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:	Birch Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	13 June 2023
Centre ID:	OSV-0004467
Fieldwork ID:	MON-0036284

About the designated centre

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

Birch Services is a residential service, which is run by Brothers of Charity Services, Ireland. The centre provides accommodation and support for thirteen male and female adults over the age of 18 years, with an intellectual disability, including those with a diagnosis of dementia. The centre comprises of two bungalows and both are located on the outskirts of two separate towns in Co. Roscommon. Both bungalows comprise of residents' bedrooms and en-suites, shared bathrooms, office spaces, kitchen and dining areas, utility areas and sitting rooms. Residents also have access to garden areas. Staff are on duty both day and night to support residents availing of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

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
Tuesday 13 June 2023	10:00hrs to 17:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to monitor compliance and review the quality and safety of care provided in Birch services. During the course of the inspection, the inspector had the opportunity to observe the everyday lives of residents in the centre. The inspector found that improvements were required in risk, positive behaviour support, premises and notifications. This will be further detailed in the relevant sections of the report.

This was a centre that very much ensured that residents had multiple opportunities to engage in activities of interest to them, in accordance with their capacities and assessed needs. Due to the aging profile of residents the inspector met and spoke with one resident during this inspection, who spoke about their life in the centre and their local community.

The inspector was greeted by the two staff on the morning of the inspection. There were thirteen residents living in the centre and the inspector had the opportunity to meet with three residents during the course of the inspection day as some residents were attending their planned day programmes. Due to the aging profile some residents were supported to commence their day at their leisure and choice. In general, residents appeared happy and comfortable. Some residents headed out in the morning on the service vehicle for different activities and some residents were retired and of an older age profile and chose to remain in the centre during the day. Some residents were observed relaxing in their living room watching television in the afternoon and others were observed listening to some music and chatting with staff.

The designated centre comprised of two large bungalows which consisted of 13 individual resident bedrooms, a kitchen, a dining room, a sitting room, a lounge and a laundry room. Each resident had their own bedroom and en suite facilities. All residents had personalised their rooms to suit their preferences and pictures and personal items were noted around the rooms.Some outstanding maintenance works were noted during the centre's previous inspection and some of these areas had been addressed, including paintwork completed, new storage areas and new blinds on the windows in the centre. However, there still remained significant maintenance work outstanding including painting, handrails, replacement of flooring, replacement of tiling and sanitary ware in bathrooms. This is discussed later in the report.

Residents presented with high support needs and there were busy periods during the day such as mornings, evenings and meal times when residents would need full support with personal care, toileting, transfers and feeding. The staff team comprised of nursing staff, social care workers, and support workers. Positive and respectful interactions were noted between staff and residents during the inspection day. The centre was experiencing some staffing vacancies at times, and the service used agency and relief staff to fill shifts when needed. Staff spoken with appeared knowledgeable regarding the residents needs and were familiar with the general day

to day running of the designated centre.

There was a regular management presence in the centre and a clear management structure. Some audits and reviews had taken place in the centre since the most recent inspection and the provider was working towards addressing a number of issues highlighted in these audits. Satisfaction questionnaires had been issued to residents families as part of the provider's own six monthly audit of the service provided. All questionnaires expressed satisfaction with the service provided and there were no complaints communicated through these questionnaires, with the provider.

It was observed that compatibility of residents had become an issue in the centre and this continued to affect resident choice and control in their daily lives. The inspector also noted that documentation systems failed to highlight or recognise the impact of one resident's behaviours in the centre, furthermore incidents were not reported effectively whereby residents were impacted by a peer vocalising loudly, as noted on records recently commenced six weeks prior to the inspection. One resident complained of sleep disturbances, however this resident had not submitted a complaint or voice,d their concern as they did not feel supported to do this. In addition, the management team spoke about recognising and supporting the most recent admission into the centre but had failed to recognise the impact on residents in one house.

Overall, inspection findings suggested that while some improvements were noted in the centre since the previous inspection, a number of areas continued to require improvements in areas including governance and management, positive behavioural support, residents rights, premises, safeguarding and risk management.

The next two sections of the report will present the findings of this inspection in relation to the providers capacity and capability to run an effective service and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, there were concerns about the provider's capacity and capability to provide a safe and quality service. It was found that the governance and management structures required improvements to ensure effective monitoring and oversight of support. Improvements were required in governance and management, and notification of incidents.These will be discussed in more detail throughout the report.

The inspector found that the provider had made improvements to the management team by recruiting a full time person in charge who was facilitated to work as supernumerary. However, they were yet to commence full-time at the centre as they were completing the provider's induction programme. Therefore at present, the

area manager was covering the role of person in charge.

At the time of this inspection the provider was introducing systems in line with the regional reorganisation. The management team showed the templates, and the transfer of all relevant information that was in process, however this had resulted in duplication of information and the new system had not yet embedded into the service. The person in charge acknowledged and identified gaps in the service, however this was not clearly documented with clear time bound plans in place to address the areas for improvements.

While the provider had established staff numbers in line with the statement of purpose at the centre and in response to increasing levels of challenging behaviour has increased staffing at he weekend. However, further review was required to assess the changing needs of residents and therefore ensure the effectiveness of staffing levels at the centre .

In summary while some actions to address risks were in progress, the full implementation of these actions required completion. This included supports provided to the residents and appropriate recording and identification and management of risks. In addition, the provider's arrangements for the ongoing oversight and monitoring of the centre required continuous and robust practices in place.

Regulation 15: Staffing

The staffing numbers and skills mix were in line with what was specified in the statement of purpose in relation to the number and assessed needs of the residents, however this required further required review in response to increased levels of challenging behaviour and one resident requiring one-to-one support when present in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

On review of the training records, all staff had completed relevant mandatory training and a schedule of refreshers was in place to maintain staff practice. There was also bespoke training available which included dietary needs, personal outcomes, and epilepsy management.In addition staff were in receipt of support as scheduled in the centre.

Judgment: Compliant

Regulation 23: Governance and management

On the day of this inspection it was clear that the governance and management arrangements of the centre and the oversight and monitoring arrangements in place required improvement. This included;

- Oversight of the provider required improvements so that actions to improve the quality and safety were identified.
- Audits did not identify gaps evident and they did not have clear time bound plans in place.
- Incident recording required improvements to ensure that all relevant information about incidents and risks were documented.
- The provider had not submitted notifications for all potential safeguarding incidents.
- There was a failure on the management team to recognise or review the records to establish impact on all residents of these incidents, for example vocalisations, verbal abuse or incidents of aggression.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had ensured that the statement of purpose contained all relevant information as outlined by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

On review of documentation it was evident that potential notifications were not recognised or appropriately reported within the specified timeframes to the Chief Inspector as required.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained,

and complaints and complements were recorded and acted on appropriately. All staff spoken with were clear that residents would indicate clearly if they were unhappy with an activity, staff or during an outing and they would make their preference clear or it could result in an adverse event.

Judgment: Compliant

Quality and safety

This inspection found that improvements were required in the support systems in place for the residents, to ensure that a safe and quality service was provided at all times. Improvements were evident following the last inspection in June 2022, however further improvements were required in risk management and behaviour support arrangements the centre.

As stated previously, a resident's behavioural issues had deteriorated in the last year following their admission into the centre. While the initial assessments were completed prior to and after the admission to the centre, an up-to-date comprehensive review of behaviours had not occurred to identify strategies in response to the residents' changing needs. In addition, there was no guidance to direct staff on how to alert relevant MDT professionals of changes in the resident's behaviours, proactive and reactive strategies to reduce incidents as well as the review, recording and reporting of incidents on a regular basis. Behaviour support had only commenced prior to the inspection and was at the initial gathering information stages, for example the implementation of a behaviour recording chart. The inspector found that staff at the time of the inspection were working on their own initiative and knowledge and responding to the resident's changing needs without direction or guidance. Staff spoken with outlined the changes in the resident's behaviours and associated challenges they had experienced when supporting all of the residents and trying to manage the behaviours effectively. While the management team acknowledged gaps in the current behavioural intervention, supports had just commenced and were therefore not embedded in the quality of care provided at the centre.

The rights of residents were also affected by the impact of the resident's behaviour. The inspector spoke with one resident who clearly discussed the impact their peer's behaviour had, including disturbing their sleep at night due to vocalising and observing negative interactions between staff and this resident in the centre.

In summary, at the time of the inspection, management at the centre were focused on the management of the resident's increased challenging behaviour, but had failed to recognise and put supports in place to mitigate its impact on other residents living at the centre. In addition, improvement was required to the auditing and documentation systems at the centre to ensure a consistency of care and outstanding areas of improvement were addressed.

Regulation 13: General welfare and development

Residents were supported in lined with their needs, and were provided with the choice of attending day services or receiving home-based services, which included appropriate activities such as outings, short walks, trips in the work vehicle or accessing their local community. At the time of the inspection, the inspector was advised of an additional staffing allocation in one house and the management team were meeting staff the following week to discuss how to implement these hours.

Judgment: Compliant

Regulation 17: Premises

The inspector found that actions identified from the previous inspection and new issues identified were still outstanding at the time of the inspection with no time bound plan in place. For example, renovation of bathrooms, kitchen areas and storage rooms.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risks were not managed appropriately in the centre.

- There was no risk assessment or plan in place to assess risks identified through behaviour recording charts that had commenced six weeks prior to this inspection.
- The provider had not completed a review into the effectiveness of staffing levels to meet residents' assessed needs and the management of behaviours of concern.
- Risks that had occurred on the centre's transport , were not responded to in a timely manner.
- Incident-related documentation required improvement in order to identify all risks appropriately .
- Risk ratings were inconsistent with level of recorded incidents experiences at the centre associated with behaviours of concern and incidents of aggression towards staff.

Judgment: Not compliant

Regulation 6: Health care

Residents were supported to access relevant allied health professionals, which included annual health check ups, health screening and reviews as and when required. In addition, residents were informed about relevant vaccinations and information was made available in the centre.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that improvements were required in the management of challenging behaviours such as;

- An up-to-date behaviour support plan was not in place in response to increased incidents of challenging behaviour at the centre to guide staff.
- Risks had not been identified or addressed in relation to issues such as use of centre transport and impact of a resident's behaviour on peers in the centre
- Compatibility assessments had not been reviewed in light of increase in behaviours of concern.
- A review of the staffing levels had not been undertaken to assess the current arrangements effectiveness in meeting residents' needs and supports increased incidents of behaviours of concern.

Judgment: Not compliant

Regulation 9: Residents' rights

Compatibility of residents due to increased levels of challenging behaviour was found to be an issue in the centre, especially in regards its impact on resident choice and control of their daily lives. With one resident telling the inspector about how their sleep was disturbed at night due to the behaviour of a peer.

Judgment: Substantially 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Birch Services OSV-0004467

Inspection ID: MON-0036284

Date of inspection: 13/06/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Additional funding has been allocated to provide an increase staff resource to this Designated Centre. Recruitment and selection process will now follow – 31stAugust 2023 • Additional staffing (Nurse) commenced on 3rd July. A Social Care Worker has been interviewed and is currently going through the recruitment process, this will reduce the dependency on agency staff to ensure staffing consistency across both houses – 30th September 2023.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Team Manager completes weekly/monthly/quarterly reviews of this Designated Centre, all actions identified will be collated in a Quality Improvement Plan, and necessary actions taken to improve the quality and safety of this Designated Centre – by 1st July 2023 • Audits are now conducted with clear time bound plans in place – by 1st July 2023 • All Incidents are now recorded to ensure that all relevant information about incidents are accurately reflected. – by 13th June 2023 • The Team Manager in consultation with the Designated Officer and Senior Behaviour Support Specialist reviewed incidents where there was a risk of potential safeguarding. As a result of this the Behaviour Support Specialist together with the Designated Officer will deliver a bespoke training to support the staff and Management Team in recognizing, reporting and managing incidents. The Behaviour support Guidance will also be reviewed. – 24th July 2023	

• The Team Manager in consultation with the Designated Officer, Quality Enhancement Manager and Psychology Dept will continue to monitor and review incidents to assess the impact on all people supported. – 31st August 2023

• Assistive Technology is available for an identified person to use to alert staff when they need assistance. The person is being supported with how to use this technology - 1st June 2023

• People are supported to have weekly house meetings and are offered the opportunity to raise and discuss any issues. The Complaints procedure 'Im not happy' is included in Weekly Meetings to ensure people are supported and know how to make a complaint – 8th July 2023

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• The Team Manager in consultation with the Designated Officer and Senior Behaviour Support Specialist reviewed incidents where there is a risk of potential safeguarding.

• The Senior Behaviour Support Specialist together with the Designated Officer will deliver a bespoke training to support the Staff and Management Team in recognizing, reporting and managing incidents – 24th July 2023

• Weekly reviews are conducted to ensure all potential notifications are recognized and reported if necessary – 1st July 2023

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The following works have been completed in this Designated Centre
• Flooring in kitchen/dining area of one house was replaced – November 2022
• Three bedrooms had flooring replaced -August 2022
• A designated Office had been provided.- August 2022
• Ensuite doors were repaired and sealed to prevent moisture and swelling – November 2022
• Suite of furniture, soft furnishings and blinds were replaced in one house – December 2022
• Internal painting of both houses – Jan/Feb 2023
• External painting of one house commenced- June 2023
• A new ramp and handrail has been constructed at the front door -June 2023
• All towel rails, handrails and mirrors have been replaced in one of the houses -June 2023
• Covering of pipes in storage room has been completed - June 2023

The Service Provider has a time bound plan in place for outstanding works to be completed.
• External painting of one house ongoing – by 31st July 2023

• External painting of another house – by 31st September 2023
• Kitchen Worktop and kitchen upgrade in one house – by 31st October 2023
• Handrails to be fitted in one house –by 31st September 2023
• Upgrade of bathrooms in both houses ongoing in one house on day of Inspection – by 31st September 2023.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• As noted in the report actions to address risks were in progress. A risk assessment on the impact of loud vocalizations by one person is now complete with a plan in place and control measures under ongoing review.– by 27th June 2023

• The Team Manager in consultation with the Designated Officer and Behaviour Support Specialist reviewed incidents where there is a risk of potential safeguarding. The Behaviour Support Specialist together with the Designated Officer will deliver a bespoke training to support the Staff and Management Team in recognizing, reporting and managing incidents – 24th July 2023. The designated officer continues to review and monitor for potential safeguarding incidents.

• A review of staffing levels has taken place to meet the assessed needs and management of behaviours, Additional funding has been allocated to provide an increase staff resource to this Centre, following successful recruitment this additional resource will be in place – 31st August 2023

• Additional Transport is available in evenings and weekends to reduce/eliminate risk of negative interactions while travelling – by 13th June 2023

• Additional Training on Risk Management will be delivered to ensure all risks and ratings are recorded accurately – by 31st August 2023

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• As noted, actions to address risks pertaining to behaviours had commenced I order to collect data and inform the development of a Positive Behaviour Support Plan.

• A Behavioural Review including a Senior Behaviour Support Specialist took place on 4th May 2023, guidance for staff on the Management of behaviours identified were issued on 11th May 2023

• The Behaviour Support Team, together with the Designated Officer will provide bespoke training to support staff and the Management team in the management of identified behaviours – by 24th July 2023

• Additional Transport is available in evenings and weekends to reduce/eliminate risk of negative interactions while travelling- by 13th June 2023
• The Team Manager in consultation with the Designated Officer, Quality Enhancement Team and Psychology will continue to monitor and review incidents to assess the impact on all people supported – by 31st August 2023

• Compatibility Assessments will form part of the overall review and continue to inform future planning – commenced June 2023

• A review of staffing levels has taken place to meet the assessed needs and management of behaviours, Additional funding has been allocated to provide an increase staff resource in this house, following successful recruitment this additional resource will be in place – 31st August 2023

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The Team Manager in consultation with the Designated Officer and Senior Behaviour Support Specialist reviewed incidents where there is a risk of potential safeguarding.

• The Senior Behaviour Support Specialist together with the Designated Officer will deliver a bespoke training to further enhance the monitoring and management of incidents. – 24th July 2023

• People are supported to have weekly house meetings and are offered the opportunity to raise and discuss any concerns. The Complaints procedure 'Im not happy' is included in Weekly Meetings to ensure people are supported and know how to make a complaint – 8th July 2023.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/09/2023
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.	Not Compliant	Orange	31/10/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in	Not Compliant	Orange	31/10/2023

	achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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.	Not Compliant	Orange	31/08/2023
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/08/2023
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to	Substantially Compliant	Yellow	27/06/2023

	in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.			
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: aggression and violence.	Substantially Compliant	Yellow	27/06/2023
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	24/07/2023
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	Not Compliant	Orange	01/07/2023

	centre: any allegation, suspected or confirmed, of abuse of any resident.			
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	24/07/2023
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	31/08/2023
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	24/07/2023
Regulation 09(2)(b)	The registered provider shall	Not Compliant	Orange	31/07/2023

	ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	30/06/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	24/07/2023