



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

Name of designated centre:	Jeddiah
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	20 February 2018
Centre ID:	OSV-0002604
Fieldwork ID:	MON-0021066

About the designated centre

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

Jeddiah provides full-time residential care and support to male and female adults with an intellectual disability and additional medical, sensory and mental health needs. Jeddiah cannot cater for people with significant physical disabilities due to the size and layout of the house. Jeddiah is located in a town and is close to local amenities and facilities such as shops and leisure activities. The centre comprises of a split level house with residents' bedrooms being both on the ground and first floor. Resident bedrooms on the ground floor have their own individual entrance and exit doors. The ground floor also has a self-contained apartment which consists of a bedroom, en-suite bathroom, living area and kitchenette. All residents' bedrooms at Jeddiah have en-suite facilities and a communal bathroom is provided on the first floor. Jeddiah has a communal living room and kitchen dining room which is accessed by all residents. Laundry facilities are provided for residents' use on both the ground and first floor of the house. Residents are supported by a staff team which includes both nurses and care assistants. Two care assistants are available to support residents at all times during the day, evenings and at weekends. At night-time, residents are supported by two care assistants with one on a waking night duty and the other on sleep over duty who is available to provide additional support to residents during the night if required. On call nursing support is provided to residents at all times including at night and can be accessed by the care assistants on duty.

The following information outlines some additional data on this centre.

Current registration end date:	08/10/2019
Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
20 February 2018	08:45hrs to 17:20hrs	Stevan Orme	Lead

Views of people who use the service

The inspector had the opportunity to meet with all five residents who lived at the centre. Residents who spoke to the inspector said that they liked living at the centre and found staff members to be supportive of their needs.

Residents said that staff supported them to go into the town to do personal shopping and have drinks and meals out in cafes and hotels. Residents also told the inspector that they accessed discos, beauty treatments and visited family and friends - either independently or with staff support.

Residents told the inspector that they participated in weekly meetings where they decided the menu and activities they would like to do. They also told the inspector that they used the meetings to raise any complaints they had about the centre and they felt that staff listened to them and addressed their concerns.

Throughout the inspection, residents appeared comfortable and relaxed and were supported by staff in a timely and dignified manner in-line with their assessed needs.

Capacity and capability

The provider's governance and management arrangements ensured that residents received a good quality service and that their needs were met. However, the provider had not ensured that proposed actions in response to the previous inspection had been addressed, and further improvements were required to ensure effective oversight at the centre and compliance with the regulations.

Since the last inspection, the provider had introduced a new management structure with the person in charge; who was responsible for multiple designated centres, now being supported in the day-to-day management of the centre by a clinical nurse manager (grade 1) and staff nurse. The management team had commenced a range of audits into the centre's practices to ensure they met residents' needs and were in-line with the organisation's policies. The inspector found that audits were completed in accordance with the provider's annual schedule and their findings were discussed with staff at regular team meetings.

However, although improvements in practices at the centre had occurred, the provider had not ensured that findings from last inspection which related to the premises were addressed. In addition, although the provider's governance systems had improved, further improvements were required to ensure that regulatory

requirements were met, such as the submission of quarterly notifications and frequency of provider unannounced visits.

Residents were supported by a team of suitably qualified nursing and care staff. Staffing levels ensured that residents were supported in-line with their assessed needs and able to participate in activities of their choice both at the centre and in the local community. The provider ensured that staffing arrangements were subject to regular review to ensure they met residents' needs. Staff told the inspector that night-time staffing arrangements had been changed in response to residents' needs which was reflected in the centre's rosters.

Staff at the centre received regular formal supervision from the management team as well as access to both mandatory and centre specific training. Throughout the inspection, staff who spoke with the inspector understood residents' needs, especially in relation to the management of behaviours that challenge and safeguarding interventions. However, the inspector found that management arrangements required improvement as they had not ensured that all staff had received up-to-date training in-line with the provider's policies.

Regulation 14: Persons in charge

The person in charge was full-time and suitably qualified. The person in charge was responsible for a number of the provider's designated centres. However, arrangements were in place to ensure that they were sufficiently supported in the day-to-day management and governance of the centre by another person participating in management.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that an appropriate number of staff were employed which ensured that residents' needs were met in a timely manner and they were supported to participate in activities of choice and achieve their personal goals.

Judgment: Compliant

Regulation 16: Training and staff development

While staff had previously received training in areas such as manual handling, they had not completed a recent refresher course to ensure that the care and support they provided to residents was in-line with developments in best practice.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had reviewed the directory of residents and ensured that it now included all the required information; including details of when residents were admitted to the centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had implemented a clear governance and management structure at the centre and practices ensured that residents were safe and supported to meet their assessed needs. However, findings from the previous inspection which related to the centre's design and layout and its ability to meet residents' needs had not been addressed. Furthermore, although the provider had completed unannounced visits to the centre these had not occurred in-line with regulatory time frames and statutory notifications had not been consistently submitted to the Chief Inspector.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Residents had not been provided with written agreements which clearly described any additional costs they would need to meet while in the centre, which could impact on their ability to make an informed choice about the type of activities they would like to participate in.

Judgment: Substantially compliant
Regulation 3: Statement of purpose
The statement of purpose reflected the services and facilities provided to residents and contained all information required under Schedule 1 of the regulations. In addition, the centre's statement of purpose was subject to regular review and available to residents in an accessible format.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had not ensured that a notification for quarter three of 2017 had been submitted to the Chief Inspector as required by the regulations.
Judgment: Substantially compliant
Regulation 34: Complaints procedure
The provider had ensured that residents were aware of their right to complain and empowered to discuss the quality of the care and support they received. Records further showed that complaints were taken seriously by the provider and any recommendations made as a result of complaints were implemented.
Judgment: Compliant
Quality and safety

During the course of the inspection, the inspector found that residents were supported in-line with their assessed needs by suitably qualified and knowledgeable staff. Residents were facilitated to enjoy activities of their choice, either with staff support or independently. However, improvements were required to ensure that the centre's premises met all residents' needs and further actions were required to ensure full compliance with the regulations.

Improvements had been made to the centre's risk management arrangements which ensured that residents were safe. The provider ensured that measures were put in place to address all identified risks and staff were knowledgeable on risk management and fire safety practices; and had received up-to-date training in these areas. Residents also told the inspector that they had been involved in regular fire drills and clearly explained what they would do in the event of an emergency.

However, although the person in charge had ensured that risk assessments were in place in relation to the centre's premises and residents were kept safe, the provider had not ensured that proposed works following the previous inspection had been completed. The inspector found that the centre's premises continued to pose concerns for residents with assessed mobility needs. In addition, previously proposed works had not been completed by the provider to ensure that the premises was in a good state of redecoration and repair.

Where incidents of concern had occurred between residents, the person in charge had ensured that safeguarding arrangements were put in place to keep residents safe. The provider had also ensured that all staff had received up-to-date training on the safeguarding of vulnerable adults.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated when their needs changed to ensure a consistency of approach, and staff were knowledgeable on all aspects of supports required by the residents at the centre.

The provider had developed an accessible version of residents' personal plans to inform them of the supports they would receive. Staff told the inspector that there was a plan to develop these further, to ensure they were more person centred in nature.

The effectiveness of each resident's personal plan was reviewed annually, and involved the input of multi-disciplinary professionals as well as staff from the centre. However, the provider had not put systems in place to consistently document residents' involvement in their review meetings.

Residents were aware of their rights and were involved in making decisions on the day-to-day running of the centre. Residents told the inspector that they choose their meals and planned their social activities through weekly house meetings. Residents also used the meetings as a forum to raise any complaints they had about

the service.

Residents told the inspector that they were supported by staff to access a range of centre and community-based activities which reflected their assessed needs and interests and were facilitated to achieve their annual personal goals.

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which they enjoyed and reflected their assessed needs, capabilities and interests. The provider ensured that support was provided in-line with residents' personal plans and included, for some residents, measures to increase their independence while accessing activities in the local community.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured that the premises' design and layout met the needs of all residents, which led to a dependency on staff support to access entrance and exit routes from the centre. Furthermore, the provider had not ensured that the premises was kept in a good state of repair and decoration.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management arrangements had improved at the centre. Management arrangements ensured that risks were proactively identified and measures put in place to keep residents safe from harm. In addition, positive risk taking was encouraged, with some residents being supported to access community activities independently.

Judgment: Compliant
Regulation 28: Fire precautions
Suitable fire safety arrangements were in place at the centre. Residents and staff were knowledgeable about actions to be taken in the event of a fire and regular simulated evacuation drills were carried out.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
The centre's medication practices were in-line with the provider's policies, with medication being securely stored and administered by suitably qualified staff.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
<p>Personal plans were comprehensive in nature and reflected residents' assessed needs and goals. The provider ensured that residents were aware of the support they would receive from staff through the provision of accessible personal plans.</p> <p>Residents were actively involved in the reviewing of their personal plans and attended annual review meeting. However, the provider had not ensured their participation was consistently documented.</p>
Judgment: Substantially compliant
Regulation 6: Health care
Residents were supported to access health care professionals as and when required and ensured that they maintained a good quality of life in-line with their assessed needs.
Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behaviour that challenges, the provider had ensured that behavioural interventions were in place to support the person to manage their behaviours positively and reduce any risk to others. Staff were knowledgeable on residents' support plans; however, the provider had not ensured that all staff had received positive behaviour management training.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from abuse which included up-to-date training for staff. Where incidents of this nature had occurred, subsequent actions taken by staff were in-line with the provider's policy and ensured that residents were kept safe from harm.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Jeddiah OSV-0002604

Inspection ID: MON-0021066

Date of inspection: 20/02/2018

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. A training need analysis is conducted annually which informs the training plan for the incoming year.</p> <p>In March 2018 the provider introduced a staff training matrix to assist the person in charge manage and monitor staff training to ensure training and refreshers are completed within the required timeframes, the person in charge reviews and updates the training matrix on a monthly basis.</p> <p>The person in charge has a schedule in place to complete formal supervision with staff on a six monthly basis.</p> <p>The following information is made available to staff working in the centre;</p> <ul style="list-style-type: none">• 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• National Standards for Residential Services for Children and Adults with Disabilities, <p>Recent guidance documents issued by HIQA in February 2018</p> <ul style="list-style-type: none">• Assessment-of-centres-DCD_Guidance• Assessment-Judgment-Framework-DCD_Guidance• Enhanced-Authority-Monitoring-Approach_Guidance• Monitoring-Notification-Handbook-DCD_Guidance• Statement-of-Purpose-for-designated-centres-for-Disabilities(DCD)_Guidance <p>Other relevant guidance issued by statutory and professional bodies.</p>	

In response to the area of non compliance found under regulation 16(1)(a) ;

1. The person in charge has arranged training in positive behaviour support (Studio 3) for the staff member who required same this has been completed.
2. The person in charge has arranged refresher training sessions in Moving & Handling for staff that required same.

Please see section 2 for compliance dates.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management: | |

The provider ensures that the centre is resourced to provide effective deliver of care and support in accordance with the statement of purpose. There is a clearly defined management structure in place that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Management systems are in place to ensure that the service provided in the centre is safe, appropriate to residents' needs, consistent and effectively monitored.

This includes;

- A schedule to ensure that an annual review of the quality and safety of care and support and six monthly unannounced visits of the centre are conducted, residents are consulted with as part of this process. Reports produced include plans to address any concerns regarding the standard of care and support provided. The reports are made available to the residents and their representatives.
- In response to HIQA's Enhanced Monitoring Approach, a framework for persons in charge to assess the centre's compliance with the regulations was introduced as a quality improvement initiative in March 2018, this is completed quarterly.
- A corresponding quality improvement plan is developed to manage and monitor any actions that arise.
- A schedule of audit is completed throughout the year to ensure the service provided is consistent and effectively monitored.
- An annual review and update of the centre's Statement of Purpose.

To support staff exercise their personal and professional responsibility for the quality and safety of services they deliver and facilitate staff to raise concerns about the quality and safety of care and support provided to residents, the provider has the following measures in place:

- Formal supervision is completed with staff on a six monthly basis.
- Staff meetings are convened monthly.
- Managers meetings are held fortnightly and minutes are made available in the centre to share information and learning.
- A suite of evidenced based policies are provided to guide and support staff.
- A health and safety management system which includes the corporate, organisational and centre specific safety statements, the risk register for the centre and the plans in place to respond to emergencies that may arise.
- A programme of mandatory training and a prospectus of professional development courses available through the Centre for Education.
- Staff are also supported to undertake training and development which is

specifically relevant to the needs of the residents in the centre.

In response to the area of non compliance found under regulation 23(1)(c);

1. The provider completed a review of this centre in December 2017. A Clinical Nurse Manager 2 and a Staff Nurse were assigned to the centre and a quality improvement plan was implemented to ensure that the service provided was safe, consistent and effectively monitored.

In response to the area of non compliance found under regulation 23(2)(a);

2. The provider has implemented a schedule to ensure that six monthly unannounced visits and reports of the centre are completed within the regulatory time frames.

Please see section 2 for compliance dates.

Regulation 24: Admissions and contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

- The centre has a policy in place on Admission including Transfers, Discharges & Temporary Absences of residents.
- The centre's criteria for admission are included in the Statement of Purpose.
- Each resident is provided with a written agreement on the terms of residence in the centre which includes details of the service provided in accordance with the Statement of Purpose and the fees charged.
- Written agreements are renewed annually and agreed with the resident or their representative where the resident is unable to give consent.

In response to the area of non compliance found under regulation 24(4)(a);

The person in charge issued written agreements to all residents on the 10th of January 2018. All agreements have been returned and signed by the resident and or their representatives.

Please see section 2 for compliance dates.

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The person in charge is guided by the Monitoring Notification Handbook for Designated Centres for Disabilities, issued by HIQA in February 2018 to ensure all regulatory notifications are submitted to the authority within the required timeframes.

In response to the area of non compliance found under regulation 31(3) (a) (b) (c) (d) & (e);

The person in charge has submitted a retrospective notification to HIQA in respect of quarter 3, 2017.

Please see section 2 for compliance dates.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider ensures that;</p> <ul style="list-style-type: none"> • The premises of the centre meet the aims and objectives of the service and the number and needs of the residents in accordance with the centre's Statement of Purpose. • A review of the premises forms part of the Annual Review of Quality and Safety of Care and Support and the six monthly unannounced visits of the centre to ensure that the premises is accessible, maintained in a good state of repair, is clean and suitably decorated and meets the needs of the residents. A plan is produced to address any improvement required. <p>The person in charge ensures that;</p> <ul style="list-style-type: none"> • Actions identified by HIQA and/or the Provider Representative are included in the centre's quality improvement plan and monitored weekly to ensure actions are completed within the required time frame. • All repairs are completed promptly and equipment is maintained in good working order. • Referrals are made to the Assistive Technology department when required. • Cleaning schedules are in place and implemented by staff. • Infection control policies are adhered to. • All identified risks are assessed and control measures put in place to manage the risk. <p>In response to the area of non compliance found under regulation 17(1)(a); A ramp is being installed to improve the accessibility in and out of the centre.</p> <p>In response to the area of non compliance found under regulation 17(1)(b); Repairs have been completed and the centre has been redecorated both internally and externally.</p> <p>Please see section 2 for compliance dates.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge ensures that;</p> <ul style="list-style-type: none"> • All residents have a comprehensive assessment of need completed and a personal plan developed with the maximum participation of the resident and his/her representative where appropriate. • The personal plan reflects the resident's needs and outlines the supports required to maximize the residents' personal development in accordance with the residents' wishes. • Personal plans are made available to residents in an accessible format. • Personal plans are subject to a multidisciplinary review annually or more frequently if there is a change in need of circumstances. • The review is conducted with the maximum participation of the resident and 	

where appropriate his/her representative.

- The review assesses the effectiveness of the plan, takes into account changes in circumstances and new developments.
- Recommendations from the review are recorded and include:
 - any proposed changes to the personal plan
 - the rationale for any such proposal changes
 - and the names of those responsible for pursuing objectives in the plan within agreed timescales
- The personal plan is amended in accordance with any changes recommended following the review.

In response to the area of non compliance found under regulation 05(6)(b);

The person in charge has implemented a process to ensure the maximum involvement and participation of each resident at annual review in accordance with the residents wishes, age and nature of his/her disability.

The person in charge will ensure that each resident's participation at annual review is consistently documented.

Please see section 2 for compliance dates.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The provider has the following measures in place to ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy, evidence based practice and with the informed consent of each resident, or his or her representative;

- A restrictive practice committee who approved and review all restrictive practices
- A Multidisciplinary team which includes Psychology, Speech and Language, Behaviour Therapy, Psychiatry and Social Work.
- Registered Nurses trained in Intellectual Disability.
- Person Centred Care planning in place for each resident which is subject to a multidisciplinary review at least annually or should a change in need or circumstances arise.
- A schedule of mandatory staff training which includes Positive Behaviour Support and Safeguarding Awareness training in line with national policy.
- Regulatory notification to HIQA at the end of each quarter.
- A suite of policies and guidelines for staff which include;
 - The use of Restrictive Procedures for the Management of Behaviours of Concern.
 - Positive Behavioural Support and Behaviour Management.
 - Risk Management and Emergency Planning
 - Safeguarding Vulnerable Persons at Risk of Abuse.
 - Open Disclosure

The person in charge ensures that where a resident's behaviour necessitates intervention under this regulation every effort is made to identify and alleviate the cause of the residents behaviour of concern, this includes;

- An individual assessment of need with a corresponding person centred plan which are subject to review.
- Referral to other departments as appropriate such as Psychology, Behaviour Therapy, Speech and Language and the Mental Health team to ensure all alternative measures are considered before a restrictive procedure is used; and the least restrictive procedure, for the shortest duration necessary, is used.
- Residents are provided with information on advocacy services, the Confidential Recipient, the Safeguarding Team, Complaints Officer and HIQA and are supported to access these services if they so choose.
- Staff have up to date knowledge and skills, appropriate to their role, to respond to behaviours of concern and to support residents to manage their behaviour.
- Staff receive training including refresher training in the management of behaviour of concern including de-escalation and intervention techniques.
- Staff training records are monitored and training is maintained within the required time frames.
- Routine audits to ensure compliance with this regulation which includes the audit of ;
 - restrictive practices,
 - accidents and incidents,
 - safeguarding,
 - complaints
 - and resident's personal plans.

In response to the area of non compliance found under regulation 07(2);

The person in charge has arranged training in positive behaviour support (Studio 3) for the staff member who required same, this has been completed.

Please see section 2 for compliance dates.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	1. 22/02/2018 2. 24/04/2018
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/07/2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Not Compliant	Orange	30/03/2018

	kept in a good state of repair externally and internally.			
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.	Not Compliant	Orange	03/01/2018
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	20/04/2018
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the	Substantially Compliant	Yellow	23/04/2018

	resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	28/02/2018
Regulation 31(3)(b)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which the fire alarm equipment was operated other than for the	Not Compliant	Orange	28/02/2018

	purpose of fire practice, drill or test of equipment.			
Regulation 31(3)(c)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: where there is a recurring pattern of theft or burglary.	Not Compliant	Orange	28/02/2018
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	28/02/2018
Regulation 31(3)(e)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following	Not Compliant	Orange	28/02/2018

	incidents occurring in the designated centre: any deaths, including cause of death, not required to be notified under paragraph (1)(a).			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	20/04/2018
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	22/02/2018