



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

Issued by the Chief Inspector

Name of designated centre:	Brookhaven
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	13 July 2021
Centre ID:	OSV-0005840
Fieldwork ID:	MON-0033059

About the designated centre

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

Brookhaven is a designated centre located outside a town in Co.Offaly, which provides 24-hour care to children, both male and female aged between 12 to 17 years of age with a wide range of support needs including autism, intellectual disability, mental health, and challenging behaviour. The number of residents to be accommodated within this service will not exceed five. At Brookhaven, each resident has their own generously sized bedroom, with space for their personal belongings and private living needs, consistent with that found in a regular family home environment. The property is surrounded by gardens to the front and rear of the building. The centre looks after any specific dietary and healthcare needs of all residents i.e. epilepsy, diabetes, asthma. The centre provides a high quality and standard of care in a safe, homely and comfortable environment for all residents. The centre is staffed by social care workers and assistant support workers and there is a full time person in charge working, a team leader and two deputy team leaders also working in the house. Should additional staff support be required, the service provides for this by assessing the residents dependencies which may increase or decrease accordingly. Nua Healthcare provide the services of the multidisciplinary team, these services include; psychiatrist, psychologist, occupational therapist, speech and language therapist and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 13 July 2021	09:30hrs to 18:30hrs	Sinead Whitely	Lead
Tuesday 13 July 2021	09:30hrs to 18:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This centre is a large detached two storey property set in it's own grounds just outside of a town. It is home to five young people under the age of 18 years all of whom have personal apartments within the house. On the day of inspection the inspectors only met with one of the residents. One resident was currently staying in another location on a temporary basis and the other three were on day trips or accessing activities in the community. The young people living in the centre presented with complex diagnoses, including mental health diagnoses, and behaviours of concern at times.

The inspectors had the opportunity to meet with members of the staff and management teams associated with the centre. As restrictions relating to the COVID-19 pandemic remain in place the inspectors adhered to current guidance and best practice relating to wearing personal protective equipment and ensuring social distancing.

Inspectors walked around the centre, accompanied by a staff member, and observed the children's individual apartments. Apartments mostly comprised of a bedroom, en-suite bathroom and a kitchen-living area. The majority of the apartments had measures in place to mitigate identified risks, these included specific safety plumbing fixtures, safety covers on televisions, key pad locks on doors, and high fencing in self contained gardens and around the main house in the centre. Some apartments had been personalised with residents personal belongings and one resident kept their pet guinea-pig in their bedroom. Not all apartments had ovens, hobs or laundry facilities. These facilities were provided in the main house and residents did not usually access these areas. There was a shared play area where there was a trampoline, a swing, a slide and a boxing bag. One resident also had a music shed where inspectors observed them playing the drums. Inspectors also observed a fairy garden outside which had been designed by residents and staff during the COVID-19 lockdown period. Residents all had access to their own service vehicle to attend various activities and education.

The resident who met with inspectors said that they liked living in this centre and felt that they were listened to and staff took time to explain things to them. The inspectors observed staff as being caring and engaging with the resident over the course of the day. The resident stated that they did not like the rubbish that was sometimes on the ground outside and worried this might bring mice or rats to the garden. In discussion with the person in charge and staff team it was reported that another resident may throw items over the wall from their private yard and that these were picked up as soon as staff had time to do so. The inspectors did not observe any items on the ground externally on the day of inspection.

The resident also reported that they had requested changes to their apartment which had been provided for the most part such as, mainstream taps, an oven and removal of the tinted covers on the windows. The inspectors observed the resident

being offered choices by the staff over the course of the day for activities and they were supported to go swimming, for a drive and to play drums.

The staff team comprised of social care workers and assistant support workers. Residents also had access to nurse support when required and a range of further multi-disciplinary support. The staff team spoken with stated that they felt they were provided with the training and support they needed and this made them confident in doing their job. They stated that they felt the centre promoted independent living skills and the residents were supported to live in their apartments as standalone units. The staff team reported that the residents did not really mix and did not use the communal areas on a regular basis.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered

Capacity and capability

This inspection was unannounced and the inspectors found that the registered provider and the management team in place had ensured that each resident living in this centre received a good quality service. This inspection found evidence across the regulations reviewed, of a service that supported and promoted the health, personal and social needs of the residents. The provider had recognised that the residents in this centre required individualised support and that they were supported by a staff team that were responsive to their specific communication and behaviour support needs.

Inspectors found that the centre was suitably resourced. Residents were supported by a team of social care workers assistant support workers who had received training to meet residents specific needs. There was a full time person in charge, a team leader and two deputy team leaders in place. The service provided was regularly audited and reviewed by both the management team in the centre and the organisational quality team. The management team appeared to have a regular presence in the centre and staff and residents were familiar with the person in charge and who to report concerns to. However, the inspectors also found that some improvements were required in areas including fire containment, infection prevention and control and governance oversight in addition to the management of intimate care, as detailed in other sections of this report.

Regulation 15: Staffing

The provider had ensured that all residents were supported by sufficient numbers and skill mix of staff to meet their individual needs. Staff are always available to

ensure the safety of residents and contingency plans are in place in the event of a shortfall in staffing levels.

There were high levels of staffing in place in the centre with all residents supported by two staff members during the day. The inspectors reviewed the rota for the centre and found it to be an accurate reflection of the numbers of staff present on the day of inspection and showed there was continuity of staff over the period of time reviewed. Staff are supported by team leaders and the person in charge who are present in the centre in addition to the staff on the rota.

Staff meetings were held on a regular basis and these were used to discuss ongoing issues including residents goals, incidents and accidents, risks, safeguarding, complaints, medications, and residents personal plans. There was a clear daily handover system in place which recorded and highlighted important information including adverse incidents, residents daily schedules and appointments and different staff allocations and tasks to be completed while on duty.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided to meet the assessed needs of the residents in areas including medication management, fire safety, manual handling, first aid, hand hygiene, safeguarding, risk management, children's first, infection control and personal protective equipment (PPE). Training needs were regularly reviewed and further refresher training was provided when required. Following a review of training records, inspectors found that all staff mandatory training and refresher training was up-to date.

Staff were completing regular one to one formal supervisions and performance appraisals sessions with line managers. These identified any training needs for staff and any actions to be completed by staff before the next supervision session.

Judgment: Compliant

Regulation 23: Governance and management

There was a well-established governance structure and management team in place. The provider and the person in charge were aware of their responsibilities in providing a quality and safe service. The management team in place demonstrated a strong passion for the service they provided. This influenced the model of care provided and the compliance levels found during this inspection.

The provider had arrangements in place to monitor the service provided.

Unannounced visits to the centre to review the quality and safety of care provided to residents had been carried out while an annual review of the centre for 2020 had also been completed. Audits were also being carried out however, on some of these for example of the cleaning systems it was apparent that spot checks for assurance had not been completed. Inspectors noted in other areas for example the safeguarding registers they had not been updated to reflect the accurate position. The person in charge made amendments as required on the day of inspection however, as discussed some issues may not be apparent if checks are not completed and updates to audits maintained. Any issues that were highlighted by the provider's monitoring systems were acted upon. This provided assurances to inspectors that the provider had appropriate systems in place to monitor the service provided and ensure positive outcomes for residents however, they required ongoing monitoring and review at centre level.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was an accurate description of the service provided and contained all items set out in Schedule 1, including registration information, staffing whole time equivalents and the management structure.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their remit to notify the chief inspector of incidents and accidents in the required format within the specified time frames as outlined in the regulations. The inspectors reviewed the incident and accident register in the centre and clear and detailed records were maintained. The person in charge had ensured that the staff team had developed a culture of openness and accountability and incidents were viewed as part of a continuous quality improvement cycle with learning outcomes identified for the service provided to the residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that there was an effective system in place for

making a complaint and this was made available to both residents and their representatives. There were systems in place to address and resolve issues raised by residents and/or their representatives. The inspectors reviewed the complaints log and noted that one resident had complained on three occasions about the same matter relating to the repair of a shower. The person in charge was able to demonstrate that a number of steps had been taken to resolve this issue and that the resident was kept informed and was aware of the reason for the delay. The complaint had been kept open in line with the providers policy to ensure it was followed up as required.

Judgment: Compliant

Quality and safety

Inspectors were satisfied that residents were provided with a good quality of life within an individualised environment. Inspectors observed that residents were appropriately supported and encouraged to enjoy a good quality of life. The inspectors reviewed a number of key areas to determine the quality and safety of the care provided. This included a review of residents personal plans, the premises, infection control measures, cleaning schedules, care records, risk management documentation, safeguarding records and fire safety documentation.

Throughout the inspection, evidence was seen that residents were supported to participate in meaningful activities of their choice. For example, a resident spoke to inspectors of activities they enjoyed and the support they were receiving to engage with more structured community based activities. These included social farming, water sports, music, and gardening. Such activities were undertaken for enjoyment and also to increase the independence of residents. Opportunities to engage in such activities were actively encouraged and supported within the designated centre. It was clear that residents enjoyed the activities they participated in.

Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and met. Overall, it was found that while residents were living meaningful lives, some improvements were required in specific areas to ensure that the service provided was safe at all times, as discussed below.

Regulation 12: Personal possessions

The provider ensured there were systems in place to respect and protect residents personal possessions. Residents' apartments were equipped with ample storage for their belongings. A clear and transparent system was in place to support residents in managing their finances. Oversight and monitoring of this was completed on a

regular basis.

Judgment: Compliant

Regulation 13: General welfare and development

The residents appeared to have meaningful days living in the centre. All residents had individualised daily planners in place and all of the young people were supported to access regular education and educational opportunities. This included access to an individual tutor at times. The residents also had access to play areas and garden areas within the centre which had a trampoline, a slide, and a boxing bag. One garden area also had a fairy garden.

Three of the residents were absent from the centre on the day of inspection as they were all attending different individualised activities while being supported by staff, in line with their daily planners. One resident spoken with, told the inspectors about the social farming program they were due to take part in and how much they were looking forward to this.

Judgment: Compliant

Regulation 17: Premises

This centre is a large two storey property in a standalone site, on one side of the house is an additional apartment attached at a lower level but not interconnected to the main house. There is an area of lawn in the front of the property and residents supported by staff had created some vegetable beds and a fairy garden here which were positive features although both required some tidying and maintenance. To the rear of the house was a large fenced in area for staff parking, an area for play and fitness equipment which residents enjoyed using. In addition a shed with music equipment that one resident was seen to use for playing drums. Two residents had their own private garden areas, one had some play equipment and the other was bare, each were surrounded by walls or fencing.

Internally the house had a communal sitting room and kitchen however, while one resident was observed in the sitting room briefly it was clear the communal areas were not used by residents regularly and they preferred to use their individual apartments. The kitchen shelving contained residents personal files and information which was visible and accessible to anybody who accessed the kitchen and did not assure residents of privacy regarding their plans. These were moved over the course of the day. The apartments consisted of a bedroom, bathroom and open plan living room with in some instances kitchenette area. Not all residents had access to cooking facilities in their apartments and the staff team and management in the

centre were reviewing this as the communal kitchen was not reported to be used by residents on a regular basis. Each was individualised and decorated as per the young persons tastes and preference. The inspectors observed one had a pet guinea pig and another used stickers to decorate walls and furniture. Posters and artwork were also displayed and residents had used fences and walls outside for art also.

A number of areas in the centre required cleaning, such as a temporarily unoccupied apartment and maintenance was required for minor repairs. Two ceiling areas in the premises were observed as requiring maintenance and re-painting. The inspectors were aware that there was someone on site completing some maintenance tasks on the day of inspection, however, additional work was required.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

All residents had individual risk management plans in place. Risks posed to residents were regularly assessed and mitigated. Control measures in place included adapted environments, high staff support levels and restrictive practices. There was a centre risk register in place which recorded all of the actual and potential risks in the designated centre. Risks were regularly discussed with staff. Evidence of this was observed in staff team meeting minutes and in staff handover records.

Inspectors observed a fob system in place for staff check-ins to ensure continuity of care and support 24/7. The service had plans and protocols in place to respond to adverse incidents and the risk of COVID-19 had been comprehensively reviewed at centre level and with each individual resident.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. Inspector temperatures were taken on arrival and an external location was identified for hand washing and sanitising in addition to ensuring face masks were in place prior to entering the centre.

Sufficient personal protective equipment was available at all times and staff had adequate access to hand-washing facilities and or hand sanitising gels. Mechanisms were in place to monitor staff and residents for any signs of infection.

While cleaning checklists were in place and signed as completed, inspectors observed some areas that had not been cleaned in one residents apartment that

had been empty for four weeks due to a temporary transfer. Inspectors observed dust and dead flies in this area. There was no record that water was being run to prevent the risk of water borne disease such as, Legionnaires disease and the staff team stated they had not completed this task.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety precautions were in place, including, regular fire drills, clear evacuation plans and regular checks of fire fighting equipment. Staff had received up-to-date training in fire safety and spoke confidently with the inspectors about their role in evacuating residents from the centre. Fire safety systems were in place in the designated centre including a fire alarm system, emergency lighting, and fire extinguishers. Such equipment was being serviced at the required timeframes.

Improvements were required in relation to containment measures within the centre. One fire door had a fire resistant glass panel removed which had been replaced with a wooden insert therefore interfering with the integrity of the door. This was repaired on the day of inspection and viewed by inspectors prior to them leaving the centre. A number of fire doors were catching on the floor and not shutting as required and these were also repaired immediately. Two double doors were not creating a seal when closed on both the hinge and centre sides, this required review. Residents had personal evacuation plans in place which outlined the supports to be provided to residents to assist them in evacuating the centre however, they were not signed or dated so it was not possible to know how recently they had been reviewed. Assurances were received from the person in charge following the inspection, detailing how the provider was addressing these issues in a timely manner.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

All residents had comprehensive assessments of need and personal plans in place which were subject to regular review. Needs assessments reviewed areas including the children's care history, emotional well-being, medications, physical health, education, skills development, money management, risks, safeguarding, and personal social goals. Personal plans were then prepared, in line with these assessed needs

Personal care plans incorporated risk management measures, behavioural support

plans and recommendations made by the multi-disciplinary professionals working with the residents. Residents all had key workers allocated to them and key workers regularly reviewed residents social goals and supported them with skills teaching and with achieving their individual goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were high levels of restrictive practices observed in use in this centre. These were comprehensively assessed for and where required professional recommendations were recorded as part of the assessment and review process. Some residents had personal goals to move towards the reduction of restrictions in their lives and there was evidence that their rights were outlined and discussed with them on a regular basis. Inspectors found however, one resident had no crockery or cutlery in their apartment as it had been removed, this was despite their personal plan stating that they used plastic crockery and regular cutlery. This restrictive practice had not been recognised as such, and therefore was not being monitored in line with the providers policies and procedures.

Residents had access to a range of multi-disciplinary supports to help them manage their behaviours. Residents had multi-element behavioural support plans in place which were usually prepared by a behavioural specialist. A traffic light system was used to identify different levels of behaviours that challenge and the supports required to manage them.

Judgment: Substantially compliant

Regulation 8: Protection

There were clear systems and policies in place to safeguard the young people. Staff had all completed training in Children's First. Staff spoken with were aware of safeguarding risks and open safeguarding concerns and there was a designated officer in place for the management of any safeguarding concerns. Suspected or confirmed safeguarding incidents and allegations were investigated and managed in a serious and timely manner in the centre.

All residents had an intimate care plan in place to guide staff on how to support residents with personal care. Inspectors found that the intimate care plan in place for one resident required further review to ensure that staff were clearly guided on how to best support the resident during times when they were refusing personal care and to ensure the residents bodily integrity and dignity was upheld during

these times.

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 - 2015 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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	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	Substantially compliant

Compliance Plan for Brookhaven OSV-0005840

Inspection ID: MON-0033059

Date of inspection: 13/07/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1)The Person in Charge will ensure that appropriate oversight is maintained on the safeguarding registers for residents in the Centre this will be completed on a weekly basis and registers will be updated as and when a safeguarding concern arises. (Completed 14.07.2021)</p> <p>2)The person in charge will ensure Management continue to complete daily environment checks. The Centre handover log has been updated with a sign off for the management team to provide assurances that this walk around has been completed in the Centre and cleaning tasks are complete each day. (Completed 14.07.2021)</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1)The vegetable patch and fairy garden in the Centre has been maintained by the gardener assigned to the Centre and they continue to maintain it on a monthly basis. Service are encouraged to engage in the maintenance of the fairy garden and vegetable patch through the service user forum meeting's.</p> <p>2)All maintenance works in the centre are logged on the maintenance manager system a schedule is then sent to the person in charge from the maintenance department. Both ceiling's referenced in the report have been maintained and re-painted. (Completed 31.08.2021)</p>	

3)All maintenance required for the Centre have been assigned to the maintenance team for completion. During the daily walk around completed by Centre management any maintenance issues that arise are logged on the maintenance manager.

4)The Centre’s cleaning SOP’s have been updated with cleaning duties assigned to individual staff members on duty oversight on all cleaning duties will be carried out by the Centre management during the walk around of the Centre. (Completed 14.07.2021)

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

1)The daily handover log was updated with a sign off to reflect the centre management walk around and check of all cleaning duties completed in the centre. The staff team have been briefed during handovers and team meetings. the team meeting occurred on the 30.07.21 and minutes reflect this discussion.(Completed on 30.07.21)

2)The centre's cleaning SOP's have been updated to reflect the running/flushing of water vacant areas of the centre. (Completed on the 14.07.2021)

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1)Resident’s personal emergency evacuation plans have been signed and dated. Resident’s PEEP’s are reviewed on a regular basis or as required in the Centre. (Completed on 14.07.2021)

2)The fire doors in the Centre were reviewed the day of the inspection by maintenance and were further checked on the 14.07.21 by the maintenance team. An action from this review was to change the fire seals on the double door’s. (Completed 14.07.2021)

Regulation 7: Positive behavioural support	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>1) Restrictive practice was discussed with the staff team during daily handovers with a focus on unplanned restrictions- the handover document reflects this discussion. (Completed on 14.07.21)</p> <p>2) The restrictive practice policy was discussed during monthly staff team meeting commencing from 30.07.21 minutes reflect this and will continue to be discussed monthly.</p> <p>3) A restrictive practice review meeting is held on a quarterly basis with the PIC and behavioural specialist where all restrictions in the Centre are reviewed. Restrictions in the Centre were reviewed on the 16.07.2021.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>1) Resident's intimate care plan was reviewed and updated to ensure that staff were guided on how best to support the resident during times when they refuse personal care. This plan was also updated to ensure that the residents bodily integrity and dignity were upheld during times of personal care. (Completed on 06.08.2021)</p> <p>2) All resident's intimate care plans were reviewed with the staff team and will be discussed at the next scheduled team meeting on the 27.09.2021</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	14/09/2021
23 (1) (c)	Put management systems 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	14/09/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Substantially Compliant	Yellow	14/09/2021

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	14/09/2021
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	14/09/2021
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily	Substantially Compliant	Yellow	30/09/2021

	integrity.			
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