



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

## Issued by the Chief Inspector

Name of designated centre:	No.1 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	05 December 2023
Centre ID:	OSV-0005140
Fieldwork ID:	MON-0039186

## About the designated centre

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

No.1 Brooklime consistent of three houses located in a large residential area located close to a city that provides full-time residential support for residents with intellectual disabilities and autism of both genders, over the age of 18. One house is a detached house for five residents that includes two apartment areas. The other two houses are adjoining houses with one house supporting three residents and the other supporting one resident. As a result the centre has a maximum capacity for nine residents. Each resident has their own bedroom and other facilities in the houses include bathrooms, living rooms, kitchens and staff rooms. Support to residents is provided by the person in charge, social care leaders, social care workers and care assistants.

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

Number of residents on the date of inspection:	9
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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 (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 5 December 2023	14:00hrs to 22:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The residents met on the day of inspection appeared to be happy and content. Positive feedback was received from some residents and a relative of one resident. The two houses visited were generally found to be homely and well-furnished but some areas for improvement were noted.

The designated centre was made up of three houses located very close together. Combined the houses could provide a home for a total of nine residents. On the day of this inspection, one of these houses was focused upon. The inspector spent the vast majority of his time in this house and met all five residents who lived there. However, another resident who lived in one of the nearby houses visited the house and was briefly met by the inspector. A resident who lived in the third house also requested to speak with the inspector so the inspector visited their house during the inspection. As a result a total of seven residents were met, by the inspector.

When the inspector arrived at the house which was focused upon for the majority of the inspection, all residents living there were away from the house. As such the inspector used much of the initial stages holding an introduction meeting with the person in charge. During this meeting one of the residents from neighbouring house arrived and greeted the inspector. The resident seemed happy at this time and was seen smiling while the person in charge engaged pleasantly and warmly with the resident also. This resident left shortly after and was not met again by the inspector for the remainder of the inspection.

The residents who lived in this house began to return to the house from day services. Two of these residents greeted the inspector with one shaking his hand. The person in charge interacted with both residents in a friendly and jovial manner at this time, talking with one resident about attending an upcoming Christmas pantomime and showed the other resident photographs of an art exhibition that was to be displayed the day following this inspection. Things in the house did seem busy at this time with the residents and staff moving in and out of the house's communal areas. Around this time the inspector was advised that a resident in a neighbouring house wanted to speak with him so the inspector visited this resident.

As the inspector entered their house, a staff member was going off shift and the resident wanted to wave the staff off as they left with the resident doing so. The resident then had a discussion with the inspector during which time they indicated they liked living in the house and liked the staff. It was apparent that the resident knew some of the residents from the neighbouring houses and explicitly said that they liked three other named residents while describing a fourth resident as "the best". They did say though that they avoided a fifth resident as they screamed. A risk assessment was later seen relating to this resident which was rated as a medium risk. It was indicated by the person in charge that this was now a lower risk and that the risk assessment needed updating.

While the inspector was with the resident who requested to speak with him, they gave the inspector a tour of their home. It was seen that the house was presented in a brightly decorated and well-furnished manner. The resident pointed a sensory room, their bedroom and some Christmas presents they had bought for family members. It was seen that the resident's home was generally presented in a homely manner with a number of photographs of the resident and their family on display throughout along with some Christmas decorations. Before leaving this house though the inspector did observe that a television in the living room was encased behind a Perspex screen. This detracted from the homely feel somewhat and it was later suggested to the inspector that this screen might not be needed.

When inspector returned to the house which was the focus of this inspection it was seen that two more of the residents living there had returned. Both of these residents greeted the inspector with one of the resident focused on the person in charge who spoke with the resident about going to an airport. The other resident did not communicate verbally but did seem content during the inspection. Again things seemed busy in the house at the time which was contributed to by the inspector's presence but the atmosphere was generally calm also. The inspector had a brief discussion with one of the centre's management. After concluding this it was seen that one resident had left the centre with a staff member while two resident watched television together in the house's living room.

The layout of this house comprised two apartment areas which were used by one resident each. The inspector was shown one of the apartment areas by the resident who lived there and it was seen that area contained numerous arts works which the resident had painted. This was clearly a passion of the resident and it was also indicated that they had completed a painting of all five of the residents who lived in this house. This painting was on display in the house's living room. Later on during the inspection, the inspector spoke with a relative of this resident who said that the resident had flourished since their move to this house some years previously. The relative praised the communication from staff who they described as being on the side of the resident. They also rated the service the resident received as "10 out of 10".

As the inspection progressed, the fifth resident who lived in the house returned and was met by the inspector. This resident seemed happy and cheery. They had recently had a birthday and when asked by the inspector if they had had a birthday party, the resident responded by saying that the "party doesn't stop". The resident then invited the inspector to see the apartment area where they lived. While there they showed the inspector some birthday cards they had received along with a GAA jersey of their home county. This had been given to the resident as a birthday present with the resident seeming happy about this. The resident also clearly indicated that they liked living in their apartment area.

This apartment area was seen to be reasonably presented in areas but when in the bathroom provided, the inspector observed some clear mould or mildew present. The inspector was informed that this bathroom was to be redecorated while new flooring was to be laid out in other parts of the house. Overall, large parts of the house were seen to be homelike. For example, the living room area in particular was

observed to be nicely furnished. However, the house was showing signs of wear and tear in places with the external walls in need of some painting and a stairs banister was clearly worn. The house was generally clean but it was seen that a ventilation fan in one bathroom was noticeably dusty while some further mould or mildew was evident around one resident's bedroom window.

The atmosphere for much of the inspection in this house was generally calm and relaxed. In the evening/night of the inspection it was observed that two residents continued to spend time together watching television in the living room, one resident spent time in their apartment area and the remaining two residents spent some time away from the house with family members. Staff were also observed and overheard to be very pleasant in their interactions with residents which contributed to the atmosphere. Despite this, from speaking with staff and reviewing incident records, it was clear that there were occasions when such an atmosphere was not present. This contributed to some safeguarding incidents in the house while there were indications that one of the residents wanted to live elsewhere. Such matters will be discussed further elsewhere in this report.

In summary, the two houses visited by the inspector were generally seen to be well-presented but the presence of a Perspex screen detracted from the homely feel of one house. Some wear and tear was evident in the other house with some areas of mould or mildew also seen. Residents spoken with gave positive feedback and/or appeared happy or content when met by the inspector. A relative of one resident also gave very positive feedback.

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

Monitoring systems were in operation in this centre which included the provider conducting key regulatory requirements. Despite these, actions were identified in areas such as the submission of required events and the centre's statement of purpose (SOP).

This designated centre was registered until September 2024 without any restrictive condition. It had last been inspected by the Chief Inspector of Social Services in November 2022 in an inspection that focused on the area of infection prevention and control. During that inspection some room for improvement was identified in areas such as auditing, the premises and personal protective equipment with the provider's response to such areas deemed to be satisfactory. Since then, some notifications of safeguarding incidents had been received from the centre with most relating to one of the three houses that made up this centre. As a result the purpose of the current inspection was to review such matters by focusing on this house to

assess compliance with the regulations in more recent times.

As required by the the regulations, designated centres must have an SOP in place. This is an important governance document as it should set out the services to be provided in a centre while also forming the basis of a condition of registration. In keeping with the regulations the SOP must contain specific information and be reviewed at intervals of not less than one year. During this inspection the inspector was provided with an SOP that was dated October 2021. It was also indicated to the inspector that the SOP was in the process of being reviewed. Following the inspection, the inspector was provided with an updated SOP that was dated 7 December 2023. Taking into account the SOPs that were provided during the course of the inspection process, the inspector was not assured that the provider had been reviewing this centre's SOP in a timely manner.

It was seen though that the revised SOP received generally contained all of the required information such as details around visiting and how residents' personal plans were to be reviewed. It was noted though that for one of the houses, a description of the rooms there was not entirely accurate. On the day of inspection it was observed that one room in this house was being used as a sensory room but according to the revised SOP, this room was a staff sleepover room. The revised SOP did contain details of the staffing arrangements that were in place to support residents and during this inspection it was found that staffing was provided in line with the SOP. Records provided indicated that most staff had completed relevant training to support residents but such records suggested that some staff were overdue refresher training in safeguarding and there was some gaps also for other relevant training.

Staffing was an area that was considered by the provider's monitoring systems that included key regulatory requirements such as provider unannounced visits to the centre. Such visits were seen to be reflected in written reports with actions plans developed to address any areas for improvement noted. Another key regulatory requirement is conducting an annual of the centre to determine if the care and support provided is in accordance with relevant standards. Such an annual review had been completed but it was noted that sections on resident and family feedback in the report of the annual review were blank. In keeping with the requirements of the regulations annual reviews should provide for consultation with residents and their representatives. Aside from this it was seen that an audit schedule was in place and evidence was provided that this schedule was being adhered to in recent months in the house that was the focus of this inspection.

While this did provide assurance that the centre was being monitored, under the regulations management systems in a centre must ensure that the services provided are safe and appropriate to residents' needs. As will be discussed further below, evidence reviewed on this inspection indicated that the environment in one house was not suited to the needs of one resident which was contributing to safeguarding incidents occurring. In keeping with the regulations such safeguarding incidents must be notified to the Chief Inspector within three working days but during this inspection it was identified that one such incident had not been notified in a timely manner. While this was notified retrospectively following the inspection, it was also



identified that some restrictive practices in use during 2023 had not been notified either. This included one restrictive practice that had since been discontinued and an environmental restriction that was seen to be in use during the inspection.

### Regulation 15: Staffing

Staffing was provided in line with the SOP. Staff rosters were being maintained which indicated a continuity of staff support. Staff files were not reviewed during this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Records provided indicated that most staff working in this centre had completed relevant training but some gaps were noted. These included three staff last being indicated as having completed safeguarding training in November 2020, three staff not being indicated as having complete certain fire safety training and one staff not having completed training in relevant infection prevention and control national standards.

Judgment: Substantially compliant

### Regulation 21: Records

Records were maintained of meals residents were receiving. These indicated that residents were having meals that were in keeping with their recommended dietary needs.

Judgment: Compliant

### Regulation 23: Governance and management

The provider was conducting six monthly unannounced visits to the centre and annual reviews. It was noted though that the most recent annual review report for the centre had sections for resident and family feedback which were blank. While there was monitoring of the centre, the findings of this inspection related to one house indicated that the environment was not suited to the needs of one resident

which was contributing to safeguarding incidents.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

SOPs must be reviewed at intervals of not less than one year. Despite this the SOP for this centre had not been reviewed between October 2021 and December 2023. While the most recent SOP contained most of the required information, it was noted that the description of one room in one house did not reflect the actual use of this room.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A safeguarding incident had not been notified to the Chief Inspector within three working days as required. Not all restrictive practices in use in the centre had been notified on a quarterly basis during 2023.

Judgment: Not compliant

## Quality and safety

Safeguarding incidents were occurring in one house of the centre and it was indicated that one resident was targeting another. The environment provided in this house was not suited to the needs of one resident which was contributing to such incidents.

At points during 2023 the Chief Inspector had been notified of some safeguarding incidents from this centre with most happening in the house that was focused upon during this inspection. Such incidents involved negative interactions between residents living the house such as one resident vocalising towards or hitting another resident. In the course of this inspection it was confirmed that such incidents were happening while there was recorded incidents where one resident could scream or throw items when a peer entered a communal area. Some of these were not regarded as safeguarding concerns because the other resident involved did not demonstrate any upset as a result of these. Where incidents had been deemed to be safeguarding it was seen that these were reported to the provider's designated officer (DO) with safeguarding plans put in place. Staff spoken with during this

inspection demonstrated a good awareness around such safeguarding plans.

Despite this it was highlighted to the inspector that one resident in the house could target another resident. Efforts were made to reduce the potential for this to occur, such as providing one-to-one staff time for one resident and it was indicated that there were times when these residents interacted well together. However, this was contributing to safeguarding incidents in the centre and it was suggested that the environment provided by this house, particularly when the house was busy, affected the presentation of one resident. This resident's personal plan indicated that the resident's current residential placement not being suited to their needs while the most recent provider unannounced visit report for the centre in July 2023 made reference to this resident being on the provider's "inappropriate placement listing". The inspector was also informed that the resident appeared to indicating a wish to move elsewhere and after some incidents by saying "new house".

It was evident that ongoing efforts were being made to support this resident to live in a setting more suited to their needs. As part of these efforts, there had been some consideration to the resident transitioning to another of the provider's designated centres but this was deemed not to be suitable. Potential changes to the existing premises were also being considered but completing these would present some challenges and potentially impact on other residents. Given the resident apparently expressing a wish to live elsewhere, the provider had sought to support the resident to engage with an independent advocate. The resident did receive an initial consultation with such an advocate in February 2023 and at the time of the current inspection the resident was on the waiting list to be supported by an independent advocate. A second resident in another of the centre's other houses was also on the same waiting list albeit for different reasons.

When reviewing a record of the initial February 2023 advocate consultation, the inspector noted that reference was made to the resident receiving a particular intervention without a diagnosis. It was further indicated that this matter be referred to the provider's rights review committee and that resident should be reviewed by a psychiatrist. Such matters were queried during this inspection and it was indicated that the resident was now in receipt of input from a psychiatrist and that this had been arranged after the advocacy consultation. It was indicated though that the resident had not been referred to the provider's rights review committee although it was stated that the resident had received a relevant diagnosis in recent months. The inspector sought further clarity on this matter and following the inspection it was then indicated that the resident received a relevant diagnosis in 2015 and that the resident had not been referred to the rights review committee as the resident was now receiving regular psychiatric appointments.

## Regulation 11: Visits

Based on the two houses visited during this inspection, suitable space was available in both for residents to receive visitors in private if they wished. The inspector was

informed that residents did receive visitors with a relative of one resident seen to visit one house during this inspection.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had storage facilities provided to store their personal belongings. Arrangements were in place to support residents to have access to and control over their finances. It was indicated that most residents had their own bank accounts and bank cards while one resident was being supported to get such financial arrangements in place at the time of inspection. One resident showed the inspector where records about their finances were kept.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported and facilitated to maintain contact with their relatives. There was indications that residents were supported to participate in meaningful occupation or activities. For example, one resident had a job, one resident had gone on a foreign holiday and another resident had exhibitions of their art.

Judgment: Compliant

### Regulation 17: Premises

The two houses visited were generally well-presented and homely. However, one house was showing wear and tear in places, such as needing external painting or a banister being worn, while some areas of mould or mildew were seen. A ventilation fan in one bathroom was noticeably dusty.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Both houses visited appeared to have suitable facilities to store food hygienically in. In one house it was seen that there was guidance available on residents who

required particular diets while records provided indicated that residents were asked their choice on the meals they wanted on a weekly basis.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Based on the evidence gathered during this inspection, the environment in one house was not suited to meet the needs of one resident. Residents had personal plans in place which provided guidance on how to meet their needs but it was noted that guidance for some health needs of resident was brief in the level of information it provided.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

One resident's positive behaviour support plan was from 2019 and it was indicated that the contents of this did not reflect the current circumstances of the resident. The inspector was informed that this was in the process of being reviewed at the time of this inspection. While one restrictive practice had been discontinued in 2023, the inspector observed the use of Perspex screen in house. This amounted to an environment restriction but it was suggested that this screen might not be needed.

Judgment: Substantially compliant

### Regulation 8: Protection

One resident was described as targeting another resident. This was resulting in safeguarding incidents that were occurring in one house.

Judgment: Not compliant

### Regulation 9: Residents' rights

One resident appeared to be indicating a wish to live elsewhere with this matter related to the findings under Regulation 5 Individualised assessment and personal plan. Notwithstanding this, the provider had made efforts to support residents to

avail of independent advocates where needed. While their frequency varied, residents were being consulted through resident meetings which were used to discuss house rules and activities with residents amongst others topics.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for No.1 Brooklime OSV-0005140

Inspection ID: MON-0039186

Date of inspection: 05/12/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will ensure that:</p> <ul style="list-style-type: none"> <li>• Staff identified as requiring training will complete this on line [31/01/2024].</li> </ul> <p>The training Matrix is updated to incorporate the whole centre [07/12/2023].</p>	
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>The Provider will ensure that:</p> <ul style="list-style-type: none"> <li>• The Person in Charge has placed the feedback from families for the last annual review with the report [20/12/2023].</li> <li>• That all annual reviews moving forward are fully completed with particular reference to resident and family feedback. [31/01/2023].</li> <li>• The Person in charge/team leader and keyworker will meet with the resident to explore his wish for a new house and identify the key issues and facts of the request. [11/3/2024]</li> <li>• Following this a team review including the designated officer, staff team, management and MDT (if required) will be conducted on the current environment to assess and make recommendations to support the residents in particular relation to safeguarding. [30/4/2024]</li> <li>• All recommendations from the review will be escalated to the sector manager for their consideration [1/5/2024].</li> <li>• An interim safeguarding management plan will remain in place and have regular review to ensure all residents are safeguarded. Ongoing.</li> </ul>	

Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The provider will ensure that:</p> <ul style="list-style-type: none"> <li>• The review of the Statement of Purpose occurs annually, this was under review before the unannounced inspection and returned to the inspector [08/12/2023].</li> <li>• The provider will review and clarify the use of rooms in the centre in line with the statement of purpose and update accordingly. [8/1/2024]</li> </ul>	
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>The Person in Charge will ensure that:</p> <ul style="list-style-type: none"> <li>• All notifications are returned within specified timeframes. The notification in drafts on the portal was submitted [05/12/2023].</li> <li>• The Person in Charge will review all restrictive practices in the centre and update the rights and restrictive practice log [19/01/2024].</li> <li>• The Person in Charge will ensure the quarterly returns will reflect restrictive practices in place. [31/01/2024]</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider will ensure:</p> <ul style="list-style-type: none"> <li>• That high cleaning and dusting is complete [12/01/2024]</li> <li>• Cleaning of windows and high reach areas discussed at staff meeting [20/12/2024]</li> <li>• The cleaning schedule has been updated to reflect more regular cleaning of high reach areas. [8/1/2024]</li> <li>• The areas in the bathrooms will be treated [19/01/2024].</li> <li>• The areas identified as showing signs of wear and tear as areas identified as in need of internal painting are scheduled for improvement to commence the week of 25/03/2024.</li> <li>• External Painting due to weather conditions will commence after a review on the 30/4/2024</li> </ul>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The provider will ensure that</p> <ul style="list-style-type: none"> <li>• The Person in charge/team leader and keyworker will meet with the resident to explore his wish for a new house and identify the key issues and facts of the request. [11/3/2024]</li> <li>• Following this a team review including the designated officer, staff team, management and MDT (if required) will be conducted on the current environment to assess and make recommendations to support the residents in particular relation to safeguarding. [30/4/2024]</li> </ul>	

- All recommendations from the review will be escalated to the sector manager for their consideration [1/5/2024].

The person in Charge will ensure that:

- Health care management plans are updated to ensure they have the appropriate detail. [4/1/2024]
- A nurse is identified within the service will provide clinical guidance and support to the centre in relation to health care management plans. [24/01/2024].

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

The Person in Charge will ensure that:

- the positive behaviour support plan identified in the inspection is reviewed and updated [29/02/2024]
- The Perspex in one centre has been risk assessed to see if it is still required, the restriction can be removed [22/12/2023].
- It will be placed retrospectively on the rights and Restrictive practice log and submitted on the portal as a quarterly notification up to the date of removal. [31/1/24].

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- The Person in charge/team leader and keyworker will meet with the resident to explore his wish for a new house and identify the key issues and facts of the request. [11/3/2024]
- Following this a team review including the designated officer, staff team, management and MDT (if required) will be conducted on the current environment to assess and make recommendations to support the residents in particular relation to safeguarding. [30/4/2024]
- All recommendations from the review will be escalated to the sector manager for their consideration [1/5/2024].
- An interim safeguarding management plan will remain in place and have regular review to ensure all residents are safeguarded. [Ongoing].
- A Rights Referral reviewed in January 2023 in relation to Regulation 8 is due to be reviewed by the RRC on the [11/01/24]

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	12/01/2024
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	01/05/2024

	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.			
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.	Substantially Compliant	Yellow	31/01/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/12/2023
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Not Compliant	Orange	31/01/2024
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	Not Compliant	Orange	05/12/2023

	confirmed, of abuse of any resident.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2024
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	01/05/2024
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with	Substantially Compliant	Yellow	01/05/2024

	paragraph (1).			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/01/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	22/12/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	01/05/2024