



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

Issued by the Chief Inspector

Name of designated centre:	Cedarwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	25 September 2023
Centre ID:	OSV-0008508
Fieldwork ID:	MON-0039957

About the designated centre

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

This is a service providing care and support to four individuals with complex and significant needs. The centre is located in a rural setting in Co. Westmeath and is in driving distance to a number of nearby villages and larger towns. Private transport is available to the resident so as they can access their various day services, college placements and the community. The house comprises of a large detached bungalow on its own grounds. Within that bungalow there are two one-bedroom self contained apartments, with one resident living in each of those apartments. The other two residents have their own large ensuite bedrooms in the main house. Communal facilities include a large full equipped kitchen/a dining room, living room, a sun room, a laundry facility, a bathroom and a staff office. There are large garden areas to the front, side and rear of the property with the provision of adequate private car parking spaces. The centre is staffed with a full-time person in charge and a team of social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 25 September 2023	10:35hrs to 17:50hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

At the time of this inspection, there were four residents living in the centre and the inspector met with three of them. Written feedback on the quality and safety of care from both residents and one family representative was also viewed by the inspector as part of this inspection process.

The centre comprised of a large detached two-storey house in a rural setting in Co. Westmeath. Within the house there were two one bedroom self-contained apartments which provided accommodation to two of the residents. The other two residents had their own large en-suite bedrooms in the main part of the house.

On arrival to the centre the inspector observed that it was spacious, homely, welcoming and very-well maintained. One of the residents was preparing their own breakfast and said hello to the inspector. They also said that they liked to make their own breakfast and were in good form. They explained to the inspector that they had an appointment with their general practitioner (GP) that morning but would be back in the house later in the day.

Two of the residents were at day services on the day of the inspection and, another was on a family visit home. The person in charge explained to the inspector that at day services, residents would engage in recreational and/or learning activities of their choosing.

The inspector viewed a number of the residents person-centred plans and observed that they were engaging in a number of social, recreational and learning activities of their choosing. For example, residents liked to go swimming, visit with family, have lunch out, go shopping and go for walks/drives. One resident was attending college studying an agricultural course and another was preparing to start a course in digital media studies very soon. This resident also liked to keep fit and went to the gym on a regular basis and also liked to go for long walks. Additionally, there was a football and basketball net available to residents in a large well-maintained garden area to the rear of the property.

A staff member spoken with during the course of the inspection informed the inspector that, while the house could be challenging to work in at times, they were supported by the person in charge. Additionally, they appeared to be familiar with the assessed needs of the resident they were supporting on the day of this inspection and spoke to the inspector about various aspects of the residents care and support plans. They also said that they had attended training in safeguarding of vulnerable adults and that they would have no concerns reporting any issue to the designated safeguarding officer and/or person in charge.

Later in the inspection process the resident who attended their GP appointment returned to the centre and spoke again with the inspector. They said that they were happy in their home and that the staff team were lovely. They also said that they

were getting on well, they were happy with their apartment and had everything they needed. They liked to keep fit and told the inspector that they went to the gym at least four to five times a week and also liked to go for long walks in the countryside. They had recently applied to undertake a course in digital media studies and said that they were looking forward to going to college. They also liked cooking and said that their favourite dish to cook was pasta.

From time to time over the course of this inspection the inspector observed staff sitting and speaking with residents in the kitchen. Staff were observed to be kind, caring and person centred in their interactions with the residents and residents appeared comfortable, at home and relaxed in the company and presence of staff members. Notwithstanding, the staffing arrangements required review so as to ensure there were adequate and safe staffing levels working in the centre at all times.

Towards the end of the inspection process the inspector got to briefly speak with another resident on their return from day services. They appeared happy in their home and said they were keeping well. Additionally, another resident returned from a family visit at this time and although they did not speak directly with the inspector, they also appeared happy in their home.

Written feedback from residents on the quality and safety of care provided in the centre was generally positive. For example, one resident reported that they were happy with their room (although they would like some more storage space), they were happy with the meal options available to them and felt their individual choices were respected by the staff team. They also enjoyed playing on their computer, having barbecues in the summer time, games nights, going to the cinema and going for drives. They reported that they got all the support they needed and that staff were easy to talk to. The resident also said that they would like to work towards needing less staff support.

Another resident reported that they were happy with their accommodation, they liked the garden, they were happy with the menu options available to them and were happy with the staff team. One resident also reported that they would not change anything and that they enjoyed going fishing, going for walks, clay pigeon shooting and farming. Another resident reported that they would like to participate in more community-based activities, however, they felt safe, staff were easy to speak to and knew their likes/dislikes. While it was observed that residents were generally happy with the complaints process or had no complaints, one resident was not satisfied with how one complaint was managed. This was brought to the attention of the person in charge on the day of the inspection who said they would follow up on the issue.

Feedback from one family member was also positive. For example, they reported that their relative appeared very happy and they were happy that the placement was going well. They also thanked the staff team in their feedback.

The next two sections of the report outline 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 care provided to the residents.

Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, the staffing arrangements required review so as to ensure there were adequate staffing levels available at all times to meet the assessed needs of the residents and to ensure the service provided was safe at all times.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by an assistant director of operations and a team of social care workers and assistant support workers.

The person in charge was employed on a full-time basis with the organisation and was a qualified social care professional with a number of years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They also ensured that staff were supervised and supported in their roles through the process of 'on the floor supervision and support', formal and informal staff supervision and, team meetings. From a small sample of documentation viewed, staff also had vetting on file as required by the regulations. One staff member spoken with also had a good knowledge of residents' assessed needs and care plans.

However, on review of a sample of rosters the inspector observed that the contingency plans to manage unplanned leave/short notice leave required review as they were not always effective in ensuring that adequate staffing cover was provided for in the centre. This meant that at times, the centre was operating with a shortfall of staff. This practice was not safe and was of concern to the inspector as residents living in this centre could present with significant behavioural issues and, there were a number of ongoing safeguarding issues at the time of this inspection.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, basic first aid and the safe administration of medicines.

The provider had systems in place to monitor and audit the service. An annual

review of the quality and safety of care was not yet due at the time of this inspection however, an in-depth six-monthly unannounced visit to the centre had been carried out on 31 July and 1 August 2023. On completion of this audit, an action plan was developed to address any issues identified in a timely manner..

Regulation 14: Persons in charge

The person in charge was a qualified and experienced social professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They also held a qualification in management and were also found to be well prepared for and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements required review so as to ensure there were adequate staffing levels available at all times to meet the assessed needs of the residents and to ensure the service provided was at all times safe.

For example, in order to meet the assessed needs of the residents safely, the following staffing arrangements were required:

- two residents were on 2:1 staffing support on a 24/7 basis (this included waking night staff)
- two residents were on 1:1 staffing support throughout the day and one waking night staff member was also available each night for these residents.

This meant that each day there should be six staff members present in the centre and at night-time, there should be five waking night staff present. However, on a number of occasions over August and September 2023 the inspector observed that there were only four staff members present on night duty and/or because of short notice leave, sleep over cover was provided as an alternative to waking night staff cover. Additionally, it was also observed that on one occasion in September 2023, there was only three waking night staff present in the centre.

This arrangement was not safe and was of concern to the inspector as residents in this centre could present with significant complex behavioural issues and, there were a number of ongoing safeguarding issues at the time of this inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included;

- safeguarding of vulnerable adults
- fire safety
- manual handling
- basic online first aid
- safe administration of medicines
- children first
- managing challenging behaviour
- safety interventions
- providing intimate care
- autism and Asperger's Syndrome
- risk assessment
- infection prevention and control (IPC)

It was observed that some staff required ligature training however, the assistant director of operations confirmed in writing that this training is scheduled to take place on 6 October for those staff and also confirmed that there is a ligature trained staff on duty at all times.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the service. There was an experienced and qualified person in charge who was supported in their role by an assistant director of operations and a team of social care workers/assistant support workers.

Additionally, the provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care was not due at the time of this inspection however, an in-depth six-monthly unannounced visit to the centre had been carried out July 31 and August 1 2023.

On completion of this audit, an action plan was developed to address any issues

identified in a timely manner. For example this audit identified the following issues:

- there were some gaps in individual planning documentation
- residents daily planners were not being completed in full
- some consent forms needed to be signed off by residents
- open food items in the fridge were not being labelled with the date they were opened
- some staff had not signed off that they had completed a fire walk through of the house

The inspector observed that at the time of this inspection the person in charge had addressed the above issues and/or had plans in place to ensure they would be addressed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had the written policies and procedures as set out in

schedule 2 of the regulations available in the centre.

The inspector reviewed two of the policies (the safeguarding policy and the risk management policy) and found them to be up to date at the time of this inspection.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, an issue was identified with the process of managing risk.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. Additionally, residents were being supported to maintain contact with family and friends.

Residents were being supported with their healthcare-related needs and had as required access to a number of allied healthcare professionals. Hospital appointments were facilitated as required and where required, residents had healthcare-related plans in place so as to inform and guide practice. Residents were supported to experience positive mental health and had as required access to specialist behavioural support, psychology and/or psychiatry support.

Systems were in place to safeguard the residents and where/if required, safeguarding plans were in place. At the time of this inspection there were a number of open safeguarding plans however, they were being managed in line with policy and procedure. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. However, the process of risk management required review so as to ensure all control measures in place to manage risk were clearly documented in residents individual risk management plans.

The premises were observed to be clean and well maintained on the day of this inspection and, infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency

evacuation plan in place.

Systems were also in place for the ordering, storing, administration and disposal of medicines. Staff also had training in the safe administration of medication.

Overall this inspection found that the individual choices and preferences of the residents were promoted and they were being supported to choose their daily routines and engage in activities of their preference and liking. However, aspects of the risk management process required review and updating.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own apartment and/or bedroom (en-suite) which were decorated to their individual style and preference.

On the day of this inspection the premises were found to be well maintained, clean, spacious, warm and welcoming.

Judgment: Compliant

Regulation 26: Risk management procedures

While systems were in place to manage and mitigate risk and keep residents safe in the centre, aspects of the risk management process required review and updating.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a risk was identified regarding behaviours of concern, unexpected absences from the centre or a safeguarding concern the following control measures were in place:

- staff training in safety interventions, the management of behaviours of concern and first aid
- staff supervision at all times to include 2:1 staff support in the community as required
- as required multi-disciplinary input and support (to include behavioural, psychology and psychiatry support as required)
- environmental assessments and checks as required
- stand alone apartments available to two residents.

However, it was identified that some of the control measures in place to manage

specific areas of risk were not explicitly stated in individual risk assessments. For example:

- a number of television and computer wires/flexes were observed in one resident's bedroom. This resident could present with self-injurious behaviours however, the control measures in place to ensure they were safe in their bedroom were these wires/flexes were available had not been explicitly stated in their individual risk management plan
- the control measures in place to ensure residents' safety when they wished to spend time on their own in their rooms were not explicitly stated in some individual risk assessments (notwithstanding, a staff member spoken with was able to explain to the inspector the measures in place to manage this risk).
- the control measures in place to manage the risk associated with one resident declining healthcare-related appointments/medication were not explicitly stated in their individual risk management plan.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection prevention and control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related topics to include:

- Infection prevention and control
- Hand hygiene
- Donning and doffing of personal protective equipment
- National Standards for infection prevention and control (IPC) in community services
- Food Hygiene

The person in charge informed the inspector that there were also adequate supplies of PPE available and hand sanitising gels in the centre.

Additionally, the inspector observed that there were a number of daily and weekly cleaning schedules in place. Mops and cloths were colour coded and stored in clean environments.

The premises were also laid out to meet the needs of the residents and on the day of this inspection, appeared clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include:

- a fire alarm system
- fire doors
- fire extinguishers and
- emergency lighting.

Equipment was being serviced as required by the regulations. For example, the fire extinguishers were serviced in January 2023 and, the fire alarm system and emergency lighting were serviced in May and August 2023.

From a small sample of files viewed, staff also completed as required checks on fire equipment in the centre and had training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. It was observed that on a recent fire drill on the 12 September 2023, the residents evacuated the premises in less than three minutes and no issues were reported with all going well with this drill.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Systems were in place for the safe ordering, storing, administration and disposal of medicines. Additionally, the person in charge was able to talk the inspector through the ordering, storing, administration and transcribing process.

Medicines were being routinely audited and on review of a stock check of one medicine, the inspector found that the correct number of tablets were in the centre as per the audit and stock check.

The person in charge was also able to talk the inspector through the procedures in place to manage a drug error should one occur. This involved reporting the issue and seeking advice from the services clinic on what course of action may be required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual personal plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities.

For example, as discussed earlier in this report, residents liked to go swimming, go to the gym, go to the cinema, visit with family, have lunch out, go for walks and go shopping.

Some residents also liked to relax at home playing on their computers

The inspector also observed that two residents were being supported with college placements participating in agricultural studies and digital media studies.

Two residents also attended a day service where they met with friends and engaged in activities of interest.

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a number of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- optician
- speech and language therapy
- chiropody
- dentist
- dietitian

Hospital appointments were also facilitated as required. Additionally, where required residents had supports in place to experience best possible mental health. For example, residents had access to a behavioural support specialist, psychology and psychiatry support. Behavioural support guidelines/multi-element behavioural support plans were also in place where required.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. At the time of this inspection there a number of open safeguarding issues however, they were being managed in line with policy and procedure. These issues included behavioural issues, peer-to-peer related issues and allegations of abuse. However, there was a centre specific safeguarding plan available in the house and any allegation of abuse was being reported and investigated.

Where required, safeguarding concerns were being reported to the Health Information and Quality Authority, case managers and the national safeguarding and protection team. Additionally, interim safeguarding plans/formal safeguarding plans were also developed and implemented so as to promote residents safety in the centre.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- information on advocacy was available in the centre
- information on how to contact the designated safeguarding officers was readily available in the centre
- easy to read information on safeguarding was available in the centre
- feedback from one family member on the service was positive and complimentary
- the designated safeguarding officer had also visited the centre on a number of occasions to speak with residents (in August and September 2023).

Additionally, from a small sample of files viewed staff had training in the following:

- safeguarding of vulnerable adults
- children's first
- protection and welfare.

Residents where required, also had access to behavioural, psychology and psychiatry support for the management of behavioural related issues. Access to GP services was also provided for and where required, residents had behavioural support guidelines/multi-element behavioural support plans in place.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cedarwood OSV-0008508

Inspection ID: MON-0039957

Date of inspection: 25/09/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To demonstrate that the designated Centre is in line with Regulation 15, the person in charge shall ensure that there are adequate staffing levels maintained at all times as per Individual’s assessed needs.</p> <ol style="list-style-type: none"> 1) PIC will maintain a contingency plan regarding staffing levels and means to maintain safe levels in the event of short notice leave. (Complete) 2) PIC will escalate to the Director of Operations, any concerns regarding staffing levels, whom in turn will redeploy additional resources to support. (Complete) 3) PIC will escalate any gaps in monthly roster to the relief coordinator. 30/11/2023) 4) Relief staff to be utilized to ensuring staffing levels are maintained as per Individual’s assessed needs. (Complete) 5) PIC and Director of Operations to review the roster monthly to ensure that staffing levels are maintained as per Individuals assessed needs. (30/11/2023) 6) Relief team member to be assigned to the Centre (30/11/2023) 7) PIC and DOO to review staff skill mix monthly to ensure appropriate levels are maintained. (23/11/2023) 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: To demonstrate that the designated Centre is in line with Regulation 26, the Person in Charge shall ensure that the Individual risk management plans provide clear guidance on control measures in place to mitigate risk.</p>	

- 1) PIC to review the Individual risk management plan to capture controls in place to assist the Individual in attending health related appointments. (Complete)
- 2) Ligature risk assessment to be reviewed in full to ensure that controls are clearly identified in the management of all ligature risks present in the Individuals environment. (Complete)
- 3) PIC to review the Ligature risk assessment on a monthly basis to ensure that it is reflective of the current risk presented by the Individual. (30/11/2023)
- 4) Individual risk management plan to undergo a review following the monthly ligature assessment review to ensure that control measures are appropriately identified and implemented into practice. (30/11/2023)
- 5) PIC to review the Individual risk management plan and Personal plan to ensure that proportionate and appropriate controls in place for Individuals wishing to have time alone in their environment. (Complete)
- 6) PIC to review Centre Risk Summary document to ensure all Individual risk management controls are identified within. (30/11/2023)

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/11/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/11/2023