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents were found to be living in a homely environment while generally positive feedback was provided from residents spoken with and in pre-inspection questionnaires. Staff were observed to interact appropriately with residents during this inspection.

Upon the inspector's arrival at the centre, three of the six residents living there were present with the other three attending day services. At this time the three residents present were in the process of getting up with some being supported with breakfast. The inspector met two of the residents at this point. One greeted the inspector and asked him where he was from. The other resident did not engage much with the inspector but was seen to smile multiple times and was overheard singing. Staff present at this time were seen to engage pleasantly and respectfully during the initial period of the inspection. For example, a staff member was overheard knocking on a resident's bedroom door and waiting for a response before entering. After entering this staff asked the resident what they wanted to do that morning. During the early part of this inspection two residents briefly left the centre to attend appointments.

All three residents initially present later left the centre with a staff member in one of the centre's two vehicles. This meant that for a period no resident was present in the centre so the inspector used this time to review the premises provided and documentation. As this inspection was announced four weeks in advance, the inspector was provided with nine pre-inspection questionnaires, some of which were available during the inspection and some which were sent directly to HIQA. These had been completed by residents or on behalf of residents by staff and families. In these generally positive responses were given for all areas including food and mealtimes, visitors, rights, activities, care and supports, staffing and complaints. It was noted though that one questionnaire made reference to one resident being disruptive while in another it was indicated that a resident wanted to live in a different environment.

The premises that had that been provided for this designated centre was generally noted to be well-maintained, well-furnished and homely. For example, it was seen that there were numerous photographs of residents on display throughout communal areas of the centre while some resident bedrooms seen were noted to be personalised. It was noted that there was variance in the size of residents' bedrooms with the biggest bedroom seen to be more than twice the size of the smallest bedroom. In addition, in one resident's bedroom there was an exit door leading directly outside but this door did not appear to have thoroughly cleaned in some time. All other areas of the centre were seen to be clean and it was noted that some external painting had been completed since the previous HIQA inspection.

Given the ongoing pandemic facilities were present in the centre to promote infection prevention and control. For example, there was some wall mounted hand

sanitiser dispensers present along with other bottles of hand sanitiser throughout the centre. The inspector did observe one bottle of hand sanitiser present in a bathroom that appeared to have expired in April 2021. This was highlighted by the inspector and this bottle was later removed. All other hand sanitiser products seen within the centre were found to be in date. Some signs related to COVID-19 were on display within the centre including just inside the front door. At one point a member of staff was seen to conduct some cleaning of the centre while all staff members present during this inspection were seen to wear respirator masks when engaging with residents.

The residents who had initially been at day services at the start of the inspection and those who went for a drive began to return to the centre as the day progressed. One of these residents had been supported by a staff member to go for a meal after finishing their day services before returning to the centre. This resident greeted the inspector but not engage much with the inspector beyond this. Later on this resident was seen and overheard watching some music videos on a television in one of the centre's lounges. The resident appeared to really enjoy this and at times was heard to sing along to some of the songs. One of the residents who returned from a drive with staff told the inspector that they had gone for a picnic to a nearby town. This resident seemed happy with this as did another resident who was with them.

Another resident who had been initially attending day services told the inspector that they were very happy living in the centre having recently moved into the centre on a full time basis. This resident also informed the inspector that in their previous home another resident there used to run at them which they did not like but that they were delighted the move to this centre. This resident also indicated that they liked their day services, enjoyed going out and would relax for the evening ahead by watching television. Later on the resident was seen to have a cup of tea and to be watching some television in the company of another resident in another lounge area of the centre. In general it was noted that the residents who engaged with one another appeared comfortable and relaxed in each other's presence.

The inspector also met another of the residents who initially been attending day services. This resident indicated that they liked living in this centre and talked about a job they had in a grocery store three days a week. The resident said that they enjoyed their job. This resident also showed the inspector their bedroom which was seen to be personalised to reflect the resident's strong interest in Liverpool Football Club. The resident pointed out to the inspector posters on their bedroom walls of their favourite players and showed off collections of movies and stickers that they had also. It was mentioned by the resident that they saw all of the Liverpool matches while it was also indicated to the inspector by a staff member that staff shift patterns had been slightly changed to support this resident to go out and watch such matches with their friends.

In summary, residents appeared comfortable and relaxed in this centre while a calm and sociable environment was observed and overheard while the inspector was present. For example, as the inspector was leaving this centre it was seen that some resident were having a meal together. The premises provided for residents to live in

was homely with positive feedback generally provided on life in the centre.

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

The provider was found to have appropriate monitoring systems and staffing arrangements in place to support residents. However, it was identified that a safeguarding incident had not been notified to HIQA as required.

This designated centre was registered until October 2022 and had last been inspected by HIQA in June 2021 where an overall good level of compliance was found. Ahead of its registration end date the provider submitted an application to renew the centre's registration for a further three years. To inform a decision on whether to grant this application, it was decided to carry out the current inspection of the centre to review compliance levels with the regulations in more recent times.

As part of this inspection a number of key documents were reviewed relating to this centre. These included the directory of residents which was found to contain most of the required information although it was noted that a date of birth for one resident was missing while the dates of admission to the centre for some residents were not accurately stated. Some of the policies required under the regulations were also reviewed but it was noted that some of these, such as the provider's policies on complaints and behavioural support, had not been reviewed in over three years.

When reviewing the provider's policy on residents' personal finances, it was indicated that an annual audit of residents' finances was to be conducted. However, during the inspection it was indicated that such an audit had not been carried out since 2020. It was seen though that the audits in areas such medicines, residents' personal plans and infection prevention and control had been carried out at a local level. Conducting such audits is important to assess, evaluate and improve the services offered to residents.

In addition, to these audits the provider was also carrying our key regulatory requirements to monitor the running of the centre. These included provider unannounced visits and annual reviews. Reports of such monitoring system were available for the inspector to review and it was noted that the most recent annual review provided for consultation with residents and their families. Despite the monitoring systems that were in operation, the inspector did identify a safeguarding incident that had not been notified as required.

While monitoring the services provided to residents, the provider was also making efforts to ensure that residents were provided with appropriate staffing support.

Maintaining a continuity of staff support had been challenging owing to COVID-19 but rosters reviewed indicated that a core staff team was in place for the centre. A sample of staff files reviewed were also found to contain all of the required information such as photo identification and written references. Overall, the inspector was satisfied that staffing in this centre was appropriate to residents' needs and was in keeping with the centre's statement of purpose.

The statement of purpose forms the basis of a condition of registration and under the regulations must contain specific information relating to the running of the centre. It was found that the statement of purpose contained all of the required information such as details of the services and facilities to be provided. Such information was also outlined in residents' contract for the provision of services. These are also a requirement of the regulations and, from the sample reviewed by the inspector, it was seen that these contracts had been agreed to by residents and their families while also outlining the fees residents paid.

Regulation 15: Staffing

The statement of purpose contained all of the required information such as details of the services and facilities to be provided.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents which was found to contain most of the required information although it was noted that a date of birth for one resident was missing while the dates of admission to the centre for some residents were not accurately stated

Judgment: Substantially compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider was conducting provider unannounced visits and annual reviews. Reports of such monitoring system were available for the inspector to review and it was noted that the most recent annual review provided for consultation with residents and their families. A clear organisational structure was in place for the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Contract for the provision of services outlined the services provided and the fees to be paid. It was seen that these contracts had been agreed to by residents and their families.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information and had been recently reviewed.

Judgment: Compliant

Regulation 31: Notification of incidents

A safeguarding incident had not been notified to HIQA within three working days.

Judgment: Not compliant

Regulation 4: Written policies and procedures

Some of the provider's policies, such as complaints and behavioural support, had not been reviewed in over three years. An audit of residents' finances had not been

conducted in line with the the provider's policy on residents' personal finances.

Judgment: Substantially compliant

Quality and safety

Arrangements were generally in place to meet residents' assessed needs but it was noted that occupational therapists (OTs) had highlighted some areas where the premises could be improved upon.

There was strong indications that this centre was supporting the various assessed health, personal and social needs of the residents. For example, it was seen residents were supported to attend various health and social care professionals while there was regular monitoring of their health needs. Residents were also being supported with their medicines with appropriate storage facilities provided including for medicines which required refrigeration. The inspector viewed the contents of such storage and found them to be neatly organised with all medicines reviewed found to be in date.

Aside from residents' health needs, residents were also being supported to avail of various activities in the community and to maintain contact with their families. Examples of activities which residents did included going to the circus, attending concerts and overnight trips away. Some of these were done in line with specific goals that had been identified, with residents' input, as part of a personal planning process that was followed in the centre. From speaking with staff and reviewing residents' personal plans it was noted that previous goals had been achieved while future goals had been identified and were being progressed.

When reviewing some residents' personal plans, the inspector came across some reports by some OTs which highlighted that one resident required a different type of floor for safety reasons and that another resident required their en suite bathroom to be renovated to suit their needs. Such input from the OTs had come from 2020 and 2021 respectively. It was indicated to the inspector that maintenance requests for such works had been submitted. The inspector was also informed that one of the residents was hoping to move to an alternative setting while it was seen that a special chair had been introduced in the en suite bathroom in recent months.

As highlighted earlier, the inspector encountered a calm and sociable environment while present in this centre. However, since the previous inspection there had been a noticeable increase in the amount of safeguarding notifications received from this centre which related to negative interactions between residents. It was found on the current inspection that the provider was taking measures to prevent such interactions from happening with such measures reported as having a positive effect. Records provided indicated that staff had completed relevant safeguarding training.

Staff members spoken demonstrated a good understanding of how to support residents to engage in positive behaviour but it was indicated that one resident did not have a full positive behaviour support plan in place. The inspector was informed that this was in the process of being developed. It was also noted that there was inconsistency in the risk assessment process. For example, one resident had an individual risk assessment in place relating to their potential impact on others but another resident did not. It was also noted that a particular behaviour of a resident, which could impact themselves and others, had not been risk assessed although measures were being taken by staff to mitigate such risks.

Regulation 12: Personal possessions

While the provider did not have sight of some residents' bank statements even though, the residents lived in the centre full-time, it was seen that systems were in place to safeguard resident's personal finances kept in the centre. These included daily balances checking, logging of transactions and the use of double signatures. Residents were also provided with space to store their personal belongings while update records of their possessions were being maintained.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to maintain contact with their families and friends. Support was also provided to participate in various activities with two vehicles available to the centre.

Judgment: Compliant

Regulation 17: Premises

A door in one resident's bedroom had not been thoroughly cleaned in some time. OTs had highlighted that one resident required a different type of floor for safety reasons and that another resident required their en suite bathroom to be renovated to better suit their needs.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was in place, that contained all of the required information, such as how to complain.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk management policy was in place but it was noted that there was inconsistency in the risk assessment process. For example, one resident had an individual risk assessment in place relating to their potential impact on others but another resident did not. It was also noted that a particular behaviour of a resident, which could impact themselves and others, had not been risk assessed. One of the vehicles assigned to this centre was viewed which found to be appropriately insured.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Hand sanitiser was available in the centre. Staff wore respiratory masks throughout the inspection and records provided indicated that all staff had completed relevant training in areas such as hand hygiene and personal protective equipment. A relevant self assessment on infection prevention and control had been recently completed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate storage facilities were provided including for medicines which required refrigeration. Daily temperature checks on the medicines fridge were carried out and all medicines reviewed were found to be in date. Residents were assessed to determine if they could could self-administer medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place, which outlined their assessed needs and how these would be supported. Residents and their families were involved in these plans and in identifying goals for residents to achieve. Such goals were regularly reviewed and progressed.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access particular health and social care professionals, such as neurologists, general practitioners and dentists. Residents health needs were monitored on a regular basis within the centre while information on supporting their health was outlined in their personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff members spoken demonstrated a good understanding of how to support residents to engage in positive behaviour but it was indicated that one resident did not have a full positive behaviour support plan in place.

Judgment: Substantially compliant

Regulation 8: Protection

Residents' personal plans contained guidance on how to support residents with intimate personal care. Plans were put in place to safeguard residents with identified measures implemented. Staff were provided with relevant safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen and overheard to be treated respectfully throughout this inspection.
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	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	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 St. John of God Kerry Services - Residential Community Services Tralee II OSV-0002924

Inspection ID: MON-0027985

Date of inspection: 25/04/2022

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 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Regulation 19(3) The directory shall include the information specified in paragraph (3) of Schedule 3. Action Plan • PIC to ensure that the directory of residents contains all the required information including accurate dates of admission of residents into the centre. Completed by 06/05/2022	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: 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. A safeguarding incident identified by the Inspector that had not been notified to HIQA within three working days occurred on 2nd of July 2021. It is important to note that since 18th of July 2021 the following actions were carried out in the designated centre as	

a result of shared learning from another designated centre managed by the PIC.

• In August 2021 training was completed by all staff within the designated centre (including PIC & PPIM) on Safeguarding and this was facilitated by the Designated Officer

• In September 2021 the Designated Officer in consultation with the General Manager conducted a review on existing Safeguarding and monitoring systems and recommended a revised escalation pathway to ensure where reasonably possible, all safeguarding incidents are monitored and actioned as appropriate.

• Since September 2021 on a monthly basis the Designated Officer reviews all safeguarding incidents in consultation with the Safeguarding Committee. Safeguarding trends will be reviewed with the designated officer and the General Manager on a monthly basis.

• In August 2021 A Protocol was developed for staff detailing procedure for reporting all incidents within the Designated Centre to PIC/PPIM/Designated Officer

• In August 2021 A Protocol developed to ensure the PIC and the PPIM of the Designated Centre 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

• In September 2021 PIC completed re induction on the role and responsibilities of the PIC training.

• In September 2021 Training completed by all staff within the designated centre (including PIC & PPIM's) on the completion of Behaviour Incidents Forms and recognizing when same is maybe deemed a safeguarding incident facilitated by Behaviour Specialist.

• In September 2021 PIC completed training on submitting Notifications within the specified timelines to the regulator.

• In August 2021 a new online BIR recording form was launched which included a new section on Safeguarding

Action Plan

• PPIM and PIC to conduct a full review of all BIR incidents in the Designated Centre dating back as far as 2019 to present which includes cross referencing the Safeguarding Log and NF06 notifications summited to the regulator.
Completed 26/04/2022

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

Completed 08/05/2022

• PIC to retrospectively submit PSF1's to CHO4 Safeguarding and Protection Team for Safeguarding's identified through review carried out.
Completed by 08/05/2022

• PIC will ensure that incidents are notified to the regulator within specified timelines.
Completed by 25/04/2022

• Six monthly review to be completed by the Designated Officer on a random sample of incidents within the designated centre to ensure all incidents are being reported in line with Safeguarding Procedures.
Completed by 25/10/2022

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Regulation 04(1) The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.
Regulation 04(3) The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Action Plan

• Audit of resident's finances was carried out in line with the organizations policy.
Completed by 18/05/2022

• PIC to ensure that a yearly audit is carried out on residents finances as per organizations policy
Completed by 31/07/2022

• The Provider will ensure that the policies identified during the inspection will be reviewed.
Completed by 30/09/2022

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Regulation 17(1)(a) The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.
Regulation 17(1)(c) The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.
Regulation 17(7) The registered provider shall make provision for the matters set out in Schedule 6.

Action Plan

• PIC has submitted a maintenance request for new flooring and renovation of en-suite as per OT recommendations. These works have been approved and awaiting completion.
Completed by 31/07/2022

• PIC to ensure that bedroom door highlighted during the inspection is repaired and cleaned thoroughly.
Completed by 27/04/2022

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

• The PIC will complete individual risk assessments in relation to behaviors of concern as highlighted during the Inspection.
Completed 06/05/2022

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 submitted a referral to Positive Behaviour Support Department to review identified resident at PBS monthly clinic. Completed by 21/06/2022 • Positive Behaviour Support Department to complete a full behavior support plan for one resident within the designated centre. Completed by 30/11/2022	

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/07/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/07/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/07/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	06/05/2022
Regulation 26(2)	The registered provider shall	Substantially Compliant	Yellow	06/05/2022

	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.			
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	25/10/2022
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	30/09/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Substantially Compliant	Yellow	30/09/2022

	in accordance with best practice.			
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	30/11/2022