



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

Issued by the Chief Inspector

Name of designated centre:	Brookhaven
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	25 April 2023
Centre ID:	OSV-0005840
Fieldwork ID:	MON-0035194

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	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
Tuesday 25 April 2023	10:00hrs to 16:30hrs	Ivan Cormican	Lead
Tuesday 25 April 2023	10:00hrs to 16:30hrs	Aonghus Hourihane	Support

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations, and was facilitated by a team leader and the person in charge was present for the majority of the inspection.

Inspectors found that in general, the young people were supported to enjoy a good quality of life and that they were supported by a familiar and consistent staff team on a daily basis.

On the day of inspection, the centre provided four young people with a full-time residential service. One other young person was also availing of a residential service; however, they had not resided in the centre for a number of weeks and they and their representatives were liaising with the provider in regards to their potential discharge from this service.

Of the four young people, three were in receipt of formal educational opportunities and one young person was trialling an on line education programme on the day of inspection.

The centre is located on the outskirts of a town in the midlands, it is a large house separated into five individualised apartments. The apartments were largely self-contained with most amenities available within them but also the young people had access to a large kitchen and reception room if they didn't want to be in their own separate areas. Overall the centre was well presented and decorated to reflect the fact that young people resided in the centre. Some of the young people had decorated their own apartments and there was lots of examples of them using their own posters or flags to reflect their own wishes or interests in life. One young person was also taking care of a pet guinea pig that had previously belonged to a different young person, the guinea pig had their own cage and the young person took charge of ensuring this was cleaned weekly.

There was extensive outside space available to the young people and each young person had their own individual outside space. On the morning of the inspection the gardens were being attended to. The provider had ensured that there was outdoor recreations areas and equipment available for use by the young people.

The inspectors met and spoke with two of the four young people and a third young person arrived back from school as the inspection came to a conclusion. One young person spoke to the inspectors on a number of occasions throughout the day. They were happy to share their experience of living in the centre and generally they were complimentary of the staff team especially their key worker. They were happy to talk about home life, about getting to meet their family and also about the options and opportunities they had as they would shortly be moving out of the centre. They were clearly able to articulate to the inspectors what they were unhappy about and were clearly able to navigate the complaints procedure and spoke about the team

leader offering support to them. The resident was observed to freely access all parts of the centre even though there were key coded doors in operation, the young person had the codes. They were observed to engage with various members of the staff team in a calm and relaxed manner and the atmosphere in the centre was generally observed to be friendly.

Another young person spoke about how they were happy to be living in the centre. They also expressed the view that the staff team were supportive and kind. They spoke about visiting family and also how they were facilitated to visit Dublin on a regular basis so they had access to a specialist book shop that they really enjoyed.

An inspector also met with a support worker from an external organisation for one young person who was visiting on the day of the inspection. They had worked with and met the young person on a regular basis to support a pending move out of the centre. They informed the inspector that they were very happy with the support offered by the provider, that the young person was very highly supported and given many different opportunities to grow, develop and mature since they had moved to the centre. They were complimentary of the staff team supporting the young person. The support worker had concerns about the young person and their plans for the future. It was noted that there was regular meetings about plans for the future.

Each of the young people were supported by two staff during the day, each young person had access to their own transport and the provider ensured that the young people had access to education with some young people travelling significant distances to educational facilities as they already had a relationship and support network built up. There was evidence that the young people were given opportunities to engage in sports and community groups as well as one young person that had availed of a social farming project in the past.

In summary, this was a well-managed service that respected the individuality, disability and ability of the young people. Overall, the provider had the arrangements in place to ensure that young people's needs were met but there was areas that needed further improvement including aspects of the implementation of physical restraints, reviewing of risks assessments and ensuring that aspects of the young peoples individual assessments were updated in a timely manner.

The next two sections of this report will describe the governance and management systems in place, how these ensured and assured the quality and safety of the support and services provided to young people and the areas where some improvement was needed.

Capacity and capability

The provider had ensured that the oversight and governance arrangements in this centre were robust. There was a clear management structure with clear lines of

accountability and these measures assisted in ensuring that residents were safe and supported to enjoy a good quality of life.

The inspection was facilitated by the centre's person in charge and team leader. Both individuals were found to have an in-depth knowledge of both the service and also of the resources which were in place to meet the young people's needs. The person in charge attended the service on at least a weekly basis and the team leader held responsibility for the day-to-day operations of the centre.

The provider had completed all required audits and reviews of care as set out by the regulations with the centre's most recent audit identifying some areas that required adjustments. The person in charge also had a schedule of internal audits which assisted in ensuring that areas of care such as medications, fire safety and personal planning would be held to a good standard. In addition, the provider facilitated a weekly governance meeting to review any trends of concern which had the potential to impact upon the quality and safety of care provided. Although there was good oversight of care practices in this centre, several areas of substantial compliance were found upon this inspection and some actions from the centre's most recent six monthly audit had not been sufficiently progressed.

As mentioned throughout this report, the staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with the young people and it was clear that they felt relaxed in their presence. Staff who met with the inspector openly discussed care needs and it was clear that they were committed to the delivery of a good quality and person centred service. Staff members also stated that they felt supported in their roles and that regular team meetings and supervision facilitated them to raise any concerns which they may have in regards to the care which was provided.

The provider also ensured that staff could meet the assessed needs of young people by facilitating them with a programme of both mandatory and refresher training in areas such as behavioural support, fire safety, safeguarding and also IPC (infection prevention and control) related training. A review of the rota also indicated that the young people were supported by a consistent staff team.

Overall, the inspectors found that this centre was operated safely and that oversight measures ensured that the young people were supported to enjoy their time in the centre.

Regulation 15: Staffing

The staffing levels within the centre were in line with the statement of purpose and the assessed needs of the residents. All residents were presently receiving the support of two staff during waking hours. The planned and actual roster was reviewed over a three month period and on the days that were reviewed there were no gaps in the provision of assessed staffing levels. The staff that engaged with the inspectors were knowledgeable about the needs and wishes of the residents they

cared for and they were observed to engage with and treat residents in a respectful and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate training in line with the assessed needs of the residents. There was a large clear training matrix/schedule on display in the main staff office and this was supported by a clear and updated document which clearly identified the training needs of all staff as well as pending or existing gaps for the staff team. For example, all the staff working in the centre had received training in Children's First, providing intimate care, managing behaviours that challenge and various aspects of infection prevention and control.

The six-monthly provider audit showed evidence that staff were clearly informed about pertinent matters pertaining to the regulations and standards. A staff member spoken with during the inspection confirmed that they had received supervision and outlined the supports they received from the management team.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support to the young people living in the centre. There was a clearly defined management structure within the centre.

The person in charge had completed an annual review of the service and the provider had completed a six monthly unannounced visit to the service in November 2022.

The six monthly unannounced visit found a number of areas that the service needed to improve upon. These included areas relating to risk, individualised assessment and personal planning. On the day of the inspection it was evidenced in two risk management plans that they needed a comprehensive review to ensure they accurately reflected the current circumstances for the particular young people. It was also noted that one young persons personal plan needed to be reviewed and updated. These were similar findings to the providers own internal auditing processes but sufficient progress had not been made.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose that had been reviewed and updated within the last year. The statement of purpose was readily available within the centre to both the residents and their families. The provider committed to updating a section pertaining to access to advocacy so that this was clear for residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had an open and transparent culture and information on complaints was readily available. A young person who met with inspectors stated that they had no reservations when raising issues with staff or management of the centre and generally they felt complaints had been managed well in the past. They spoke about issues which they were going to raise about the tidiness of the centre's grounds and explained how they had recently complained about access to a personal item of theirs. They felt that this issue had not been fully resolved and they wanted additional feedback on their complaint.

An inspector reviewed how the provider had managed this complaint and documentation indicated that both the person in charge and the provider's complaint's officer had kept the young person informed and up-to-date in regards to their complaint and it's outcome. Although, the provider had aimed to ensure that the young person was satisfied with the outcome of their complaint, on the day of inspection this young person remained unhappy with the situation and the person in charge advised that they would be further reviewing this complaint subsequent to the inspection. The young person was satisfied with this review.

Judgment: Compliant

Quality and safety

Inspectors found that the provider offered a good quality service which aimed to promote the further education and safety of young people who were using this service. Although, several areas for improvement were identified on this inspection, overall inspectors found that the staff team and management of the centre were committed to the delivery of a service which was person centred and promoted

education and community inclusion.

Young people who met with inspectors generally enjoyed living in this centre and they openly discussed their plans for the future. Two young people who met with inspectors had had good verbal communication skills and they could discuss their thoughts, wishes and needs. Information in regards to rights, complaints, fire safety and IPC measures was also clearly displayed in both a written and pictorial format to aid ease of understanding. One young person, who inspectors met briefly prior to the conclusion of the inspection, had higher communication needs. Their preferred communication style was through the use of visual schedules and choices and staff who met with inspectors had an indepth knowledge of their communication needs. Although it was clear that communication was promoted, their communication plan required further review and update to ensure it accurately reflected their communication skills and promoted a consistent approach in this area of care.

Some young people required additional support and inputs in regards to behaviours of concern and comprehensive guidance was in place to support a consistent approach in this area of care. Behavioural guidance was routinely updated and staff who met an inspector clearly outlined each young person's behavioural needs. Although this area of care was maintained to a good standard, some adjustments were required. For example, physical interventions were sometimes required but behavioural guidance required further clarity to give better detail in regards to how quickly some behaviours can escalate to a point where this intervention is required. Where physical interventions were used, supporting documentation generally clearly outlined the rationale for this response; however, one recorded incident did not sufficiently demonstrate that a physical intervention was the required response.

The provider had a system in place for recording, monitoring and responding to incidents and accidents which occurred in the centre. Management structures within the centre ensured that all incidents were reviewed by senior personnel which assisted in ensuring that any required responses or corrective actions were implemented in a timely manner. The provider had also implemented associated risk assessments for any identified safety concerns such as behaviours of concern, absconding and safeguarding. Although this approach promoted safety within the centre, some improvements were required to ensure that risk assessments were regularly updated and reviewed to reflect controls and measures to reduce the likelihood and impact of identified safety concerns.

Overall, inspectors found that young people were supported to enjoy a good quality of life and they enjoyed living in this centre. Although, several areas of care required further review to ensure all assessments and records were up to date, in general the care and support was maintained to a good standard.

Regulation 10: Communication

Information was freely available within the centre and young people had access to television and national media. The Internet was also in place and risk assessments

were in place in regards to access to the Internet where there were identified safety concerns. Although communication was actively promoted through various formats, a communication care plan for one young person required review to ensure that it was up to date and accurately reflected their individual communication skills and needs.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider ensured that the young people had access to education, recreational activities in the local community and had ensured that there was a focus on developing life skills and preparing young people for adult life.

Two young people were travelling significant distances to school but this was to ensure consistency and familiarity with all aspects of the young peoples education. Another young person had started to avail of on-line education on the day of the inspection.

The management team outlined the progress that one young person had made in relation to preparedness for adulthood. The provider had assessed the young person as needing high levels of support to transition into adulthood and was finalising plans with the body responsible for funding the placement.

Judgment: Compliant

Regulation 17: Premises

Overall the house and grounds presented in good condition. The centre was designed and laid out to meet the needs of the young people living in it. There was ample private space for each young person as well as space where young people could socialise together and/or receive visitors.

The centre was fully assessable and each young person had access to suitable storage and individual shower and toilet facilities.

Judgment: Compliant

Regulation 18: Food and nutrition

Young people who met with inspectors stated that they were happy with the quality

and choice of foods which were available within the centre, with one young person reporting that the meals were nice and that they contributed towards the menu choices which were on offer. They also stated that they had free access to the kitchen where there was a choice of snacks and refreshments. A staff member was also preparing a home cooked meal on the day of inspection and they explained that young people sometimes assisted with preparing the centre's evening meals.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management assists in ensuring that young people are safe and that issues which had the potential to impact on care are well managed and responded to. The person in charge and team leader had a good understanding of risks within the centre and comprehensive risk assessments were in place for known safety concerns. Although risk management was promoted, the oversight of risk assessments required review to ensure that they were regularly reviewed and updated and also reflected control measures which were in place on the day of inspection.

The risk assessment document for one young person in the centre outlined concerns in relation to risks during car transport. The control measures in place were outdated and no longer in place. There was also a section about 'physical holds' that were not relevant to the the young person in question.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, the provider had generally adopted and implemented procedures in accordance with the National Standards for infection prevention and control in community settings (2018). These procedures were seen to form part of the daily operation and oversight of the service. There were clear management arrangements in operation to ensure the effective delivery of infection prevention and control in the designated centre. The provider had ensured that there were systems in place for the identification, management and control of infection prevention and control risks.

The centre was visually clean and tidy. They had ample supply of personal protective equipment should this be needed. The provider had a cleaner as part of the staff team and they were on duty during the course of the inspection. All staff were observed to have multiple training course completed in relation to different

aspects of IPC.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there was an effective fire safety management system in place in the designated centre. There were daily, weekly and monthly fire checks taking place. The fire equipment had been serviced at regular intervals and each young person had a personal evacuation plan in date that was detailed and signed by them. There was evidence of regular fire drills at different times. There was a number of waking night staff on duty which offered significant reassurance in relation to fire management. The provider had addressed the issues with the various fire doors as noted in the last inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Young people had been assessed to manage their own medications with staff managing their medications on the day of inspection. A review of records indicated that medications were administered as prescribed and relevant information was available to aid the safe administration of medicinal products. The centre also had suitable locked storage in place and stock control arrangements assisted in ensuring that some medication errors could be identified.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The young people residing in the centre all had an assessment of their needs prior to their admission. There was evidence that there was array of multidisciplinary professionals involved in the assessments and plans when this was appropriate. However in relation to one resident the provider needed to ensure that various aspects of their personal plan was updated to reflect the young persons presentation. One residents intimate care plan was dated 22/06/2021, their communication passport was three years old as was their hospital passport. There was also inadequate evidence that the plan for this resident was appropriately reviewed given the fact the resident was about to transition from the service.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Behavioural support was an integral aspect of care in this centre and staff who met with inspectors, including management of the centre, had a good understanding of individual behavioural needs and recommended interventions. Although this area of care was generally held to a good standard and the staff team were actively reducing restrictions within the centre, behavioural guidance required review in regards to how quickly behaviours of concern can escalate. In addition, documentation which was reviewed for the use of a physical intervention did not clearly demonstrate that this was the recommended response.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding plans required for this service and young people who met with inspectors stated that they felt safe and happy in the service. Information on safeguarding was readily available and safeguarding awareness was actively discussed at scheduled key worker sessions.

Judgment: Compliant

Regulation 9: Residents' rights

The young people that were spoken with as part of this inspection stated that they were happy, enjoyed living in the centre and reported that their voice was heard by the staff team caring for them. An outside support worker further stated that the service was respectful of the views and opinions of the young person they supported. There was evidence that one young person had access to an appropriate advocacy service in the recent past.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookhaven OSV-0005840

Inspection ID: MON-0035194

Date of inspection: 25/04/2023

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(1) (C); The Person in Charge will ensure all relevant documentation is kept up today and monitored to ensure Individuals needs are documented with relevant documentation.</p> <ol style="list-style-type: none"> 1. PIC completed a review of all Residents Risk Management Plans to include current risk ratings and control measure in place for all Individuals which is in line with Nua Healthcare Risk Management Policy. (Completed) 2. PIC completed a review of all Personal plans and they were updated where required to reflect the Individuals current presentation. (Completed) 3. PIC will ensure all Intimate care plans are reviewed and updated as required (Due Date 09.06.23) 4. PIC will ensure all Communication Passports are reviewed and updated as required (Due Date 09.06.23) 	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>To demonstrate that the Designated centre is in line with Regulation 10(2); The Person in Charge shall ensure the following actions are completed. The person in charge will ensure that staff are aware of any particular or individual communication supports required by each Individual as outlined in his or her personal plan.</p> <ol style="list-style-type: none"> 1. PIC will ensure all Communication Passports are reviewed and updated as required (Due Date 09.06.23) 2. PIC will ensure going forward all Communication Passport are kept update and accurately reflect their individual communication skills and needs (Due Date 09.06.23) 	
Regulation 26: Risk management	Substantially Compliant

procedures	
<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(2); The Person in Charge will ensure that the assessed needs of Individuals are reflective in Individual Risk Management Plans (IRMP). Any supporting documents will be maintained in line with their assessed needs to guide staff on the support required for the Individual.</p> <ol style="list-style-type: none"> 1. PIC completed a review of all Residents Risk Management Plans to include current risk ratings and control measure in place for all Individuals (Completed) 2. PIC will ensure going forward all Risk Management Plans for all Individuals is updated regularly in line with policy. 	
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: To demonstrate that the Designated Centre is in line with Regulation 05(6)(d) and 05(8) The Person in Charge will ensure Personal Plans and relevant documentation will be updated to ensure changes in circumstances and new developments are included.</p> <ol style="list-style-type: none"> 1. PIC completed a review of all Personal plans and they were updated where required to reflect the Individuals current presentation. (Completed) 2. PIC will ensure all Intimate care plans are reviewed and updated as required (Due Date 09.06.23) 3. PIC will ensure all Communication Passports are reviewed and updated as required (Due Date 09.06.23) 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>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(1) and (5) (C); The Person in Charge will ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support Individuals where behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.</p> <ol style="list-style-type: none"> 1. PIC and Behavioural Special will complete a Full review of the Multi Element Behaviour Support Plan (MEBSP) and Section 5 of the personal plans to ensure there are clear guidance for Team Members on Individual Plans. (Due Date 09.06.23) 2. PIC will ensure going forward that all incident are reviewed to ensure recommended responses are followed and least restrictive procedure was used.(Completed) 3. All Team Members to be communciated and briefed on updated Plans and they will be discussed at the next Team Meeting (Due Date 30.06.23) 	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	09/06/2023
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	09/06/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	09/06/2023

	for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	09/06/2023
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	09/06/2023
Regulation 07(1)	The person in charge shall 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	Substantially Compliant	Yellow	30/06/2023

	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.	Substantially Compliant	Yellow	30/06/2023