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:	No 1 Portsmouth
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	04 June 2024
Centre ID:	OSV-0005679
Fieldwork ID:	MON-0034345

About the designated centre

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

No.1 Portsmouth comprises three houses located on a campus operated by the provider on the outskirts of Cork City. It can provide full-time residential services to a maximum of six adults of both genders over the age of 18. The centre can support those with intellectual disabilities including those with autism, behaviours that challenge and who may have dual diagnosis of mental health and intellectual disability. Two of the houses are adjoining semi-detached one-storey houses and two residents can live in each house. Each of these houses is further divided into two living areas for individual residents. Therefore, residents living these two houses of the centre each have a bedroom, bathroom, kitchen and other rooms for their exclusive use. The third house is a two-storey detached building with a capacity for two residents. There are two rooms in this house that could be used as bedrooms while there is also a living room and a kitchen-dining room. Staff support is provided by the person in charge, social care leaders, social care workers, care assistants and a nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 4 June 2024	10:00hrs to 19:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Three of the five residents living in this centre were met during this inspection. None of the residents met engaged verbally with the inspector but one did physically interact with the inspector. At the time of this inspection, all five residents had individualised living environment which were seen to be well-presented on the day of inspection.

The buildings that made up this centre were based on a campus setting and combined had a maximum capacity for six residents. At the time of this inspection, five residents were living in the centre. Prior to this inspection, the inspector had been advised that some of the residents living in this centre might not want to receive visitors to their home or could engage with the inspector in particular ways. As a result before and during the inspection, the inspector was given guidance on how to interact with the residents or when to visit their homes. This guidance was followed and in total three residents were met although there was limited opportunities to observe resident/staff interactions.

While conducting an introduction meeting with the person in charge to commence the inspection, the inspector was advised that it might be a good opportunity to visit the house where one resident lived. The inspector was advised that if the resident made a particular hand gesture, this would mean that the resident wanted the inspector to leave. When the inspector entered the resident's home, it was seen that they were preparing to go on an outing to a beach. The resident did not interact with the inspector but did engage with the person in charge and a staff member. Shortly after the inspector arrived, the resident made the advised of hand gesture so the inspector left their home then. This resident was not met again for the remainder of the inspection.

Once the resident had left to go on their outing, the inspector returned to their home to review the premises as presented on the day of inspection. Overall, the premises was seen to be well-presented and clean. The resident's bedroom was on the ground floor and was seen to be spacious and provided with storage facilities. This house had a first floor but the resident did not access it. A potential second resident bedroom was located on the first floor but was being used as an office. Only one resident had been living in this house for some time and it was suggested that finding a second resident to potentially live in the house could be challenging. Despite this, it was also indicated that the provider wished to keep the capacity of this house for two residents.

Near the end of the inspector's time in this house he observed the presence of some closed-circuit television (CCTV) cameras in particular locations. Similar CCTV cameras were also seen to be present in the second building visited. This building was made up of two adjoining houses with both having a locked interconnecting door but each have their own separate entrances. Two residents lived in each of these houses with both houses subdivided into two separate living which allow each

resident to have their own individual living space. All of these living areas were visited by the inspector and, overall, were found to be well-presented and clean. These living areas were seen to be well-furnished although it was highlighted that one resident preferred a minimalist environment. In keeping with this, the resident's clothes were stored in a store room near their bedroom.

The inspector also observed that the kitchen décor in this resident's living area did appear older and more worn compared to other kitchen décor seen in the centre. It was indicated to the inspector that this kitchen décor was due to be replaced. Kitchen facilities were present in each living area of the second building visited along with bathroom facilities and rooms for residents to relax in. In one resident's living area it was observed that a former seclusion room was used as a relaxation room for the resident although some further sensory items were to be provided for this room. Aside from such rooms, it was seen that in the second building visited, two of the four residents' living areas did not have their own laundry facilities. This had been recognised by the provider as being a restriction for these residents.

While in the second building visited, the inspector did have a chance to spend some time with one of the residents living there. This resident took the inspector by the hand and guided him to an external yard and to their bedroom where the resident appeared to be looking for a jacket to put on. A staff member present assisted the resident with this in an appropriate manner. The resident was seen smiling as the staff member helped them. It was also observed that as the resident moved around their living area, when they used one particular door an alarm would sound. Given the particular needs of the resident it was indicated that this was to alert staff as to the resident's location. This alarm could be clearly heard in the other three living areas in this building.

The inspector spent some reviewing documentation in one of these living areas. The resident living there returned later in the afternoon of the inspection. The inspector was advised to relocate to another area when they happened. The inspector did so but greeted the resident at the time. The resident did not interact with the inspector and was not met again. Of the other two residents who lived in this building, one of these had gone to the cinema and was not present while the inspector was in their living area. Near the end of the inspection, the remaining resident returned to their living area. The inspector did ask if he could meet this resident then. At that time, this resident was overheard to be vocalising and the inspector was advised that it might not be the best time to meet the resident. As a result neither of these residents were met were met during this inspection.

As the three residents met during this inspection did not verbally interact with the inspector and resident observations were limited, the inspector relied on completed surveys to get a better sense of what it was like for residents to live in this centre. Four such surveys were provided during the course of this inspection. Two were indicated as being completed for residents with the help of staff, one with the help of a friend or advocate and the final survey was indicated as being completed with the help of staff and family members. These surveys asked various questions including around the residents' home, their bedrooms, the staff support they received, their rights and visitors. Overall, these surveys contained mainly positive

responses although in one survey for most questions the answers given were "no response is indicated".

When reading another resident's survey it was seen that for the questions "do you choose what you do every day" and "do staff and managers listen to you", answers of "No" and "non-verbal" were given for both. A recently reviewed personal plan document for the same resident indicated that they did choose what they did every day. Answers for other questions in this resident's survey were positive. A survey for a third resident indicated that they could not receive visitors in private. When queried with a staff member, it was indicated that this related to the particular needs of the resident. While this resident's survey largely contained positive responses on life in this centre, other documentation reviewed for this resident referenced that they would like to live in a community setting. The fourth survey reviewed contained positive responses to most questions asked but it was noted that some questions relating to food and friends had not been answered.

In summary, mainly positive responses to questions asked in surveys were provided. Three residents were met during this inspection but none interacted verbally with the inspector. One resident did take the inspector around part of their home. Residents' living environments were generally seen to be clean, well-presented and well-furnished on the day of inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, improvement was noted during this inspection compared to a July 2023 inspection but some regulatory actions remained though such as relating to the notification of restrictive practices. At the time of this inspection, the provider was seeking to make this designated centre into two separate centres.

This designated centre in its current format with three houses within two buildings was registered until September 2024 and had last been inspected by the Chief Inspector of Social Services in July 2023. During that inspection areas of non-compliance were identified relating to governance, staff training, notification of restrictive practices, positive behaviour support and fire safety. Following that inspection, the provider submitted a compliance plan response outlining what actions they were going to take to come back into compliance with the regulations. In January 2024, the provider also applied to vary the centre's permissive conditions of registration to reflect a premises layout change in one house. This application was subsequently granted. In March 2024 the provider submitted an application to renew the registration of this centre for a further three years beyond September 2024 but with only one house remaining within the footprint of the centre. The

provider also applied to register the remaining two houses as a standalone designated centre in March 2024 with the name No.4 Portsmouth as part of a reconfiguration. As all three houses remained registered as part of No.1 Portsmouth, the current inspection was conducted with a view to informing both registration applications.

Given the findings of the July 2023 inspection, the current inspection sought to focus on the areas of non-compliance identified then and also on some regulations that had not been considered during the previous inspection. Overall, the current inspection did find improvement from the July 2023 which was reflected in improved compliance levels. As part of this governance and management systems had improved and it was seen that there had been some management changes since the previous inspection with a new person in charge appointed. This individual was to serve as person in charge for both No.1 Portsmouth and No.4 Portsmouth following the proposed reconfiguration and would have the support of a team leader in each centre. Both of these team leaders were already in place at the time of this inspection. However, despite the overall improvement that was found during the current inspection, it was also observed that some regulatory actions remained in staff training, notification of restrictive practices, positive behaviour support and fire safety. This indicated that aspects of the governance continued to need some improvement. In addition, given observations in one house, further assurances were requested following this inspection related to fire safety. This will be discussed later in this report.

Regulation 15: Staffing

The findings of this inspection, from rosters reviewed and discussions with management indicated that the staffing arrangements provided were in keeping with the centre's statement of purpose which included the provision of a nurse for one house. It was also indicated that such staffing arrangements were in keeping with the needs of residents with certain residents having 1:1 staffing or 2:1 staffing. It was highlighted to the inspector though that one particular resident could need the support of one staff member or two staff members for outings depending on the identity of the staff who were working with the resident. When reviewing this resident's personal plan, the inspector read some documents which referenced that this resident needed two staff at all times or three staff for certain activities. This was queried with the person in charge who indicated that this was no longer the case.

Consistency of staff support was highlighted as being important for residents. Such consistency is important in promoting a continuity of care and professional relationships. While it was highlighted that there had been some staff turnover earlier in 2024 in one house, the inspector was informed that there was now a core staff team in place. Rosters reviewed indicated similar. Planned and actual staff rosters were also being maintained in keeping with requirements of this regulation. The same regulation also requires specific documentation to be obtained for

individual staff. However, such staff files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Records provided indicated that most staff had completed relevant up-to-date training to support residents' needs. However, some staff were overdue refresher training in areas such as de-escalation and intervention, epilepsy and fire safety. While records indicated that training dates were booked for some of these, it was noted that one staff had yet to undergo training in fire safety and de-escalation and intervention.

The inspector was informed that staff working in this centre were to be supervised every six months. Records reviewed indicated that some staff had been supervised for the first time in 2024 in the weeks leading up to this announced inspection. Other staff were due to supervised following the inspection and a supervision schedule was in place for the remainder of 2024. The inspector queried the provision of staff supervision in 2023 and it was indicated that most staff had received supervision in a timely manner then but that five staff had not. Two of these five staff though were indicated as participating in group supervision.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for the centre which consisted of documents for individual residents in each house of the centre. These documents were reviewed in two of the centre's current houses and were found to contain all of the required information such as details of residents' general practitioner and residents' dates of admission to this centre.

Judgment: Compliant

Regulation 22: Insurance

In submitting the registration renewal application for this centre, documentary evidence of appropriate insurance arrangements for this centre were provided.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear organisational structure in place for the centre which provided for lines of accountability and reporting from staff working in the centre to the provider's board of directors. An annual review had been conducted for this centre in November 2023 which assessed the centre against some themes of relevant national standards and provided for feedback from residents and their families. Unannounced visits by representatives of the provider had been conducted in September 2023 and March 2024 which were reflected in written reports. These reports indicated that relevant matters related to the quality and safety of care and support provided were considered. Where any areas for improvement were identified during these unannounced visits, an action plan was put in place. It was also noted that the provider unannounced visits in March 2024 had taken account of the proposed reconfiguration of this centre into two centres.

In the provider's compliance plan response for the July 2023 inspection, it was indicated that an audit of documentation would be completed. On the current inspection, the inspector was informed that this audit had been completed but that there was no written record of it. Aside from this a schedule of audits was also in place which provided for conducting audits in specific areas such as medicines management and infection prevention and control (IPC). Audits not being conducted as scheduled had been identified during the July 2023 inspection but documents provided in one house on the current inspection indicated that such these audits were generally carried out as per this audit schedule in place. It was noted though that the audit schedule provided indicated that IPC audits were to be conducted monthly but the inspector was informed verbally that these audits were now only being done quarterly.

During this inspection, some improvement was identified related to aspects of IPC as discussed under Regulation 27 Protection against infection. This contributed to one of the regulatory actions identified during this inspection along with actions in areas such as staff training, notification of restrictive practices, positive behaviour support and fire safety. These same four areas had been highlighted as being areas of non-compliance during the July 2023 inspection of this centre. Following that inspection, the provider had indicated that they would be in compliance with all of these areas by the end of 2023. While it was acknowledged that, overall, compliance levels from the July 2023 inspection had improved on the current inspection, the continued presence of regulatory actions in some of the same areas as the previous inspection, indicated that the governance and management systems needed further improvement to ensure that all issues were identified and/or addressed in a timely manner.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose reviewed at the time of inspection had been recently reviewed and was contained key information such as details of the staffing arrangements in place, the information in the centre's current registration certificate and the arrangement for residents to attend religious services of their choice. While details of the staffing arrangements for the centre were accurately stated for the most part, it was noted that details of a team leader's protected time in full-time equivalent was not accurately stated. It also unclear if review dates for some provider policies listed in the statement of purpose were up-to-date or not although it was acknowledged that this was not a specific regulatory requirement for a statement of purpose. In the days following this inspection, the provider submitted a revised statement of purpose that addressed these points.

Judgment: Compliant

Regulation 31: Notification of incidents

Under this regulation, any restrictive practice in use in a centre must be notified to the Chief Inspector on a quarterly basis. During the July 2023 inspection of this centre it had been identified that this requirement was not being met and since that inspection the notification of restrictive practices had increased. However, in the days leading up the current inspection it was communicated by the person in charge that some restrictions had not been notified in a timely manner for the first quarter of 2024 with a retrospective notification submitted in response.

In addition, during this inspection it was observed that further restrictions had not been notified either. These were the use of a door alarm and the use of Perspex screens in two houses to encase televisions in. The use of such Perspex screens amounted to an environmental restriction but during the feedback meeting for this inspection, it was indicated to the inspector that the use of such screens in this way were not considered by the provider's behavioural standards committee as restrictive practices. Despite this, the use of Perspex screens in some vehicles had been notified as a restrictive practice for this centre for some time.

Judgment: Not compliant

Quality and safety

Good compliance levels were found during inspection related to key areas such as

safeguarding and personal planning. Some improvement was still needed though relating to positive behaviour support and fire safety.

In keeping with the requirements of the regulations, this inspection found that the provider had taken steps to ensure that residents were protected from the risk of abuse. As part of this, where necessary, residents had safeguarding plans with records provided indicating that residents were being regularly monitored to ensure that they were safeguarded. In addition to safeguarding plans, residents had individualised personal plans in place which outlined guidance on how to meet their assessed needs. For example, there was information provided within these around supporting residents with intimate personal care and supporting residents to engage in positive behaviour. Guidance in the latter was highlighted as a particular area in need of improvement during the July 2023 inspection. Since then it was found that a psychology support plan had been introduced for one particular resident to provide clear guidance for staff in this area. Despite this, it was noted that there had been an occasion in 2024 where staff had withdrawn from this resident's living area. This seemed contrary to the psychology support plan which indicated that the resident needed the presence of staff at all times. The inspector queried if there was guidance around when this withdrawal was to be used. It was subsequently indicated that there was not but that work on developing such guidance had commenced on the day of the inspection.

Aside from this matter, fire safety had been identified as an area in need of improvement during the previous inspection primarily related to the two adjoining houses in this centre. At the time of that inspection concerns were raised around the presence of a locked door between the two adjoining houses, evacuation routes not being clearly outlined, aspects of the fie containment measures and a bedroom appearing to be an inner room. An inner room is a room that is not accessed from a circulation space and the only way in or out of the room is through another room. The provider committed to reviewing fire safety in this centre following that inspection and installing new fire doors (which help to prevent spread of fire and smoke). During the current inspection it was seen that fire safety systems were present in all three houses, such as fire alarms, fire blankets and emergency lighting, while new fire doors had been installed in one house. The application to vary the centre's conditions of registration submitted in January 2024 also sought to address the inner room concerns. However, during the current inspection, the layout of one resident's living area raised additional concerns around the potential presence of inner rooms. While it was acknowledged that presence of staff in this living area, including waking night staff, and regular fire drills could mitigate associated risks, the nature of such concerns prompted the Chief Inspector to seek further assurance around fire safety following this inspection.

Regulation 12: Personal possessions

Residents' bedrooms were seen to have facilities provided for residents to store their personal belongings. These facilities included wardrobes and chests of drawers.

Records were also kept of residents' personal belongings but some variance was noted as to how these were being maintained for some residents. For example, one resident's personal possessions list had been recently updated and contained various items including clothes while another resident's personal possessions list only detailed four items. From being in this resident's bedroom it was apparent that they had more than four personal possessions.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as the procedures respecting complaints and the arrangements for resident involvement in the running of the centre.

Judgment: Compliant

Regulation 27: Protection against infection

This regulation was not assessed in full during this inspection but when in two houses the inspector identified expired personal protective equipment such as face masks and gloves. Some of these had expired during 2023 and were in prominent locations, such as inside the front door of one house, or appeared to be in use. Cleaning schedules and records were reviewed in one house. These indicated that cleaning was generally carried out as scheduled but the inspector did note some days when some scheduled daily cleaning was not recorded as being carried out. In addition, cleaning of the fridge was listed as being a weekly cleaning tasks in the house. On some weeks this fridge was recorded as being cleaned but on other weeks it was not.

Judgment: Substantially compliant

Regulation 28: Fire precautions

During an April 2024 inspection of another of the provider's designated centre on the same campus as the current centre, concerns were identified around the emergency arrangements in place to support fire evacuation at night. The nature of these concerns prompted the Chief Inspector to seek further assurances from the provider in this area for all designated centres operated on the campus. The provider responded to this and indicated that relevant fire evacuation plans would

be reviewed and updated while a new system for seeking assistance in the event of an emergency would be implemented. On the current inspection it was identified that such actions had been implemented.

The three houses which made up the current centre were provided with fire safety systems with new fire doors having been installed in one of these houses following concerns raised during the July 2023 inspection. However, some concerns were raised during the current inspection from a fire safety perspective related to the same house, particularly regarding the layout of one resident's individual living area. These concerns were as follows:

- The resident's living area had fire evacuation procedures on display which indicated that there were three evacuation routes that the resident could use if needed. However, the inspector was informed that the resident could use an interconnecting door to the adjoining house to evacuate. Although this door did have a sign on it indicating that it could be used in an emergency, this door was not listed as being an evacuation route in the fire evacuation procedures on display. This door did not a running man sign present to indicate that it was a fire evacuation route also. Evacuation routes not being clearly outlined was explicitly highlighted by the July 2023 inspection of the centre.
- The same interconnecting door was locked and required the use of keys to unlock it. The compliance plan response for the July 2023 appeared to suggest that this door would be replaced with a new door with thumb turns on one side. On the current inspection it appeared that this interconnecting door had been replaced but no thumbs turns were present on either side of it so it continued to need keys to unlock it on both sides. The inspector was informed that there was a master key which could unlock this door while there were two break glass units on either of the door with the door key. It was observed though that one of these units was missing its glass.
- The majority of rooms in the resident's individual living area led directly into a corridor but it was observed that this corridor also functioned as an office area with electrical equipment present including a printer. The layout of the resident's individual living area meant that in the event that a fire occurring in this corridor/office area, if the resident or staff were in the resident's bedroom, the living room or utility room, they would have to enter the corridor/office area in order to access an evacuation route. This did not provide for a protected evacuation route. In addition, the one bathroom in this resident's living area required one to pass through the utility room to access the bathroom.

The overall layout of this resident's individual living area, did raise concerns around potential inner rooms in this living area particularly for the resident's bedroom. A similar concern had also been raised during the July 2023 inspection of the centre. While mitigating factors were noted such as regular fire drills and the presence of waking night staff, given these concerns, following this inspection the provider was requested to provide further assurance in this area. In response, the provider indicated some quality improvement action that they were going to take. These included the floor plans being amended to reflect all evacuation routes and a thumb

turn lock to replace the current lock on the interconnecting door. In addition, it was indicated by the provider that they would relocate the utility room and amend the office area to make it a separate room that would meet fire safety standards. Some of these measures were indicated as having being completed in the days following the inspection with the premises changes outlined by the provider given a 31 July 2024 time frame.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Personal plans reviewed were found to provide guidance for staff in supporting residents' needs. Residents also had access to multidisciplinary supports if needed though the personal planning process. A personal planning process was followed to identify priorities for residents. It was noted though that the resident who was indicated as liking to live in a community did not have this listed as a priority for them in their personal plan documentation from April 2024. When queried it was indicated that this was not included in their personal plan priority then as it had only recently become more a realistic possibility. The personal plans reviewed indicated that residents' current setting were suited to their needs although it was highlighted that health needs of one particular resident were being closely monitored.

Judgment: Compliant

Regulation 7: Positive behavioural support

Information was in place within residents' personal plans to provide guidance on how to support residents to engage in positive behaviour. This included the introduction of a psychology support plan for one resident since the July 2023 inspection. However, there was no guidance in place around when withdrawal was to be used for the resident. While the inspector was informed that work on developing such guidance had commenced on the day of inspection, the inspector was also informed that this withdrawal had been referred to the provider's behavioural standards committee for review as a restrictive practice in July 2023. Such a review had had yet to happen at the time of this inspection.

Reviews by the behavioural standards committee formed part of the provider's monitoring of restrictive practices in the centre. Restrictions listed within the centre's restrictions logs had been referred to this committee. However, in addition to the potential use of withdrawal for one resident, some of these restrictions had yet to be reviewed by this committee. In addition, some restrictions observed during this inspection had not been included on the centre's restrictions logs such as the door

alarm in one house and the use of Perspex screens in some houses.

Judgment: Substantially compliant

Regulation 8: Protection

Where any potential safeguarding concerns had arisen, documentary evidence was provided that these had been appropriately screened with safeguarding plans put in place. Records provided indicating that residents were being regularly monitored to ensure that they were safeguarded while guidance was available around supporting residents with intimate personal care. Training records submitted following the inspection indicated that all staff had completed safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

During the initial stages of this inspection, it was indicated that referrals had been made for two residents to avail of independent advocates. One of these residents was on a waiting list for an independent advocate while the other had recently been taken had their referral accepted. When later reviewing documentation, the inspector came across a letter from January 2022 indicating that a third resident had also been referred to an independent advocate. This queried and it was initially unclear what the reason for this referral was and if this matter had been followed up since January 2022. During the feedback meeting for this inspection, it was subsequently indicated that the referral was made owing to previous changes in the resident's living environment and that the resident was on a waiting list for an independent advocate.

It was also highlighted to the inspector that given their particular needs, one resident required line-of-sight supervision at all times when out in the community. While acknowledged that there were particular reasons for this, the inspector was informed that this had not been referred to the provider's rights review committee. In addition, when in the same resident's living area, it was seen that in their kitchen-dining room, there were records present relating to a different resident. When reviewing the personal plan for another resident, the inspector noted the presence of some documents which were not relevant or appropriate for the resident given their respective needs. This included a template document that was not required for the resident given their gender.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No 1 Portsmouth OSV-0005679

Inspection ID: MON-0034345

Date of inspection: 04/06/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge will ensure that • all staff receive supervision in a timely manner. A supervision schedule is in place since January 2024 to ensure all staff receive supervision at least twice per year as per Provider policy. All first half yearly staff supervisions will be updated in line with this scheduled by 30.06.2024 • staff have access to appropriate training including refresher training as necessary. • The relevant staff will have completed; Fire training by the 31.07.2024 Epilepsy training by the 04/09/2024. CPI training by the 30.09.2024.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure that: • An audit for all current documentation will be conducted and any non-relevant or non-current information will be removed. (30.08.2024) • The audit schedule will be kept updated including amendment to the frequency of the IPC audits to accord with updated Provider guidelines. (05.07.2024). • A focused review of the systems in place for IPC, staff training, notifications of restrictive practices, positive behaviour support and fire safety will be completed to identify how processes can be improved to ensure that all issues are identified/addressed in a timely manner. (30.09.2024).	

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• The person in charge will ensure that all restrictive practices are notified to the Chief Inspector in the quarterly returns. 31.07.2024

• A referral has been sent to the Rights Review Committee for the alarm on the external door in one apartment. 02.07.2024. This will be returned in the quarterly notifications to the authority going forward.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
The person in charge will ensure that the log of all residents' personal possessions is reviewed and updated in line with Provider policy. 05.07.2024

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The register provider will ensure that
• all PPE is in date as of the 05.07.2024 and a system of review on a regular basis is in place in the Centre.
• all cleanings carried out in the Centre, recorded, and monitored on a daily or weekly basis as required in each house. This will include the weekly fridge cleaning. 05.07.2024

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider will take adequate precautions against fire in the designated center:
• Additional firefighting equipment has been placed in the bathroom area in apartment no.2 (07.06.2024).
• There is an alternative emergency exit in the adjoining door between two houses. There is emergency lighting over the fire exit door on this alternative exit. Floor plans have been amended to reflect this as a fire exit (10.06.2024) in consultation with the Provider's Facilities Manager, they have advised that a 'running man' sign is only present over a primary fire evacuation route this is in place. Emergency lighting is in place for all fire exit routes including the route between the adjoining houses.
• PEEP's have been updated to reflect this secondary alternative emergency route if necessary. (10/06/2024).
• A thumb turn lock has replaced the current lock on the door between the adjoining houses on the 15/06/2024.
• The break glass unit in one house has been replaced. (21.06.2024).
• The utility room will be moved from its current location in one house to the back garden area to reduce the risk of fire (19.07.2024)
• A new office area will be created in one house ensuing compliance with fire regulations. (31.07.2024).

The PIC will ensure that: • The procedures to be followed in the event of a fire are displayed in a prominent place and readily available. (28.06.2024).

Regulation 7: Positive behavioural support	Substantially Compliant

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

• The Provider will ensure that the log of Restrictions in the Centre is complete, kept updated and any delays in sanctioning or practices are followed up on a timely basis.

• The person in charge will ensure staff have the up to date knowledge and skills to respond to behaviour that is challenging by introducing guidance on staff withdrawal. This guidance was completed on the 21.06.2024.

• The registered provider will ensure that all restrictive practices are applied in accordance with national policy and evidence based practice. A referral was sent to the Behaviour Standards Committee 24.06.2024 regarding withdrawal.

• A referral was sent to the Rights Committee on the 02.07.2024 with regard to the alarm on the external door in one house.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The registered provider will ensure that

• all documentation in relation to the resident is stored in the staff office as opposed to the apartment of their neighbour. (07.06.2024)

• All irrelevant templates have been removed from the resident's personal profile. 17.06.2024

• The Line of Sight supervision support for one resident has been referred to the Rights Review Committee on the 26.06.2024

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	05/07/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/09/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2024

Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	05/07/2024
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	07/06/2024

Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/07/2024
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	10/06/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	15/06/2024
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	28/06/2024
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	Not Compliant	Orange	31/07/2024

	centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
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	24/06/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	02/07/2024
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic	Substantially Compliant	Yellow	17/06/2024

	and cultural background of each resident.			
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.	Substantially Compliant	Yellow	26/06/2024