



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

Issued by the Chief Inspector

Name of designated centre:	Grangebective
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0001913
Fieldwork ID:	MON-0035867

About the designated centre

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

Grange Bective provides support to five residents aged 18 years or older. The centre consists of a two storey, dormer style bungalow, situated outside a large town in County Meath. The centre includes an independent living unit which can accommodate one resident and is connected to the bungalow by a hallway and connecting door. There is a large garden to the back of the property where residents can enjoy sitting out. Residents are supported 24 hours a day, seven days a week by a person in charge, team leaders, and support workers. There are six staff and one team leader on duty each day and two waking night staff and a sleepover staff on duty each night. The person in charge is employed on a full time basis, but is also responsible for another designated centre under this provider. Transport is provided for residents to avail of activities in the community.

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 (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
Thursday 7 April 2022	10:00hrs to 16:15hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found significant improvements to the governance and management systems in the centre since the last inspection which was contributing to improvements to the quality of life of the residents living here. However, given the multiple complex needs of the residents and the ongoing issues with the recruitment of staff some of the issues identified at the last inspection had not been fully addressed.

The inspector adapted some of the inspection process to suit one residents' needs in the centre at the time of the inspection. This meant that some areas of the premises were not visited and the inspector only met one staff member formally to discuss the care and support being provided.

When the inspector arrived in the centre, two residents were heading out for the day and were planning to get lunch while they were out. One of the residents was enjoying a walk around the garden before going for the drive. The inspector observed that a new trampoline had been purchased since the last inspection and this was something that this resident really enjoyed using.

It was evident from meeting another resident that their anxieties had reduced in the centre since the last inspection as a behaviour they had engaged in before which showed that they were anxious had now almost stopped.

There was a large garden to the back of the property and a large driveway to the front. The person in charge outlined a number of improvements being made to this over the coming months. More equipment such as new swings had been ordered, a sensory garden was being installed and the front driveway was being paved which would allow more space for one resident to ride their bike around the property.

The residents were observed to be supported in line with their personal preferences, choices and routines. For example; one resident was ready to go for a drive when the inspector arrived to the centre and soon after they changed their mind. This was facilitated by the staff team. An alternative task that this resident liked was baking and staff supported the resident with this instead. This resident also needed to complete certain tasks throughout the day and the staff were observed supporting the resident with this.

One resident was at their day service after being at home for a number of days. Since the last inspection the registered provider had reviewed all resident's access to meaningful activities. Three of the residents had been referred to attend day services. This was still progressing at the time of this inspection. For example; the person in charge had arranged for the residents to trial the different day service options in the evening time and at weekends in order to support the residents with a less busy time in the day service as this suited the residents' needs.

The inspector also observed examples where residents were being supported with their rights. They were being supported to enhance their communication skills, this would enable them to be included more in decisions around their care. Their personal preferences and choices were also being respected as observed on inspection.

Staff were observed treating residents with dignity and respect and followed the residents lead during the inspection. The residents appeared at ease in the company of staff. Staff were overheard given positive responses to one resident when they completed a task and this was very important to the resident. They were also observed allowing the resident time to engage in the routines that were important to them.

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

Capacity and capability

Overall, the inspector found that the management structures in the centre were ensuring effective oversight of the quality and safety of care. As stated, some of the issues identified at the last inspection continued to be an issue at this inspection which included the premises and the staff arrangements in the centre.

This centre was last inspected on 15 December 2021 where significant improvements had been required in a number of the regulations inspected. At that time the centre had been through significant changes to the management structures and the staff team.

The purpose of this inspection was to follow up on the action plan submitted by the registered provider from that inspection. This plan outlined how they were going to come into compliance with the regulations and to ensure that the quality of life had improved for residents since then. The action plan is referenced throughout this report to show whether the provider had completed the actions they said they were going to do. The Health Information and Quality Authority (HIQA) had also received information at an earlier date which related to the governance and management of the centre, staffing levels and issues with the property and safeguarding. These concerns were also followed up on during this inspection.

There was a defined management structure and increased oversight arrangements in the centre since the last inspection. A new person in charge had been appointed. This person was full time in the centre and was employed on supernumerary basis. They were a qualified professional and had considerable experience working in

management roles and working with people with disabilities. They were present during the inspection and while they had a good knowledge of the residents' needs they were still getting to know residents at the time of this inspection. The person in charge was found to be transparent in their dealings with the inspector and knew their responsibilities under the regulations. They also demonstrated a committed attitude to improving the lives of the residents living there.

This ensured consistent oversight of the centre since the last inspection. The person in charge was supported by a head of operations who also spent two days a week in the centre to oversee the required improvements. The head of operations was also present at the inspection, they too were transparent and demonstrated their commitment to improving the lives of the residents.

Since the last inspection the head of operations had conducted an assessment of need for all residents, and had identified that one resident would be better supported in an individualised model of care due to their assessed needs. They had escalated this to the registered provider who had taken action and identified two properties which may be suitable to support this resident. These properties were due to be viewed by the person in charge and other relevant staff the week after the inspection.

There were systems in place to monitor and review the care being provided. This included a number of audits where improvements identified were collated on a quality enhancement plan for the centre. The inspector found that the registered provider was identifying improvements required through their own monitoring systems and required more time to address the improvements required.

The staff team in the centre continued to be an issue. There was an over reliance on agency staff in the centre. This meant that it was difficult to ensure consistency of care to the residents. The registered provider was advertising and recruiting staff, however, they had not been successful in recruiting sufficient staff at the time of this inspection and there continued to be vacancies in the centre. New staff were scheduled to take up employment at the start of the week following the inspection and some more had been recruited.

As stated since the last inspection the provider had initiated a full assessment of the residents needs in the centre. This was also used to inform whether sufficient staff were on duty each day to meet the residents' needs. The provider had also employed additional resources to ensure that residents' needs were being met and to ensure that staff were familiar and aware of how to support them. For example; at the time of the inspection an additional 12 hours support was being provided to one resident and a behaviour support consultant was working alongside the staff and the resident each day to observe, support and inform staff around the supports that this resident required. This consultant also provided feedback to the person in charge and head of operations each day to inform learning and guide a review of supports for this resident.

The staff training records viewed indicated that staff were provided with a number of training sessions to enable them to support residents. This included; positive

behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication, infection control and first aid. A sample of records viewed indicated that all staff employed at the time of the inspection had completed these. Additional training had also been provided in mental health and positive behaviour support.

Since the last inspection all records relating to the residents care and support had been reviewed and updated. The registered provider was due to install a computer based record management system in the centre. This was not implemented at the time of the inspection. In addition, the training records did not reflect some of the workshops and local training provided to staff.

Regulation 14: Persons in charge

The person in charge had been recently appointed. They were full time in the centre and were supernumerary. They were a qualified professional and had considerable experience working in management roles and working with people with disabilities. They were present during the inspection. They had a good knowledge of the residents needs in the centre but were still getting to know them at the time of this inspection. They were found to be transparent in their dealings with the inspector and knew their responsibilities under the regulations. They also demonstrated a committed attitude to improving the lives of the residents here.

Judgment: Compliant

Regulation 15: Staffing

The staff team in the centre continued to be an issue. There was an over reliance on agency staff in the centre. This meant that it was difficult to ensure consistency of care to the residents. The registered provider was advertising and recruiting staff, however, they had not been successful in recruiting enough staff at the time of this inspection and there continued to be vacancies in the centre.

New staff were scheduled to start the week following the inspection and some more had been recruited.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff had up to date mandatory training completed. Additional training had been provided in mental health and positive behaviour support.

Judgment: Compliant

Regulation 21: Records

Since the last inspection all records relating to the residents care and support had been reviewed and updated. The registered provider was due to install a computer based record management system in the centre. This was not implemented at the time of the inspection. In addition, the training records did not reflect some of the workshops and local training provided to staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were systems in place to monitor and review the care being provided. This included a number of audits where improvements identified were collated on a quality enhancement plan for the centre. The inspector found that despite the improvements required in the regulations from this inspection, that the registered provider was identifying them through their own monitoring systems and required more time to address the improvements required.

Judgment: Compliant

Regulation 31: Notification of incidents

A sample of incidents that had occurred in the centre since the last inspection, showed that the Chief inspector had been notified as required under the regulations where an adverse incident had occurred in the centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found examples of how the quality of care had improved for residents living here since the last inspection. While the providers own audits were identifying the improvements required to meet the regulations some of those could not be facilitated prior to this inspection due to other constraints.

At the last inspection the premises were spacious but were in need of modernisation and required a deep clean. Due to the needs of one resident the inspector only walked around part of the home. It was evident that most of the work due to be completed would not be done in line with the providers own compliance plan dates. The inspector found that the provider had made several attempts to make changes to the premises, but due to one residents' needs this could not be facilitated as it resulted in the resident becoming very anxious when anything was changed in their environment. Each resident had their own bedroom, the upstairs bedroom visited was in need of updates. The inspector was informed that both the bedroom and en suite were due to be remodelled. The kitchen was due to be replaced along with the flooring in the kitchen which was worn and posed an infection control risk. These had all being identified from the last inspection and through the providers own audits. In addition, one of the vehicles needed to be cleaned on the day of the inspection.

Each resident had a personal plan in place. The assessment of need had been reviewed and updated since the last inspection. Support plans were in place to guide practice. However, two of those plans required more detail to ensure that those needs were being effectively monitored. This was particularly important as both of the needs if not managed correctly could impact on the residents behaviours of concern.

Since the last inspection residents had also been assessed by a speech and language therapist who had made recommendations on how to best support the residents. Some of the recommendations included, purchasing ipads for some residents and providing further training in LAMH (Lámh is a manual sign system used by children and adults with intellectual disability and communication needs). The ipads had been ordered and the training was scheduled to take place.

Residents were supported to maintain good health. They were supported to have timely access to a range of allied health/medical supports including a speech and language therapist, general practitioner (GP), positive behaviour support specialists, psychiatrist and dentist.

As stated earlier in the report, the provider had referred three residents to see if they would benefit from attending a formal day service. This was ongoing at the time of the inspection. Residents were supported to maintain contact with their family, through phone calls, visits home and family visits to the centre.

Residents had positive behaviour support plans in place to guide staff practice. Since the last inspection some of these had been reviewed. Workshops had been facilitated for staff on mental health training and positive behaviour support. The registered provider had also employed a behaviour consultant in the centre each day to observe, support and inform staff around good practices. The staff met was

aware of the supports in place for the residents to help them with their anxieties.

Some restrictive practices were reviewed in line with the residents behaviour support plans. One prescribed medicine dose could be interpreted in two ways. While staff were aware of the correct dose, this need to be amended to ensure consistency and clarity. This was addressed by the end of the inspection. Staff were provided with training on the management of violence and aggression (MVA) and positive behaviour support. Staff spoken to were also aware of the interventions used in response to the management of behaviours of concern and that they were only used as a very last resort when the safety of the resident and others were at risk. The staff was very clear about the different levels of physical interventions required in this instance.

The registered provider had systems in place to manage risks in the centre. Where incidents occurred they were reviewed and actions were taken to mitigate future risks. A significant incident had occurred in the centre in the days preceding the inspection. The inspector followed up on the actions taken by the team in response to this. The resident had been reviewed by a GP and the provider had reviewed the systems in place to support the resident. Another incident reported to the Chief Inspector in December 2021 was also followed up. The inspector found that the resident had been provided with the appropriate supports at the time. However, the individual risk assessments for one resident had not been updated to reflect some of the control measures implemented to minimise risks to them and others in the centre. This required improvements.

The provider had systems in place for the management of an outbreak of COVID-19 along with systems to try and prevent an outbreak. Enhanced cleaning schedules were in place. Checks were being completed to ensure that staff and residents were monitored for signs and symptoms of COVID-19. Staff had been provided with training on infection prevention and control. Staff were observed wearing masks. There had been no suspected or confirmed cases of COVID-19 in the centre since the last inspection. However, the ongoing issues in the premises posed infection control risks and the cleanliness of the bus and other areas of the centre needed to be addressed. The inspector observed that some of the waste bins in the centre were not pedal bins.

Staff had been provided with training in safeguarding vulnerable adults. Since the last inspection one, safeguarding concern had been notified to the chief inspector. This related to the impact of behaviours of concern on others in the centre. Additional staff were now in place to support one resident and a safeguarding plan had been developed to protect the other residents.

The inspector also observed examples where residents were being supported with their rights. They were being supported to enhance their communication skills, this would enable them to be more included in decisions around their care. Their personal preferences and choices were being respected as observed on inspection.

Staff were observed treating residents with dignity and respect and followed the residents lead during the inspection. The residents appeared at ease in the company

of staff. Staff were overheard given positive responses to one resident when they completed a task and this was very important to the resident. They were also observed allowing the residents time to engage in the routines that were important to them.

Regulation 13: General welfare and development

Since the last inspection, the provider had referred three residents to see if they would benefit from attending a formal day service. This was ongoing at the time of the inspection.

Residents were supported to maintain contact with their family, through phone calls, visits home and family visits to the centre.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider could not complete the extensive list of upgrades required to the property since the last inspection. While the inspector acknowledges that this was as a result of the needs of one resident, the issues still needed to be addressed.

In addition, one of the vehicles needed to be cleaned on the day of the inspection.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider had systems in place to manage risks in the centre. Where incidents occurred they were reviewed and actions were taken to mitigate future risks. However, the residents individual risk assessments were not updated to reflect the actions from these reviews.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had systems in place to manage or prevent an outbreak of COVID-19 in the centre. However, the ongoing issues in the premises posed infection control risks and the cleanliness of the bus and other areas of the centre needed to be addressed. The inspector observed that some of the waste bins in the centre were not pedal bins.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which included an up to date assessment of need. However, two support plans required more detail to ensure that those needs were being effectively monitored. This was particularly important as both of the needs if not managed correctly could impact on the residents behaviours of concern.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to maintain good health. They were supported to have timely access to a range of allied health/medical supports including a speech and language therapist, GP, positive behaviour support specialists, psychiatrist and dentist.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans in place to guide staff practice. Since the last inspection some of these had been reviewed. Workshops had been facilitated for staff on mental health training and positive behaviour support. The registered provider had also employed a behaviour consultant in the centre each day to observe, support and inform staff around good practices. The staff met was aware of the supports in place for the residents to help them with their anxieties.

Some restrictive practices were reviewed in line with the residents behaviour support plans. One prescribed medicine dose could be interpreted in two ways. While staff were aware of the correct dose, this need to be amended to ensure consistency and clarity. This was addressed by the end of the inspection. Staff were

provided with training on the management of violence and aggression (MVA) and positive behaviour support. Staff spoken to were also aware of the interventions used in response to the management of behaviours of concern and that they were only used as a very last resort when the safety of the resident and others were at risk. The staff was very clear about the different levels of physical interventions required in this instance.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding measures in place to keep residents safe.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had also identified that one residents behaviour was impacting on other residents rights in the centre. For example; the premises could not be upgraded which included some residents bedrooms due to the needs of a resident. This was in progress at the time of this inspection.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Grangebective OSV-0001913

Inspection ID: MON-0035867

Date of inspection: 07/04/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> - The registered provider is currently recruiting for 2.5 WTE remaining support worker vacancies. To be completed by 30.07.2022 - The Registered provider has recruited 2.5 WTE support workers to fill identified vacancies. The candidates are now in pre-employment check phase of recruitment and due to commence induction 09/05/2022. To be completed by 09/05/2022 - The registered provider has ensured that the current vacancies in the centre are been backfilled by consistent relief staff and agency staff. Completed 15/04/2022. - The registered provider ensures that all staff working in the Centre has completed a scheme induction on site to ensure consistency of care for residents. Completed 22/04/2022. 	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Registered Provider is currently building a new online computer based care plan. This will commence in use from July 2022. To be completed by 01.11.2022</p> <p>The Registered Provider will update training matrix to capture workshops and local training provided. To be completed by 30.05.2022</p>	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> - The Registered Provider continues to assess day-care placement plans for three 	

residents regarding formal day service. To be completed by 30.08.2022

- The Registered Provider continues to offer participation in outreach programmes through current Day Centre opportunities. To be reviewed 30.08.2022
- The Registered Provider will ensure a meaningful day activity schedule continues to be in place to support residents. Completed 08.04.2022
- Three residents have been referred to nominated day care providers. Residents are currently awaiting assessments. To be completed by 31.09.2022

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The Registered Provider has a clear action plan and schedule of works relating to a significant upgrade to the premises. These actions will upgrade and modernize the property and will include all issues identified during the inspection. To be completed by 30/09/2022
- The Registered Provider will submit the action plan and schedule of works. To be completed by 10.05.2022 (See attached)
- The Registered Provider has updated all furnishings in the property. Completed 28.04.2022
- The PPIM will ensure the cleanliness of the Centre is checked monthly in the monthly monitoring visit. Commenced 22.04.2022
- An environmental audit will be completed monthly by the Person in Charge. Any issues raised within the audit are escalated to the PPIM and Director of Care, Health and safety officer and/or Head of Property as appropriate. Completed on 27.04.2022

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The Registered Provider will ensure all team leaders are trained in risk assessment management plans. To be completed by 30.08.2022
- The Person in Charge will ensure risks and actions identified in incident management plans are reflected and updated in risk assessment management plans, to include control measures that are implemented to reduce risk to all residents and staff. Completed 15/04/2022
- The Person Participating in Management will review risk assessments monthly in monthly monitoring visits to ensure files are up to date and accurate. Commenced 11/04/2022

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The person in charge has replaced all bins in the centre with pedal bins. Completed 08.04.2022</p> <p>The Registered provider has commenced a bus daily cleaning schedule. Commenced 11.04.2022</p> <p>The Registered Provider has replaced the flooring in the kitchen area. Completed 04.05.2022</p> <p>The Person participating in Management will monitor infection control procedures in monthly monitoring visit and through the environmental audit tool. Completed 27.04.2022</p> <p>The Registered Provider will complete upgrade works to the premises which will in turn reduce infection control risks. To be completed by 30.09.2022</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Registered provider has ensured that two resident's plans have been updated to capture additional information as required. Completed 14/04/2022</p> <p>The Registered Provider is implementing a new plan to assist in the capturing of resident needs and effective monitoring. To be completed by 30.06.2022</p> <p>The Person Participating in Management will complete assessment planning workshop with all staff. To be completed by 30.08.2022</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> - The Registered Provider has commenced schedule of work for premises which includes residents rooms to be updated and redecorated. To be completed by 30.09.2022 - The service will be re redecorated taking into consideration the individual preferences and needs of service users. To be completed by 30.05.2022 - The Person in Charge will ensure Human rights will be a fixed agenda item on all staff, Team Leader and Residents meetings. Completed 01.05.2022 - The Registered Provider will ensure that where there is behaviour from one resident 	

impacting on other resident's rights, a multi disciplinary meeting will occur and actions identified will be managed in a proactive manner. Completed 27.04.2022

- The Registered Provider will continually assess residents needs to ascertain positive behavioural support requirement in centre. Completed 27.04.2022

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/08/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/07/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Not Compliant	Orange	30/09/2022

	kept in a good state of repair externally and internally.			
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	01/11/2022
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/05/2022
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	30/08/2022
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	30/09/2022

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	30/08/2022
Regulation 09(2)(c)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability can exercise his or her civil, political and legal rights.	Substantially Compliant	Yellow	30/09/2022