



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

Issued by the Chief Inspector

Name of designated centre:	Inisfree
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	16 May 2023
Centre ID:	OSV-0003382
Fieldwork ID:	MON-0040101

About the designated centre

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

Inisfree is located in a rural area in Co.Laois and consists of a large dormer bungalow and a separate detached smaller unit. The designated centre currently provides a high support residential service for up to four adults with autism, intellectual disability, mental health diagnoses and those who display challenging behaviours. Residents are supported by staff 24 hours a day with both sleep over and waking night staff supporting residents during night time hours. A respite service for one resident, of any gender, is also provided in the smaller standalone unit. Each resident has their own bedroom and other facilities in the centre, including, a kitchen, dining/living room, a sitting room, staff facilities and bathrooms. Staff support is provided by social care workers and support workers. Local amenities in the areas include shops, parks, clubs, pubs and café's.

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
Tuesday 16 May 2023	10:45hrs to 17:00hrs	Ivan Cormican	Lead
Tuesday 16 May 2023	10:45hrs to 17:00hrs	Mary Moore	Support

What residents told us and what inspectors observed

This inspection was conducted following the receipt of unsolicited information in regards to the care and support which was offered to residents. This inspection was unannounced and it was facilitated by the centre's person in charge and also a senior manager from within the provider's management structure.

The centre was at full capacity on the day of inspection and provided care to four full time residents and one respite user. Residents who used this service had high support needs and required enhanced resources in regards behavioural and staffing inputs.

The centre comprised a large detached house with a separate building which offered respite to one individual. Both buildings were located on one site and were situated in the countryside. The detached house had an apartment which could be accessed from it's own front door and it could cater for one resident. Three residents resided in the main aspect of the centre and they each had their own ensuite bedroom. There were a number of reception rooms in which residents could relax and there was also a large kitchen which residents used to prepare their meals. The centre had a very pleasant and homely feel and it was also comfortably furnished.

Members of the management team advised the inspectors that meeting one resident individually or in the company of their support staff may not, on the basis of risk, be in the best interests of the resident, the inspectors or others. The inspectors considered and respected this advice.

An inspector did however have the opportunity to observe the resident. The resident presented as relaxed in the house and with the staff and management on duty. For example, the resident was reported to have a good relationship with one senior manager who was on-site at least one day each fortnight. The resident liked this manager to style their hair. This was completed for the resident on the day of inspection in a very relaxed way and was clearly an interaction that the resident welcomed. The resident spent a short period of time playing cards with one of their peers. The inspector noted that there was a large soft toy on the table. When the resident finished the card playing they picked up this soft toy and placed the soft-toy under their arm and held it close to them before leaving the room with it. The resident also had a quantity of soft-toys arranged on top of their bed. Attached to the outside of the resident's bedroom door were pictures of their favoured platform game series and a cinema ticket. The ticket was for a film based on this game series and the person in charge reported that the resident had very much enjoyed the film.

An inspector met with two residents over the course of the inspection. One resident chatted to the inspector in their own apartment whilst in the company of staff who were supporting them. They were very relaxed and they chatted freely about their life and also how they had been on a scenic walk that day. They stated that they were very happy with their home, day-to-day life and how staff were nice. They did

however highlight that they were not satisfied with noise that was coming from another area of their home and they told the inspector that they wished to complain about it. A senior manager was also present and they assured the resident that management would meet them to discuss their complaint and the resident voiced their satisfaction with this.

The other resident who met with the inspector was casually playing basketball with their assigned staff member when an inspector met with them. They were enjoying this activity yet they were happy to sit and chat for a period of time. They chatted about how they had recently moved to the centre and their life had been positively effected by this move. They spoke about how staff are really nice and how they have good fun when out and about enjoying activities. They were happy to show the inspector their room and they explained how staff had decorated it with items from their favourite football team which they were very happy with. They also explained how a fellow resident had bought them a birthday present which they really liked. Overall, this resident stated that they were very satisfied with their home and they felt that they could go to any staff member if they had any concerns.

Inspectors found that there was a very pleasant atmosphere in this centre and residents who met with an inspector were very satisfied with the service they received. Although this service was pleasant, on the day of inspection, inspectors found that some improvements were required in regards to general oversight of care and also risk management. In addition, behavioural support and the consistency of care required much improvement and these issues will be discussed in the subsequent sections of this report.

Capacity and capability

Robust governance and management arrangements assist in ensuring that residents enjoy a fulfilling life and that the overall quality and safety of care is maintained to a good standard. Although this centre had a clear management structure and lines of accountability, this inspection highlighted that oversight of behavioural support and risk management required further review.

The inspection was facilitated by the centre's person in charge and also by a senior manager from within the provider's management structure. The person in charge held responsibility for the day-to-day oversight of care and they were also supported by a team leader who provided additional oversight of care when the person in charge was not in the centre. The person in charge also had responsibility for one other designated centre and they attended this centre on set days throughout the working week. The provider's senior manager also provided additional supports and they were well known and had a good rapport with residents.

The person in charge had a range of scheduled audits which provided additional oversight of areas of care such as medications, health and safety, fire precautions and staffing matters. The provider had also completed the centre's six monthly audit

which had identified some areas that required adjustments. The person in charge also described a weekly governance review which examined any serious incidents which may require further discussion by senior management from within the provider. It was clearly evident that the centre was subject to ongoing internal review of care, safety and oversight; however, these reviews did not highlight issues which were found on this inspection in regards to consistency of behavioural support interventions, potential risks in regards to the listed use of personal searches and also the missed opportunities to seek potential behavioural and risk reviews for the use of physical restrictive practices.

The person in charge described staffing levels that were responsive to the number, needs and risks of the residents and, the design and layout of the house. There were five staff members on duty every night, two on sleepover duty and three staff members on waking duty. By day four residents had one-to-one staff support with one of these residents requiring two-to-one assistance for community based outings. This additional support was limited to four hours each day but the person in charge told inspectors that there was flexibility in this staffing arrangement so that it was responsive to the resident's weekly and daily planner. The remaining resident had a two-to-one staffing arrangement.

There was a planned staff rota in place. Staff could request a change to the planned rota but the person in charge told inspectors that she was advised of any changes made. There was also a system of staff allocations where staff were assigned each day to support a particular resident. This was completed at daily handover and while all residents had a nominated keyworker all staff were expected to rotate and be familiar with the support needs of all residents. Staff could make changes to the daily allocations but the person in charge said that there would have to be a justifiable reason for this and any changes were agreed with the deputy team leader and overseen by the person in charge. The planning of the rota and the staff allocations sought to ensure consistency of support for residents and there was minimal if any reliance on relief staff.

Overall, the provider demonstrated that areas of care including complaints, safeguarding and community access were held to a good standard of care and support; however, issues with regards to consistency of behavioural support interventions had the impacted upon the delivery of care for one resident in this centre.

Regulation 15: Staffing

The person in charge was responsible for the management of another designated centre and told the inspectors that she was on site in this centre three days each week. Additional roles such as a dual team leader and deputy team leaders meant that there was a management presence on site every day.

The person in charge confirmed that there were systems in place for the formal supervision of all staff grades. The person in charge said that they had access to

and good support from their line manager and the wider organisation.

Judgment: Compliant

Regulation 23: Governance and management

Robust governance and management arrangements underpin the quality and safety of care which residents receive. The oversight of care practices and their impact on residents' experience of life is a fundamental function of the registered provider of this centre.

Management of this centre clearly demonstrated that residents had good community access and that safeguarding was promoted; however, oversight of care and review practices did not identify issues which were raised in this inspection in regards to consistency of behavioural support interventions and also in relation to risk and incident management.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Information on complaints was clearly displayed and residents who met with the inspector stated that they would not have any issues in making a complaint to management or any member of staff. The centre had an open and transparent culture and awareness of complaints and the complaints procedure was discussed with residents at their scheduled meetings with their assigned key worker.

Records which were reviewed demonstrated how a resident had been kept up-to-date with regards to a complaint they had made and the associated actions which were taken by management of the centre. On the day of inspection one resident told the inspector that they would like to make a complaint in regards to noise and the person in charge met with them prior to the conclusion of the inspection to discuss and record their concerns.

Judgment: Compliant

Quality and safety

Inspectors found that residents had good opportunities for community access, engagement and activities. Although residents who met with an inspector stated

that they liked living in the centre, inspectors found that much improvements were required in regards to the oversight and implementation of behavioural support.

As stated earlier, this was a focused inspection following the receipt of specific information. With this in mind, inspectors examined the provision of behavioural support and restrictive practices and how the oversight and consistency of these areas of care impacted upon residents' lives. Residents who used this service required additional interventions in terms of their behaviours with four residents assessed as requiring one-to-one staffing arrangement and one resident assessed as requiring a two-to-one staffing arrangement. In addition, one resident required a two-to-one support when accessing the community and attending appointments. Throughout the inspection, inspectors reviewed a sample records, including behavioural support guidance, risk management plans and incidents which had occurred in this centre in the months prior to this inspection.

Behavioural support and their associated interventions had the potential to have a negative impact on care if not implemented in a consistent manner. Stringent oversight and review was required to monitor for this as it was demonstrated that an inconsistent approach had previously resulted in a resident experiencing a physical restraint when the plan was not followed correctly.

One resident required significant supports with regard to their behaviours. This resident had a comprehensive behavioural support plan with one aspect of this plan, referred to as the "tech-plan", highlighting the requirement to restrict their access to some gaming devices to certain time periods throughout the day (morning, afternoon and evening). The stated objective of this "tech-plan" was to increase the resident's motivation to engage in a range of specified activities such as making their bed, using the treadmill and completing personal care. Inspectors were advised that the resident had been consulted with and had agreed to the tech-plan; however, the provider could not recount when this consultation occurred or how often the "tech-plan" was discussed with this resident. The person in charge and a staff member explained that the rationale for this plan was to ensure that this resident did not spend an excessive amount of time playing these devices which would impede them from engaging with their personal care, personal development or community activities.

Although the intention was to promote a sense of achievement for this resident, an inconsistent approach by the staff team negatively impacted upon care with one reviewed situation resulting in the use of a physical restrictive practice. For example, managers told an inspector that access to gaming devices would only be restricted following a behavioural incident and a staff member told inspectors that the resident would not access these items if they failed in areas such as not having a shower or using their thread mill, they did not explain that there seven other tasks which the resident could be supported to achieve. In addition, both management and the staff member told the inspector that the resident could only potentially access these items twice in the day even though the plan stated that there were three. In one situation the resident had not engaged in their planner in the morning and they had not received time with these devices. However, when they requested their gaming devices in the afternoon they were reminded that they had not engaged in their

morning planner and they were not given the opportunity to complete three tasks which would give them some afternoon gaming time. When denied access to their devices they became upset and engaged in behaviors of concern which resulted in them being physically restrained. In addition, following this incident the resident completed three meaningful tasks; however, the associated records showed that staff failed to recognise or acknowledge their completion and thereby the resident missed out on an opportunity to engage in an activity which all staff members said that the resident enjoyed. In this situation, the inspector clearly identified that a lack of consistency of care had a profound negative impact on this resident's experience of life in this centre.

With regard to behavioural support inspectors found that when discussing plans and interventions in practice there was an absence of clarity and inconsistency between what was in plans and risk plans and what was described and recorded. This did not provide assurance as to the consistency or the evidence based of day-to-day behaviour support practice. For example, as referred to in the opening section of this report an inspector noted how a resident evidently sought and enjoyed having access to their soft toys. The person in charge told inspectors that it was possible that staff may remove these soft toys from the resident on the basis of a "dynamic risk assessment" completed by staff if there was a perceived or articulated threat of harm to staff from the soft toys. Inspectors were advised that if they were removed the soft toys were returned to the resident after 24 hours. While inspectors enquired and sought to establish when and how often the resident's soft toys had been removed, there was no specific occasion established for inspectors as to when this may have occurred. The MEBSB plan made general reference to the removal of items that could be used to cause harm or injury but there was no specific reference to the need to remove the resident's soft-toys.

The inspector reviewed the resident's multi-element behaviour support plan (MEBSP) and the resident's individual risk management plan (IRMP). The MEBSP was dated as reviewed on the 20.05.2022. The plan had been compiled by behaviour support based on the functional analysis of behaviours. The plan outlined the behaviours that the resident could exhibit, possible triggers for these behaviours and how these behaviours were to be responded to up to and including the use of physical interventions. The plan clearly stated the physical interventions were to be used only as a last resort in response to risk. The plan provided guidance for staff on the use of a traffic light system to assess the resident's emotional status and the appropriate responses. The plan highlighted to inspectors the importance of clarity and good consistent staff practice. For example, in the context of the residents "tech plan" a possible trigger for behaviour included the resident feeling pressured to engage in exercise or personal care.

An integral aspect of behavioural support is the ongoing monitoring, response and review of behavioural support requirements following incidents of concern. The provider had a system for monitoring and responding to incidents with responsibility given to management of the centre to review each incident. Although, each incident which had been recorded on this system had been reviewed, this inspection highlighted that some improvements were required. Two incidents, including the above mentioned incident, were reviewed by an inspector. On both occasions a

physical intervention was required following behaviours of concern. The rationale for the use of these type of restrictive practices was in response to the potential for injury. The provider's own monitoring system asks the question if there was a risk of injury and prompts a potential review of risk and behavioural support. Although these incidents had been reviewed by management of the centre, this review failed to highlight the potential risk of injury and thereby did not acknowledge that a referral to behavioural support or a review of risk in the centre may be required.

The residents IRMP had been reviewed on the 27.04.23. The inspector was advised that no significant changes were made based on that review. The plan set out a comprehensive range of possible risks to the safety of the resident and others and the controls to manage these risks. These controls included the possible need to restrict the resident's access to items that could be used for aggressive or assaultive behaviours. Again, the inspector noted that there was no specific reference to the removal of the resident's soft-toys or alternative less restrictive measures that could be used if there was a perceived risk. For example, staff withdrawing or using the PPE referred to in the MEBSP. There was inconsistency in the timeframes specified for the return to the resident of objects or items removed. The IRMP stated this was done after 48 hours, inspectors were told it was 24 hours. Of concern to inspectors was the fact that a stated risk management control was the completion of personal searches of the resident in addition to searches of the resident's physical environment if deemed warranted on the basis of a dynamic risk assessment completed by staff . The person in charge assured the inspector that they could not recall any occasion when staff had completed a personal body search of this resident. The person in charge reviewed 17 incidents that had occurred since January 2023. Staff had recorded completing environmental searches on six occasions and had removed items such as heavy furniture and sharp items. The person in charge said that staff undertaking a personal search would not be necessary as the resident readily told staff and gave up items that they may have concealed on their person including in their undergarments. It was therefore difficult to rationalise why the completion of a personal search was a specified risk management control. There was a risk that a personal search could occur because it was specified in the resident's IRMP. There was no further guidance in place for the completion of such person searches as provided for in the provider's overarching policy. For example, that policy stated that the IRMP should outline how best to carry out such searches and a standard operating procedure may be required.

Overall, inspectors found that inconsistencies in the approach to behavioural support had the potential to impact negatively on the provision of care and also upon some residents' experience of living in this centre. Although, support plans were regularly reviewed, oversight of the implementation of these plans and incidents in the centre required further review to ensure that the quality and safety of care was maintained to a good standard at all times.

Regulation 26: Risk management procedures

Risk management assists in ensuring that safety within the centre is promoted and also that the care which residents receive is maintained to a good standard at all times. Information which was reviewed by inspectors indicated that the provider had taken safety and risk management seriously and in general the provider was responsive to safety concerns. However, some incidents which had posed a risk of injury had not identified this issue and failed to acknowledge that further a further review of risk management or behavioural support may be required.

In addition, a risk assessment clearly identified that a personal search may be required to mitigate a safety concern. Although there was no evidence that these type of searches had occurred, there was the potential risk that these searches may occur. Inspectors found that there were no procedures in place to guide staff in relation to these searches which had the potential to impact the quality of care which this resident received.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Behavioural support was an integral aspect of the provision of care in this centre. Residents who used this service had complex care needs and they were assessed as requiring individualised staffing and behavioural support interventions. Due to the nature of care required in this centre inspectors found that a consistent approach was fundamental in the delivery of a good quality service for residents.

However, inspectors noted that an inconsistent approach to care for one resident had negatively impacted upon them in regards to a recent incident which had occurred. In addition, inspectors found that inconsistencies in the delivery of behavioural support had the further potential to impact upon the quality and safety of care provided for this resident. Improvements were required in regards to the provision of behavioural support, the review of behavioural support in light of incidents and also in regards to informing and reminding a resident of plans to facilitate them to access their technology devices.

In addition, further clarity was also required in regards to the potential removal of a resident's soft toys and consideration given to the implementation of alternative or less restrictive measures.

Judgment: Not compliant

Regulation 8: Protection

Safeguarding is a fundamental principal of care which promotes the safety,

wellbeing and welfare of residents. Throughout this inspection both the staff team and the provider demonstrated that residents were safeguarded from harm. Residents who met with an inspector stated that they felt safe and that in general they got on well with other residents.

Although there had been recent incidents of concern, the provider and staff team were aware of these incidents and measures were implemented to safeguard residents from any potential further harm.

In addition, all observed interactions between residents and staff were warm and caring in nature and residents appeared relaxed throughout the inspection. Safeguarding was also discussed with residents at their scheduled key worker meetings which further raised awareness of self care and protection.

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 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Inisfree OSV-0003382

Inspection ID: MON-0040101

Date of inspection: 16/05/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 23 the Registered Provider and The Person in Charge will ensure that the Governance and Management practices within the Centre are reflective of quality and safety standards of care.</p> <ol style="list-style-type: none"> 1. Behavioural Specialist to complete training sessions with the team in relation to the implementation of the MEBSP and the Reactive Strategies and Proactive Strategies contained in same and the restrictions within the Centre. (Due Date 14th June 2023). 2. The Person in Charge to complete a Test of Knowledge with all team members regarding the contents of the MEBSP and the Reactive Strategies and Proactive Strategies (Due Date 22nd June 2023). 3. The Person in Charge to complete a Test of Knowledge with all team members regarding the Centre Specific Restrictions in place (Due date 14th of June 2023). 4. The Person in Charge completed review of all incidents in the Designated Centre following inspection and ensured all Level 3 incidents escalated for review by Behavioural Specialist and same has been communicated to the Management Team in the Designated Centre. (Completed) 5. Team meeting was held on the 7th of June and actions from the HIQA inspection discussed with the team (Completed) 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 26 the Registered Provider and The Person in Charge will ensure that the risk management practices within the center are reflective of the quality and safety standards of care.</p> <ol style="list-style-type: none"> 1. Behavioural Specialist to complete training sessions with the team in relation to the implementation of the MEBSP and Proactive and Reactive Strategies contained in same 	

- and the restriction within the center (Completed).
2. The Person in Charge to complete a Test of Knowledge with all team members regarding the contents of the MEBSP and the Reactive Strategies and Proactive Strategies and the removal of items (Due Date 22nd of June 2023).
 3. The Person in Charge to complete a Test of Knowledge with all team members regarding the Centre Specific Restrictions in place (Due Date 22nd June 2023).
 4. The Person in Charge completed a review of all Individual Risk Management Plans (IRMP) (Completed)
 5. The Person in Charge completed a review all incidents in the Designated Centre following inspection and ensured all Level 3 incidents escalated for review by Behavioural Specialist and same has been communicated to the Management Team in the Designated Centre. (Completed)
 6. PIC to complete a full review of all SOP's to ensure guidance is provided for staff where controls are required, to be completed by 19.06.2023

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

To demonstrate that the Designated Centre is in line with Regulation 7 the Registered Provider and The Person in Charge will ensure that the Multi Element Behavioural Support Plan is understood and followed at all times for all residents to ensure that the least restrictive approach is used at all times.

1. Behavioural Specialist reviewed all Multi Element Behavioral Support Plans and current plans (Completed)
2. Behavioural Specialist to complete training sessions with the team in relation to the MEBSP and the Reactive Strategies and Proactive Strategies contained in same and the restrictions within the Centre. (Due Date 22nd June 2023).
3. The Person in Charge to complete a Test of Knowledge with all team members. regarding the contents of the MEBSP and the Reactive Strategies and Proactive Strategies (Due Date 22nd June 2023). This will continue on a monthly basis to ensure that all team members are using the strategies effectively.
4. The Person in Charge to complete a Test of Knowledge with all team members regarding the Centre Specific Restrictions in place (Due Date 22nd June 2023).
5. The Person in Charge completed a review of all Individual Risk Management Plans (IRMP) (Completed)
6. The Person in Charge completed a review all incidents in the Designated Centre following inspection and ensured all Level 3 incidents escalated for review by Behavioural Specialist and ensured all measures taken prior to engaging in physical intervention and same is documented in incident reports, handovers for seven days and addressed at team meeting (Completed)
7. Restrictive Practice meeting held with Person in Charge and Behavioral Specialist to review of restrictions in the Designated Centre on the 12.6.23 to ensure least restrictions in place. (Completed)
8. Behavioural Specialist is attending the center 2 weekly to support the ongoing implementation of the plans.

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	22/06/2023
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	22/06/2023
Regulation 07(1)	The person in charge shall	Not Compliant	Orange	22/06/2023

	ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	22/06/2023