



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

## Issued by the Chief Inspector

Name of designated centre:	Offaly Respite Family Support Services (Adult) Area A4
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	25 July 2022
Centre ID:	OSV-0008215
Fieldwork ID:	MON-0036596

## About the designated centre

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

Offaly Respite Family Support Services Area A4 is a designated centre operated by Muiriosa Foundation. The centre can cater for the needs of up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre primarily offers a respite service to residents and comprises of one bungalow dwelling, located a short distance from a village in Co. Offaly. Here, residents have their own bedroom, some en-suite facilities, bathroom, kitchen and dining area, sitting room, utility and access to a garden area. Staff are on duty both day and night to support the residents who avail of this service.

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

Number of residents on the date of inspection:

4

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 25 July 2022	11:10hrs to 17:20hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was a centre that provided care and support to residents in accordance with their assessed needs. Due consideration was given to residents' individual preferences, wishes and interests and all efforts were made by staff to ensure residents received the support they required and that they also enjoyed their time at this centre. Although many areas of good practice were observed by the inspector over the course of this inspection, there was a number of improvements identified and these will be discussed in the next two sections of this report.

Upon the inspector's arrival to the centre, they were met by a member of staff who was supporting two residents at the time. One of these residents was relaxing at the kitchen table having a cup of tea and spoke very briefly with the inspector. They told of how they had availed of respite a few times since the centre opened and typically went to day service outside of summer months. Another resident, was relaxing in the conservatory area, which staff had dimly lit to allow for this resident to have some down time. Staff told the inspector that this resident was a new admission to the service and they were in the process of preparing the necessary documentation as part of this resident's admission. Another resident later returned to the centre, where they had been out shopping with the support of staff. This resident also briefly interacted with the inspector, speaking of the shops he had visited as part of their shopping trip.

The centre comprised of one bungalow dwelling, which was located a few kilometres from a village in Co. Offaly. Here, residents had their own bedroom, some en-suite facilities, a bathroom, staff toilet, staff bedroom and had communal access to a kitchen and dining area, sitting room, conservatory and utility. There was also an accessible and well-maintained garden area to the front and rear of the centre. Two bedrooms had over-head tracking hoists and large en-suite bathrooms to cater for the needs of residents with high support needs. One of these bedrooms also had a fire exit, which had a positive impact on ensuring residents with high mobility needs could be quickly evacuated, if it was required. The layout and design of the centre also gave due consideration to these residents, with a large hallway and doors, to allow for ease of access to and from each room. The centre was well-maintained, nicely furnished, had many homely touches to it and there was a general calm and relaxed atmosphere here, with residents coming and going from communal rooms, as and when they wished.

Both the person in charge and staff who were on duty, spoke at length with the inspector about the assessed care and support needs of the residents who availed of this respite service. There was a large number of residents in which this centre provided respite to, many of whom required specific manual handling support, had specific health care needs, while others required support with regards to their social care needs. Admissions to the centre were generally well-planned in advance, which the person in charge said had a positive impact on ensuring a suitable number and skill-mix of staff, which included nursing staff, were at all times on duty. Where

changes occurred to admissions at short notice, the person in charge ensured that the staffing arrangement was reviewed accordingly. The systems that the provider had in place for the scheduling of respite stays were very much orientated around ensuring residents received the level of support that they were assessed as requiring. For example, where residents with very high support needs were identified for respite, the person in charge told of how there was never any more than two residents requiring this level of support admitted for respite at the same time, and sometimes, the centre operated at a reduced bed capacity to provide these residents with additional support during their respite stay.

The quality of social care that residents received during their respite stay was an important aspect of the service that the provider strived to provide residents. Along with a suitable number of staff always being available, there was also wheelchair accessible transport available to the centre, meaning all residents had the resources they required to get out and about in the local area. Residents social interests and individualised preferences for activities were considered by staff in the daily planning of the activities for the day.

It was the first inspection of the centre since it opened and although many areas of good practice were found, following this inspection, the provider was issued with an urgent action in response to concerns found relating to the safe evacuation of residents from the centre and also with regards to staff training in relation to fire evacuation equipment. Subsequent to this, the provider submitted a response to this, providing assurances to the Chief Inspector of Social Services, that these issues were addressed

The next two sections of this report will now outline the specific findings of this inspection.

## Capacity and capability

This was unannounced inspection to assess the provider's compliance with the regulations and was facilitated by the person in charge and his staff team. Although the provider did demonstrate compliance with some of the regulations inspected against, improvements were identified to aspects of medication management, positive behavioural support, staff training, governance and management and health care.

The person in charge held the overall responsibility for this centre and he was supported in his role by his line manager and staff team. He was recently appointed to the role and was in the process of familiarising himself with the assessed needs of the residents and with the operational needs of the service delivered to them. Since his appointment, he was regularly present at the centre to meet with the residents availing of respite and with staff. He had held meetings with his staff team, which had a positive impact in reviewing resident related care and support matters and

also maintained regular contact with his line manager to review operational issues.

Due to the nature of this respite service, the person in charge regularly reviewed the staffing compliment to ensure a suitable number and skill-mix of staff were on duty to meet the assessed needs of residents. For example, where residents requiring high staff support were identified for admission, the staff roster was reviewed accordingly to ensure these residents had access to the level of staff support that they were assessed as requiring. In addition to this, due to the assessed health care needs of many of the residents who availed of this service, nursing staff were rostered both day and night to support these residents with this aspect of their care. Many of these residents were previously known to staff working in this centre, which had a positive impact on promoting continuity of care for these residents. Although the staff who met with the inspector spoke confidently about their roles and responsibilities in caring for and supporting these residents, some improvement was required to ensure all staff had received re-fresher training in areas appropriate to their role.

The provider had ensured that the centre was suitably resourced to meet the assessed needs of the residents who availed of this service. There was a clearly defined management structure in place and arrangements were in place to support, develop and performance manage all staff members who worked in the centre. Although this centre was not opened longer than six months at the time of this inspection, the person in charge spoke with the inspector about the provider's plans to ensure six monthly provider-led visits would occur in accordance with the requirements of the regulations. However, in the interim, improvements were required to ensure the quality and safety of care would still be subject to regular monitoring. Over the course of this inspection, a number of improvement were identified to various aspects of this service, which included, significant findings relating to fire safety, which resulted in an urgent action being issued to the provider. Although assurances were received following this inspection that these concerns relating to fire safety were addressed, the provider had not implemented appropriate oversight and monitoring systems to support them in identifying these issues for themselves, along with all other improvements that were also found as part of this inspection.

#### Regulation 14: Persons in charge

The person in charge had the overall responsibility for this centre and was full-time in their role. They were supported in the management and running of this centre by their line manager and staff team. He has responsibility for other centres operated by this provider and current governance and management arrangements gave him the capacity to also manage this centre.

Judgment: Compliant

## Regulation 15: Staffing

Due to the nature of this respite service, the staffing arrangement was subject to regular review to ensure that a suitable number and skill-mix of staff were at all times on duty to meet the needs of residents. Nursing staff were rostered both night and day to support the assessed health care needs of residents and staff were also supported by an on-call arrangement. This meant that staff always had the support of a member of management, as and when required. The centre's roster was planned around the assessed needs of the residents identified for respite and was reviewed accordingly, which had a positive impact for residents, ensuring they always had the staff support that they were assessed as requiring.

Judgment: Compliant

## Regulation 16: Training and staff development

At the time of inspection, the person in charge was in the process of commencing supervision with all staff. Although training was provided, this required review to ensure all staff received refresher training appropriate to their role in areas such as, epilepsy management and aspects of nutritional management.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Although the provider had plans in place to conduct this centre's first provider-led visit once the centre was opened six months, in the interim, improvements were required to the overall monitoring systems in place to ensure the quality and safety of care was effectively monitored. For instance, at the time of this inspection, there was a lack of internal monitoring in place to support the provider to identify the specific areas of improvement required within this centre, which were identified upon this inspection.

Judgment: Not compliant

## Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, response and monitoring of incidents occurring in this centre. He had also ensured that all



incidents were notified to the Chief Inspector of Social Services, as and when required.

Judgment: Compliant

## Quality and safety

This respite centre gave due consideration to the individual needs, preferences and capacities of each resident to ensure they received the care and support that they required during their stay.

The provider had fire safety precautions in place in the centre, including, fire detection and containment arrangements, emergency lighting and fire safety checks were conducted by staff on a regular basis. A waking staff member was on duty each night, which had a positive impact on ensuring that should a fire occur at night, staff were available to quickly respond. However, there were some other improvements identified upon this inspection, including, the review of residents' evacuation plans and also the fire procedure for the centre, to ensure these documents gave better guidance to staff on what to do, should a fire occur. Furthermore, there were some residents who availed of this service who were prescribed emergency medicines and the storage of these medicines required review to ensure these medicines would be accessible, should an evacuation of the centre be required.

There was a large number of residents identified for this respite service and the person in charge had a system in place to ensure the compatibility of each resident with others whom they shared their stay with at the centre. Many of these residents required high support needs with regards to their mobility and personal care, and an appropriate assessment of their needs, in respect to their social, personal and health care, was carried out prior to their admission and re-assessed, as required. Personal plans were then developed to guide staff on the specific support that each resident required and at the time of this inspection, the person in charge was under-going a review of all assessments and personal plans to ensure these accurately reflected residents' current assessed needs.

Due to the assessed health care needs of some residents, nursing staff were rostered both day and night to support these residents with this aspect of their care. Many of these residents had assessed mobility needs and required two-to-one staff for hoist transfer and this level of staff support was at all times available to them. Other residents had assessed neurological and nutritional care needs and the staff who met with the inspector spoke confidently about how they supported these residents. However, some improvement was required to the documentation in place to guide staff with some aspects of residents' care and support with regards to health care. For example, although there were protocols in place to guide staff, should residents require emergency medicine, these protocols would benefit from

additional review to ensure better clarity was provided to staff, should this intervention be required.

The provider had systems in place for the safe prescribing, administration and storage of medicines. Many of the residents' families and representatives took responsibility for the updating of residents' prescriptions in between respite stays and upon return to the service, staff carried out checks to ensure these prescriptions were in accordance with the organisation's medication management policy. At the time of this inspection, there were no residents taking responsibility for the administration of their own medicines. However, of the medication prescription records reviewed by the inspector, it was identified that some improvements were required to the prescribing of as-required medicines to ensure these clearly guided on the rationale for use and max dose to be administered.

The identification of risk in this centre was largely attributed to the person in charge's regular contact with staff and through discussions at staff team meetings and at staff handover. Where risk pertaining to the safety and welfare of residents was identified, it was quickly responded to. However, some improvement was required to the assessment of organisational related risk. For example, although the centre's risk register did contain risk assessments supporting a number of aspects relating to this centre, some risk assessments required further review to give a more accurate description of the current and additional controls required to mitigate against specific risks relating to this centre, particularly with regards to fire safety, acceptance of emergency admissions and medication management.

Some residents who availed of this service required behavioural support and the provider had ensured adequate support arrangements were in place for them during their respite stay. Where restrictive practices were in use, the provider had ensured that these were subject to regular review to ensure the least restrictive practice was at all times used. However, the inspector did identify where some improvements were required to the assessment of some restrictive practices. For example, during a review of one resident's personal evacuation plan, it was identified that a restrictive practice may be required to ensure the safe and timely evacuation of this resident. However, at the time of this inspection, this restrictive practice had not been assessed for in accordance with the centre's restrictive practice policy.

While this inspection did identify an number of areas for improvement, there were many areas of good practice observed by the inspector, which contributed to residents receiving the care and support that they required, while also enjoying a good quality of life during their respite stay in this centre.

## Regulation 17: Premises

The provider had ensured the premises was laid out to meet the number and assessed needs of residents. The premises was in a good state of repair, clean and suitably decorated. Each resident had their own bedroom, some en-suite facilities, a bathroom and communal use of a kitchen and dining area, conservatory, sitting

room and utility. A large, accessible and well-maintained garden was available to residents at the front and rear of the premises. Due consideration was given to the assessed needs of the residents who availed of this service, with ample space and was equipped with the equipment required for residents with assessed mobility needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment, response and monitoring of risk in this centre. Where risk was identified, it was quickly responded to and reviewed on an on-going basis. However, some improvement was required to the assessment of risk. For example, although specific risks relating to this centre were identified within the risk register, some required review to ensure these accurately reflected the specific controls and additional controls required to mitigate against risks. particularly with regards to fire safety, acceptance of emergency admissions and medication management.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The provider had infection prevention and control arrangements in place to protect the safety and welfare of residents. Hand hygiene was regularly practiced, temperature and symptom checks were carried out for all residents and public safety guidelines were being adhered to. The provider had contingency plans in place. should the centre be subject to an outbreak of infection and these plans were regularly reviewed. At the time of this inspection, there was no resident availing of this respite service who had an acquired health care associated infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, clear fire exits, staff were conducting regular fire safety checks and emergency lighting was available inside and outside the centre. Upon inspection, it was identified that fire drills had not yet commenced to provide assurances that all residents could be safely evacuated. Furthermore, it was also

identified that not all staff had received suitable refresher training in the use of fire evacuation equipment. Following this, an urgent compliance plan was issued to the provider and subsequent to this inspection, a satisfactory response was received giving assurances that this was rectified.

Although each resident had a personal evacuation plan, the inspector identified that some required further review to ensure these gave better clarity to staff on the specific support that some residents would require, in the event of an evacuation. Furthermore, a number of residents were prescribed emergency medicines and the storage of these required review to ensure this medicine would at all times be accessible, in the event of an evacuation. Although there was a fire procedure available at the centre, it too required further review to ensure it gave clear guidance on the specific response required by staff, should a fire occur at this centre.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had procedures in place to support the safe administration, prescribing and storage of medicines. Due to the nature of this respite service, many residents and their families were responsible for the updating of prescribing records and medicines and a checking system was used by staff upon each admission to ensure these records were in accordance with the organisations medication management policy. However, some improvement was identified by the inspector in relation to the prescribing of as-required medicines to ensure these clearly indicated the rationale for use and max dose to be administered.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider had systems in place to ensure the re-assessment of each resident's assessed needs and updating of their personal plans, as and when required, upon their respite admission to the centre. This process included an assessment of residents' health, personal and social care needs and personal plans were then developed to guide staff on the level of support each resident required for the duration of their respite stay. Due to the high number of residents availing of this respite service, as part of his oversight arrangements, at the time of this inspection, the person in charge was in the process of reviewing all assessments and personal plans for all residents.

Judgment: Compliant

### Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support that they required. Of the staff who met with the inspector, they spoke confidently about the assessed health care needs of the residents and of how they supported them. Residents also had access to a wide variety of allied health care professionals, should this be required during their respite stay. However, the inspector observed where some improvement was required to the protocols in place in relation to the administration of emergency medicines for residents with specific neurological care needs, to ensure these protocols gave better guidance to staff on the response required, should this emergency intervention be required.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured that these residents received the care and support that they required, during their respite stay. Residents got on well together and at the time of this inspection, there had been no reported peer to peer incidents between the residents availing of this respite service. Where restrictive practices were in place, these were subject to regular review to ensure the least restrictive practice was at all times used. However, during this inspection, the inspector noted that as part of the fire evacuation procedure for one resident, it was identified that the application of a restrictive practice may be required, to support their timely and safe evacuation from the centre. However, at the time of this inspection, this restrictive practice had not been reviewed in accordance with the centre's restrictive practice policy.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had procedures in place for the identification, response and monitoring of any concerns relating to the safety and welfare of residents. At the time of this inspection, there was one safeguarding arrangement in place for a resident and the provider had implemented additional safeguarding measures to ensure the welfare and safety of this resident, during their respite stay. Of the staff who met with the inspector, they were aware of this safeguarding concern and knew the

arrangements that were in place by the provider to safeguard this resident.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Offaly Respite Family Support Services (Adult) Area A4 OSV-0008215

Inspection ID: MON-0036596

Date of inspection: 25/07/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• A training plan has been developed and schedule in place to ensure all staff receive refresher training. Proposed date of completion: 31/10/2022</li> <li>• The person in charge will review all staff training records monthly going forward to ensure all training is scheduled within timeframes. Commenced 19/8/2022</li> </ul>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• The person in charge has implemented a suite of audits to be undertaken on a monthly basis going forward which will ensure the detection of any areas for improvement are identified and actioned. Commencement date: 26/07/2022</li> <li>• The person in charge and senior management team meet weekly to ensure quality improvement plans are monitored and implemented. Commencement date: 26/07/2022</li> </ul>	
Regulation 26: Risk management	Substantially Compliant

procedures	
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• All risk assessment and management plans are currently under review by person in charge in consultation with relevant multidisciplinary practitioners, staff team and senior management team. Proposed date for completion: 26/09/2022</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All staff will have completed location specific Fire Training and the use of Evacuation Ski Mats provided by the fire officer by the 10th of August 2022.</p> <ul style="list-style-type: none"> <li>• Person in charge to review Fire safety audit on a monthly basis to ensure Fire Drills are being completed any actions arising will have an attached action plan which which will be completed by the person in charge. Commencement date: 26/07/2022</li> <li>• All individual Personal Emergency Evacuation Plans to be reviewed and updated by the 10th of August 2022.</li> <li>• Fire precautions will be a standing agenda item on both staff and resident monthly meetings. Commencement date: 26/07/2022</li> <li>• A schedule of Fire Drills has been developed to ensure that all staff and individuals availing of respite will have completed a fire drill. This commenced on the 26/07/2022</li> <li>• A schedule of Fire Drills has been developed to ensure that all staff and individuals availing of respite will have completed a fire drill. This commenced on the 26.07.22</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• An audit of all PRN protocols is currently being undertaken by the person in charge and</li> </ul>	

clinical nurse manager to ensure clear guidance is in place to support safe medication management practices. Proposed date of completion: 28/08/2022	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: An audit of all PRN protocols is currently being undertaken by the person in charge and clinical nurse manager to ensure clear guidance is in place to support safe medication management practices. Proposed date of completion: 28/08/2022	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: <ul style="list-style-type: none"> <li>• The restrictive practice review is scheduled for 16/08/2022 in consultation with the individual, their family and positive behaviour support team.</li> <li>• An audit of all restrictive practices is scheduled and any additional actions identified will be undertaken. Proposed date of completion: 26/09/2022</li> </ul>	

## 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	31/10/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	26/07/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	26/09/2022

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	26/07/2022
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Red	28/07/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably	Not Compliant	Red	28/07/2022

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	28/07/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	28/08/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	28/08/2022

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	26/09/2022
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