



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

Issued by the Chief Inspector

Name of designated centre:	The Willows
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	25 January 2024
Centre ID:	OSV-0008041
Fieldwork ID:	MON-0034597

About the designated centre

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

The Willows is a large two storey house located near a large town in Co. Louth. Four male residents are supported to live here who are over the age of 18 years. Downstairs the accommodation consists of four single bedrooms, two of which have en-suite bathrooms. There is also a large bathroom which has been modified to accommodate people who may have mobility issues. There are two sitting rooms, along with a fully equipped kitchen and dining area. A utility room is also available where residents can chose to launder their own clothes should they wish. Upstairs there is a large office, two storage rooms and a shower room. The house sits on a large site and is surrounded by gardens to the front and back of the property. Transport is also provided so as residents can be supported to access community services. The staff team consists of nurses and health care assistants. Three staff are duty during the day and two staff are on duty at night. The shifts are nursing led meaning that a nurse is on duty 24/7. The person in charge is supported in their role by a house manager in order to ensure effective oversight of the centre. Residents do not attend a formal day service, rather they are supported by staff in the centre to have meaningful days in line with their wishes.

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
Thursday 25 January 2024	09:20hrs to 17:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the residents in this centre looked well cared for and their health care needs were being met to a high standard. However, improvements were required to ensure that residents had access to meaningful activities on a daily basis; fire safety, the premises, some restrictive practices and records stored in the centre.

Prior to this inspection the Health Information and Quality Authority had received unsolicited information concerning the staff numbers, residents activities and the use of unfamiliar staff due to planned and unplanned staff absences. This information was followed up as part of this inspection process. The inspector also followed up on the actions from the last inspection conducted in this centre in May 2022 which was in relation to infection prevention and control measures. The inspector found that while there had been issues with staffing in the latter part of last year this had now been addressed and there was now a full staff team employed in the centre. The inspector also found that considerable improvements were required with regard to the level of meaningful activities available to residents both inside and outside the centre.

On arrival to the centre all of the residents were enjoying a lie in. The inspector met with staff, the person in charge and met all of the residents living there. All of the residents had specific preferred ways in which to communicate including gestures and non verbal cues. One of the residents had been referred to a speech and language therapist for more support around communication aids. The inspector observed that the atmosphere in the centre was relaxed and quiet. Staff were observed treating residents with dignity and respect at all times and residents appeared relaxed in their company. Both the staff and the management team had a good knowledge of the residents' needs in the centre.

The house was a large spacious two storey house that was situated on a large site near a town in County Louth. Upstairs mainly comprised of office and storage space. Residents due to their mobility needs could not access this area, however this did not impact residents at the time of the inspection.

Downstairs was spacious and contained two sitting rooms a kitchen/dining/seating area and a laundry room. Another room was currently being used as storage. However, at the time of the last inspection, the person in charge had said that they would make this into a sensory room for residents. This had not progressed at the time of this inspection.

Each resident had their own bedroom which were decorated to a high standard. The house was adapted to suit the mobility needs of the residents and overhead hoists were installed in all of the communal spaces, bedrooms and bathrooms. Other equipment such as specialised hospital beds were also available to ensure residents need were being met.

Since the last inspection, new accessories had been purchased which made the centre more homely. A large wall in the hallway was now full of framed photos of residents showing some of the activities they had enjoyed. Outside there was a large garden to the front and back of the property. There was an adapted swing for people who have mobility needs and a seating area for residents to sit out and enjoy the garden weather permitting.

Over the course of the inspection two of the residents went for a drive and a coffee in the afternoon. One resident was observed relaxing in one of the communal rooms in their favourite chair while listening to some relaxing music. The inspector observed a staff member reading post to the resident from a family member to the resident, which they had received that day. Residents were observed spending some time in the kitchen with staff while they prepared meals for them. Some of the residents were on modified diets and staff spoken with were aware of the residents specific needs in this area.

Residents were supported to keep in touch with family and on review of the residents personal plans, visits from family were a regular occurrence for some residents. There were plans in place for one resident to attend an overnight break with family members in the coming months. And another resident was in contact with family on a daily basis through video calls.

However, significant improvements were required to ensure that residents were more active on a daily basis in the centre. For example; the inspector reviewed two residents activity records over the preceding month and found that there was limited times spent outside of the centre. Notwithstanding that some of this had been down to bad weather, the activities available in the centre were limited to, listening to music and watching television. In addition to this, goals set for residents had not all been achieved. For example; it was noted that one resident was going to go to a pantomime before Christmas, however, the tickets were sold out when staff went to purchase them and no alternative had been explored.

Residents meetings were being held where residents were informed about things that were happening in the centre, or things that may affect them. For example; the residents were informed about recent weather warnings and how this may affect activities outside the centre.

The inspector observed a specific example that showed how staff were supporting residents with their rights. For example; although the centre was in walking distance of a local town, the pathway was not suitable for wheelchair users. The person in charge on behalf of the residents had written to the local government representative to seek a resolution to this for the residents. This was still ongoing at the time of the inspection. In addition to this, residents' meetings were held where they were informed about different things that were happening in the centre.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements affected the quality of care and support being provided to residents.

Capacity and capability

Overall, the inspector found that improvements were required to premises, records stored in the centre, restrictive practices, fire safety and general welfare and development.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. The person in charge reported to the director of nursing who was also a person participating in the management (PPIM) of the centre. The registered provider had arrangements in place to review and monitor the care and support provided to residents which included a number of audits, regular meetings and six monthly unannounced quality and safety reviews.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. However, as referenced under regulation 21 records not all training certificates were available in the centre on the day of the inspection.

The staffing levels and skill mix in the centre were consistent with those outlined in the statement of purpose. While there had been concerns raised to the person in charge around staffing levels in the centre late last year. This had been addressed by the time of this inspection.

The registered provider had a complaints policy which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint.

Some of the records required to be available in the centre under regulation 21 were not there on the day of the inspection. For example; a record showing that a person who had raised a concern was satisfied with the outcome of this.

Regulation 14: Persons in charge

The person in charge was a qualified nurse who provided good leadership and support to their team. They were very responsive to the regulatory process and had a very good understanding of the residents' needs in the centre

The person in charge worked on a full-time basis in the organisation. They are responsible for a number of other designated centres under this provider. In order to assure effective oversight of the care and support needs of the residents, a clinic nurse manager is employed also. The inspector found that this was not impacting on

the quality and safety of care at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

As stated in section 1 of this report the Health Information and Quality Authority had received information relating to the staff numbers in the centre. Overall the inspector found that while there had been issues with staffing in the later part of last year. This had now been addressed and there was a full staff time employed in the centre.

There were no staff vacancies at the time of the inspection. There was a planned and actual staff rota, maintained in the centre. A review of a sample of rosters since the complaint had been dealt around staffing showed that the correct amount of staff were on duty every day in the centre. A regular panel of relief staff were also employed.

Staff who spoke to the inspector said that they felt very supported in their role and were able to raise concerns, if needed, to a manager. They had a good knowledge of the residents' needs and reported to the inspector. A sample of staff supervision records viewed showed that staff could raise concerns at these meetings. A supervision schedule was also in place for the year and the inspector

Personnel files were not reviewed at this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the staff-training matrix showed that staff had completed mandatory training in safeguarding vulnerable adults, basic life support, fire safety, behaviours of concern, dysphagia, the safe administration of medicines and risk management. The person in charge also had a system in place that alerted them when refresher training was required for staff to ensure that their skills were kept up to date.

However, the management of some of the records needed to be improved. For example; the person in charge kept a log of staff training certificates when they had completed a course. These were not all on file on the day of the inspection.

Staff supervision was taking place along with staff meetings. This was an opportunity for staff to raise concerns about the quality of care provided and review any further training they may need.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that records in relation to each resident as specified in Schedule 3; and the additional records specified in Schedule 4 were maintained and available for inspection by the chief inspector.

However, as required under schedule 4 there was no record confirming that a person who had made a complaint was satisfied with the outcome of the complaint. Training Certificates for some staff were not available in the centre on the day of the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a defined management structure in the centre which consisted of a person in charge, a clinic nurse manager and a director of nursing. This ensured that there were clear lines of accountability for the quality of care being provided in the service.

The centre was being audited in line with the regulations. For example; a six monthly unannounced quality and safety review had been completed in October 2023 and the person in charge was collating feedback from residents and their representatives for the annual review of the centre for 2023.

There were a number of other audits conducted to review the quality and safety of care in the centre on a more regular basis. An infection prevention and control audit had been conducted on 15 January 2024 and no issues had been identified from this audit. A fire safety audit had been completed on 14 January 2024 which found that fire certificates were not available in the centre at that time and this had been completed at the time of this inspection. An audit had also been conducted on a sample of residents financial records and no issues were noted for improvement.

Regular meetings were also held between the person in charge, clinic nurse manager, director of nursing and the staff team.

The registered provider had implemented a number of initiatives to support residents' rights some of which included an Equality and Human Rights Committee to review some restrictive practices; and review rights issues for residents that could be referred to this committee for review to ensure that residents rights were being protected.

Judgment: Compliant

Regulation 3: Statement of purpose

A copy of the statement of purpose containing the information set out in Schedule 1 of the regulations was available in the centre. This document had been reviewed recently and outlined the care and support provided to residents in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied from a sample of incident reports and other records viewed that the person in charge had notified all incidents as required under the regulations to HIQA.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a complaints policy, which outlined the way in which complaints should be managed. Residents were informed about their right to make a complaint. A review of one complaint raised showed that the person in charge had met with the person making the complaint and had taken steps to address the concerns raised. However, as discussed under records, there was no official record confirming that the person making the complaint was satisfied with the outcome of the complaint.

Judgment: Compliant

Quality and safety

Overall the residents were supported very well with their health care needs. All of the residents looked well cared for and staff knew the residents well. However, the improvements were required to ensure that residents had access to meaningful activities in the centre on a consistent basis, fire safety, the premises and restrictive

practices.

As stated the property was finished to good standard and provided adequate communal space which allowed for residents to meet family and friends privately should they wish. Improvements were required to ensure the sensory room and records for maintenance of equipment were available in the centre.

Residents were supported to have some meaningful active days in line with their personal preferences and were also supported to keep in touch with family. However, as referenced in section 1 of this report access to meaningful activities needed to improve.

Residents were supported to experience best possible mental health and where required had access to behavioural and psychology support. Some restrictive practices were used in the centre to keep residents safe. However, improvements were required in some of the records relating to these practices.

The registered provider had fire safety systems in place to ensure a safe evacuation of the centre in the event of a fire. However, on the day of the inspection the fire evacuation plan needed to be updated to reflect the actual practice in the centre.

Risk management systems were in place to ensure that residents were safe. This included risk assessments for each resident and a risk register which outlined controls to mitigate risks.

Regulation 11: Visits

The registered provider has a visitors policy in place. There were no restrictions on visitors to the centre and review of a sample of plans showed that family members visited regularly.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to have some meaningful active days in line with their personal preferences and were also supported to keep in touch with family. Some of the activities that residents did were reflexology and music therapy but this was only done once every two weeks.

As referenced in section 1 of this report access to meaningful activities needed to improve. For example; the inspector reviewed two residents activity records over the last month and found that there was limited times spent outside the centre. Notwithstanding that some of this had been down to bad weather, the activities

available in the centre were limited for the most part to listening to music and watching television.

In addition to this goals set for residents had not all been achieved. For example; it was noted that one resident was going to go to a pantomime before Christmas, however the tickets were sold out when staff went to purchase them and no alternative had been explored.

Judgment: Not compliant

Regulation 17: Premises

The premises were warm, spacious, clean and maintained to a good standard. There was a large garden to the back and front of the property which was well maintained.

Each resident had their own bedroom which were decorated to a high standard. There was adequate communal space for residents, however one of the rooms which was supposed to be a sensory room for residents was being used as a storage area. This needed to be addressed going forward particularly as residents had limited access to activities in the centre.

The house was adapted to suit the mobility needs of the residents and overhead hoists were installed in all of the communal spaces, bedrooms and bathrooms. Other equipment such as specialised hospital beds were also available.

However, not all records were available to confirm equipment was service as required and required review to ensure that all equipment used by and for residents was in optimum working condition.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to wholesome and nutritious food in the centre. One of the residents liked to go grocery shopping with staff on some occasions and this was facilitated for the resident.

Menu plans were completed with residents weekly to ensure that their likes and dislikes were taken into consideration.

Staff had been provided with specific training and support plans were in place to guide practice for residents who required modified diets.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage risks. The provider had procedures in place for escalating risks in the centre to more senior personnel where required. Residents had risk management plans in place where required. For example; a resident who had an unexplained bruise; now had a risk management plan in place to ensure that this was monitored on an ongoing basis. Some residents had risk management plans around behaviours of concern and control measures were in place to support them with this. These controls were having a positive impact on the residents quality of life as there were only a small number of incidents relating to behaviours of concern in the centre.

The provider also had a risk register in place which identified potential risks in the centre and had control measures in place to mitigate risks.

The transport in the centre had an update to date roadworthy certificate in place and was insured.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector followed up in the actions from the last inspection and found that they had been addressed. The mops/buckets in the centre were now stored outside in a covered contained.

A risk assessment had been conducted in relation to the utility room as it was used as an area to prepare medicines and do laundry which could pose a risk of cross contamination.

Staff had complete training in infection prevention control and additional training modules in infection prevention and control were now mandatory for all staff to complete.

The hospital passport for residents had been updated to include the residents level of understanding and support they may require for decisions around their care while they were in hospital.

The assessment of need had been updated to include the most up to date information regarding the vaccination history of the residents.

An infection control audit had also been conducted in January 2024 where no issues

had been identified for improvement.

Judgment: Compliant

Regulation 28: Fire precautions

There was adequate fire fighting equipment in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required.

Staff completed as required checks on all fire equipment in the centre to ensure that the alarm was working, fire doors were closing and that emergency lights were working.

Fire drills were being conducted as required to ensure that residents and staff could evacuate the centre in a timely manner. Each resident had an up-to-date personal emergency evacuation plan (PEEP) in place and some of the residents spoken with were aware of how they should exit the building in the event of a fire.

However, the inspector observed a restrictive practice in place for one resident whereby a large number of bean bags were placed near the residents bed and these were restricting the fire exit. The person in charge addressed this at the time of the inspection and amended the fire evacuation plan to reflect this. The person in charge agreed to inform all staff of this change in procedure and revert the matter to senior risk personnel the day after the inspection.

In addition, there were a number of ski sheets available in the centre. These were not included in the residents PEEP's as they were not used. However, given the fact that they were available in the centre all staff needed to be trained on their use.

Judgment: Substantially compliant

Regulation 6: Health care

Residents health care needs were supported. Support plans were in place to guide practice and outlined the care and support residents required. Staff were knowledgeable around these supports and kept daily records in relation to residents health care needs as required. These plans were being reviewed to ensure that the care provided was effective.

Residents had ongoing support from a number allied health professionals such as a GP, physiotherapy, clinic nurse specialists and a dietitian. As an example a resident who had epilepsy had been reviewed by their neurologist or a clinic nurse specialist.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and where required had access to behavioural and psychology support. Where required, residents had a positive behavioural support plans in place which had been reviewed.

There were a number of restrictive practices in place in the centre. These restrictive practices were reviewed by a committee in the wider organisation every 3 - 6 months. Once reviewed they were approved for use. However, on this review document it outlined that staff and the person in charge were required to have specific things in place. The inspector found that some of them were not in place. For example; a restraint reduction plan was not in place for one resident.

In addition to this the reason one restrictive practice was used in the centre was not clearly recorded. This also needed to be reviewed.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Residents who required support around their intimate care had detailed plans in place to guide staff practice.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had systems in place to ensure that residents rights were being protected. The Equality and Human Rights Committee in the organisation reviewed some restrictive practices like physical holds to ensure that they were necessary to support the resident. Once reviewed this committee wrote to the resident concerned outlining the outcome of this review.

Residents meetings were being held where residents were informed about things

that were happening in the centre, or things that may affect them. For example; the residents were informed about recent weather warnings and how this may affect activities outside the centre.

The registered provider had employed a staff member to assist staff teams in this centre and the wider organisation to ensure that new legislation around consent was implemented. As a result of this the staff team were reviewing the supports residents required. For example; a resident had been referred to a speech and language therapist to investigate communication strategies for this resident to support decision making.

The inspector observed some examples to show that staff were supporting residents with their rights. For example although the centre was in walking distance of a local town, the pathway was not suitable for wheelchair users. The person in charge on behalf of the residents had written to the local government representative to seek a resolution to this for the residents. This was still ongoing at the time of the inspection. In addition to this, residents' meetings were held where they were informed about different things that were happening in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Willows OSV-0008041

Inspection ID: MON-0034597

Date of inspection: 25/01/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • The complaints log has been updated to reflect that the complainant is satisfied with the outcome. • The training folder has been updated to include the training certificates that were not readily available on the day of the inspection. 	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: <ul style="list-style-type: none"> • The PIC and house manager held a team meeting with staff to ensure that resident activities are immediately enhanced in the centre. 14/02/24 • A new schedule of activities is in place for the residents in the centre. 27/01/24 • All Goals were reviewed and updated with the residents and have commenced. 27/02/24 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • Storage in the sensory room has been relocated. 29.02.24 • The Occupational Therapist is carrying out sensory assessment on all residents in the designated with a view to purchase of sensory equipment. 11.04.24 • The records for servicing the hoist have been received and placed in fire register. 28.02.24 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • PEEPs have been amended to include the use of Ski Sheets. 29.02.24 • Ski Sheet training has been booked for the 4 staff who had not this completed. 20.03.24 	

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none">• A Restraint reduction plan has been developed for the resident as identified in the inspection. 12.02.24• The one restrictive practice used in the centre has now been clearly recorded in the residents records. 25.01.24	

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)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	11/04/2024
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	14/02/2024
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall	Substantially Compliant	Yellow	11/04/2024

	be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/02/2024
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	28/02/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	20/03/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	12/02/2024