Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Damien House Services
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	24 and 25 September 2019
Centre ID:	OSV-0002442
Fieldwork ID:	MON-0022475

About the designated centre

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

The following information has been submitted by the registered provider and describes the service they provide. The statement of purpose states that Damien House, a service operated by the HSE, provides full-time long term care to twelve residents, male and female who are over 18 years old are. Care is provided to residents who have a primary diagnosis of moderate to profound intellectual disability, physical disability, and behaviours that challenge and require levels of intensive supports for these needs.The centre is a nurse led service with nursing staff supported by care assistants on duty at all times. There are two waking night staff on duty in each house including the single occupancy apartment. The centre comprises three houses and an apartment. One of the houses and an apartment are community based residences, and the other two houses are located on the grounds of a number of other services in a rural town, with one house located in a rural location. The houses have distinct functions with one designated for residents with high medical physical care and mobility needs. The houses are described as 'secure' for 'risk management' reasons within the provider's statement of purpose.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

How we inspect

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 - 2015 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
24 September 2019	09:30hrs to 19:30hrs	Noelene Dowling	Lead
25 September 2019	08:30hrs to 17:00hrs	Noelene Dowling	Lead
24 September 2019	09:30hrs to 17:00hrs	Carol Maricle	Support
25 September 2019	10:30hrs to 17:00hrs	Carol Maricle	Support

What residents told us and what inspectors observed

Inspectors met with eight of the residents and spoke with two. Other residents allowed the inspector to observe some of their daily routines and communicated in their preferred manner, as they wished. A resident indicated to inspectors that they were very happy with their newly decorated bedroom and new transport. Another resident told of their ordinary daily activities and busy life including going running with staff , loosing weight and how they loved being out and about the local town. The inspectors observed that the residents primacy care needs were being addressed and they looked well cared for, were taking part in board games with staff and went swimming which they indicated that they liked to do. However, there was also a lack of interaction observed in one of the houses, with little meaningful activity evident for long periods for some residents.

A number of questionnaires were completed on behalf of the residents by staff. These were also mainly positive.

Capacity and capability

This inspection was undertaken to assess the providers continued compliance and actions agreed since the previous inspection in April 2019 and inform the decision to renew the application for the renewal of the registration of the centre. This is the third inspection of the centre within 12 months. The centre was the subject of escalation procedures following an inspection in November 2018. A follow up to this inspection was undertaken in April 2019. At that time the provider had failed to comply with nine of the core regulations which impacted directly on the residents' wellbeing. These included, ineffective management structures, safeguarding of residents, adequate assessment and clinical care for the residents, restrictive practices, lack of adequate access to the community and suitable activities, and a very poorly maintained and suitable physical environment. At the time, the provider was very aware of the failings and indicated their commitment to implementing processes and systems to address them. A detailed compliance plan outlining the proposed changes was forwarded by the provider.

This inspection found that the provider has implemented systems for a more effective and robust management structure to support the residents and improve their quality of life. This included the appointment of a full-time person in charge with the required experience and professional training who was in the process of completing the required management training.The person in charge reported to the newly appointed director of nursing who had significant management experience. A nurse was appointed to manage the day-to-day responsibilities for each of the houses which comprise the centre. In addition, the provider had amalgamated the

overall governance structures for its services in the region by the appointment of directors and assistant director of nursing with overall responsibility for the services. Inspectors were advised that these structures will provide the level of oversight and accountability which was absent and resulted in the findings of the previous inspection.

In order to progress the improvements the provider had initiated a detailed review of all accidents and incidents within the service which provided effective data which identified causal factors including time frames, consistent staffing and compatibility of residents as being contributing factors to incidents. Changes had been made as a result of these findings and further review was planned by the provider, in relation to the suitability of the placements and compatibility of the residents to live together. These were not however progressed in any substantial manner at this time.

Internal unannounced inspections had also taken place and these had identified a range of specific areas of concern for the residents' wellbeing such as access to sensory assessments, communication strategies, activities and the environment. The person in charge had initiated systems for direct monitoring for the implementations of the actions required from these internal inspections and the provider's previous HIQA inspections. The staff advised inspectors that these changes to the structures provided more effective support and guidance to them.

However, despite these changes a significant number of regulatory non-compliances remained to be addressed in this centre, including the lack of consistent and stable management, resident quality of life and resident compatibility issues. A number of these matters had been identified on previous inspections and regulatory activity however these poor levels of compliance were found to remain.

The provider was resourced sufficiently in terms of staff with a high ratio of staff in all of the houses. Five new nursing staff had been recruited which it was hoped would reduce the numbers of agency staff being utilised. A number of the residents had one-to-one supports. However, while training records demonstrated a commitment to all mandatory training and ongoing training in the management of behaviours that challenged for the providers own staff, there were deficits in ensuring that the agency staff had the required training. For example, such staff were required to have safeguarding of vulnerable adults and manual handling training, but there was no evidence of this from the records available.

From a review of a sample of personnel files, the inspector saw that while recruitment procedures for the providers own staff were a satisfactory, there were deficits in the information available for the agency staff used by the provider. For example, lack of evidence of An Garda Síochána vetting, qualifications and mandatory training. In addition, there was no system for verifying some of the information received, for accuracy. This could place residents at risk.

The action in relation to the supervision of staff had commenced, however, only five of the fifty two staff had commenced this process. The quality of this supervision, as demonstrated by the records seen, was not sufficient and was not primarily

concerned with the residents' care or support. As a number of the managers had received training in supervision this continued finding was of concern as to ensure that staff carried out their duties and responsibilities to the residents.

From a review of the complaints record the inspectors were satisfied that complaints were being managed satisfactorily.

The documents required for the renewal of the registration of the centre had been forwarded. The statement of purpose required a number of amendments to meet the regulatory requirements and this was addressed during the inspection. The inspector was satisfied from a review of the incident records that the provider and the person in charge were now submitting the required notifications to the Chief Inspector.

All of the managers and staff spoken with had good knowledge of the care and support needs of the residents and their own responsibilities' to them.

Registration Regulation 5: Application for registration or renewal of registration

The documents required for the renewal of the registration of the centre had been forwarded.

Judgment: Compliant

Regulation 14: Persons in charge

A suitable and experienced person in charge, who was fulltime in post had been appointed. However, evidence of the required training in management was outstanding. Inspectors were advised that this was being completed.

Judgment: Substantially compliant

Regulation 15: Staffing

The provider was resourced sufficiently in terms of staff with a high ratio of staff in all of the houses, with full-time nursing care provided.

However, while recruitment procedures for the providers own staff were satisfactory, there were deficits in the information available for the agency staff used by the provider. For example, lack of evidence of An Garda Síochána vetting, qualifications and mandatory training. In addition, there was no system for verifying

some of the information received for accuracy. This could place residents at risk.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records demonstrated a commitment to all mandatory training and ongoing training in the management of behaviours that challenged for the providers own staff, there were deficits on the files in ensuring that the agency staff had the required training. For example, such staff were required to have safeguarding of vulnerable adults and manual handling training but there was no evidence of this from the records available and the person in charge could not provide assurance of this.

A process of supervision of staff had commenced, however, only five of the fifty two staff had commenced this process. The quality of this, as demonstrated by the records seen, was not sufficient and was not primarily concerned with the residents' care or support.

Judgment: Not compliant

Regulation 21: Records

While all of the required documents pertaining to the residents were available they were not all compiled in a manner so as to ensure completeness and ease of access.

Judgment: Compliant

Regulation 22: Insurance

Evidence of adequate insurance pertaining to this HSE service was submitted with the registration documentation.

Judgment: Compliant

Regulation 23: Governance and management

A significant number of regulatory non-compliances remained to be addressed in this centre, including the lack of consistent and stable management, resident quality of life and resident compatibility issues. A number of these matters had been identified on previous inspections and regulatory activity however these poor levels of compliance were found to remain.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose required a number of amendments to meet the regulatory requirements and this was addressed during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector was satisfied from a review of the incident records that the provider and the person in charge were submitting the required notifications to the Office of the Chief Inspector.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The arrangements for any absence by the person in charge have been submitted and are suitable.

Judgment: Compliant

Regulation 34: Complaints procedure

From a review of the complaints record the inspectors were satisfied that complaints were being managed satisfactorily.

Judgment: Compliant

Quality and safety

There was evidence of improvements and changes being implemented which had a positive impact on the residents' overall care and wellbeing. This was demonstrated by increased access to allied healthcare services for the residents, with evidence of more robust follow up on such referrals and improvements in support plans which enabled the resident care to be delivered. There was good access to physiotherapy, speech and language assessments for swallow care and psychology services for the residents. There was improved access to specialist psychiatry services evident which was vital for these residents. The inspectors found that where a resident's healthcare had deteriorated the person in charge and staff had acted promptly and appropriately to access the appropriate care.

The residents had support plans in place for their healthcare needs although is some instances the recording of information to demonstrate their implementation was not clear. However, from speaking with staff and a review of other documentation inspectors were satisfied that these were documentary deficits and the residents' healthcare was being delivered as needed.

Inspectors found that more effective and informed interdisciplinary reviews of the residents' care also took place, with evidence of ongoing planning for their care needs and goal setting for their personal preferences and wishes.

However, despite these positive changes and the evident commitment there were still improvements needed to ensure that all of the residents, with diverse and complex needs, were provided with a person-centred and quality service. The quality of life for the residents differed across the houses. For example, a number of residents had very good access to the community, choose their own activities, day services and recreation, one participated in a local men's group, enjoyed growing vegetables, and some had access to holidays and breaks away. A number had been referred for further sensory assessment to support their daily lives. However, other residents had routines which had not been revised or reviewed for suitability or effectiveness, and which consisted of, in some cases, long drives with no evident aim. These residents access to recreation, the community, preferences or experiences had not been adequately assessed to support them. As observed, their daily lives, even taking their complex needs into account, were significantly curtailed as a result.The lack of transport which impacted on the residents access to activities had been addressed with an additional minibus purchased and more effective maintenance and servicing of the other vehicles.

The residents had lived in their various homes in the centre for some time. Although the provider's compliance plan indicated that they intended to review the

compatibility and suitability of living arrangements for each resident, this had not progressed to any meaningful degree. This continued to impact on both the suitability and safety of care for some residents. For example, one female resident lives in a house with three older males and shares the bathroom. The residents' needs are obviously very different, despite the staff efforts to ensure her individual needs were met and her home life satisfactory despite the gender and age differences.The resident had not been consulted regarding this.

A significant amount of works had been undertaken on the premises to make them more suitable for purpose, for example, bathrooms had been replaced and a bedroom which was a health risk, by virtue of a significant amount of mould on the walls, had been fully renovated. The houses were freshly painted and this made a considerable difference to the environment. However, despite this, one of the houses remained stark and uninviting with a large number of rooms locked and a sterile type environment. Inspectors were advised that a secure apartment, vacant at the time of the inspection, was to be re-decorated, remodelled should it be used in the future, as it is part of the application for the renewal of the registration.

There were improvements evident in the identification of and response to incidents of abuse where residents were directly hurt by the behaviour of others and actions taken were effective.The staff had received additional support and training in this regard. However, a number of the safeguarding plans seen by inspectors, lacked the specific detail as to how to protect the residents. For example, two residents were identified as not to travel on the bus together. This was not clearly defined in the plans so as to ensure that all staff could be aware of and implement this plan. The plans were implemented in practice however.

The residents were supported by clinical interventions and guidance for the management of behaviours that challenged with detailed support plans evident. Inspectors saw that the implementation of the plans was being monitored to ensure they were supportive of the residents and carried out appropriately by the staff.

There were a number of records of incidents of behaviours that challenge, seen by the inspectors, which clearly demonstrated that while other residents were not directly harmed, and the behaviours were managed, the level of disruption, noise and aggression did impact on the environment and their feeling of safety. These factors were not recognised as requiring a safeguarding response.

Improvements were still required in the manner in which the restrictions used within the centre were implemented, notwithstanding the need for safety and security. There were individual records of decisions made and in some instances inspectors saw that there was careful consideration given and that restrictions were removed if no longer deemed necessary or only implemented in response to immediate concerns.This was not a consistent finding however. Overall, there was no adequate review of the procedures, the reasons for them, or the impact on the residents' lives and rights. Inspectors were provided with generic rationales, for example, health and safety indicated that residents had no unsupervised access to the kitchen. Another resident's bedroom was kept locked for most of the day. The rational was that the resident would choose to sleep all day otherwise. However, no considered

review of these historical practices had occurred to ascertain their continued necessity. This was especially evident in the more secure house.

The finding from the previous inspection in relation to the safe management of the residents' finances remained unresolved. However the provider had initiated a detailed review of all of the resident's finances in order to fully investigate this and ascertain any other possible discrepancies. This review identified further discrepancies, both over and under amounts, in resident's accounts. This had only been completed just prior to the inspection. The provider was requested by inspectors to provide full details of these and the proposed actions taken to address this including reporting to An Gardai Síochána and reimbursement arrangements. This was duly forwarded along with a plan for a more suitable and robust system for financial management. Nonetheless, this indicates that the residents finances have not been managed in a safe and secure manner.

Overall, oversight and management of risk was improved however further review was required in risk areas. There was risks register devised and individual residents had pertinent and detailed risk assessments for all of identified needs and risk including falls, self harm, or choking. An incident of accidental injury to a resident had been robustly reviewed and action taken to prevent a re-occurrence. There was an emergency plan in place and one of the houses had its own generator which was pertinent to its location. Equipment, including the hoists, were seen to be serviced as necessary. However, as with the restrictive practices, historical risks were not sufficiently reviewed and strategies remained in place which may not now be relevant or proportionate. For example, a resident was assessed as being at risk of absconding but current information indicated that may not now be the case. Yet the system to prevent this remained in place without review.

Some improvements were still required in the oversight of the fire safety management systems. All of the required equipment was in place and serviced as necessary. However, while fire drills now took place in all houses in one instance inspectors noted that the time frame for evacuation was 20 minutes. While this was noted on the records there was no review of the process to ensure the evacuation could occur in a timelier manner to protect the residents. In addition, a fire containment door in one of the houses did not close fully as there was a draft excluder in place and no self-closure on this door. This could pose a risk to the resident's safety.

Systems for the management of medicines were satisfactory and safe and the residents' medicines were frequently reviewed.

Regulation 13: General welfare and development

While most residents access to activities and meaningful day services were well supported, this was not a consistent finding. Some residents access to

recreation, the community, preferences or experiences had not been adequately assessed to support them. As observed, their daily lives, even taking their complex needs into account, were significantly curtailed as a result and without adequate review.

Judgment: Substantially compliant

Regulation 17: Premises

A significant amount of works had been undertaken on the premises to make them more suitable for purpose, for example, bathrooms had been replaced and a bedroom which was unhealthy by virtue of a significant amount of mould on the walls had been fully renovated. The houses were freshly painted and this made a considerable difference to the environment. However despite this, one of the houses remained stark and uninviting with a large number of rooms locked and a sterile type environment.

A secure apartment, vacant at the time of the inspection, required to be re-decorated and refurbished should it be used in the future, as it is part of the application for the renewal of the registration.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

There were detailed summaries available should the residents require admission to acute care. In addition,staff were made available to support them in these circumstances.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall, oversight and management of risk was improved. There was a risks register devised and individual residents had pertinent and detailed risk assessments for all of their identified needs and risks including falls, self harm, or choking.
Effective reviews of incidents were undertaken which helped to protect the residents. However, some risks had not been re-evaluated and subsequently the ongoing responses may not be proportionate. For example, risks of residents absconding.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some improvements were still required in the oversight of the fire safety management systems. All of the required equipment was in place and serviced as necessary. However, while fire drills now took place in all houses, in one instance inspectors noted that the time frame for evacuation was twenty minutes. No review had been undertaken following this ensure the evacuation could be carried out safely.

A fire containment door in one of the houses did not close fully as there was a draft excluder in place and no self-closure on this door. This could pose a risk to the residents' safety.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Systems for the management of medicines were satisfactory and safe and the residents' medicines were frequently reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was improved access and referral to allied services and assessment of the residents heath and psychosocial care needs.There was also evidence of improved multidisciplinary review and support plans implemented for the residents. For a number of residents their access to activities had also improved with the additional transport.

However, ongoing assessment of the suitability of the centre to provide care for all of the residents and to address issues of compatibility remains to be undertaken if all of the residents different needs are to be met within the centre.

Judgment: Not compliant

Regulation 6: Health care

There was evidence of increased access to allied healthcare services for the residents, with evidence of more robust follow up on such referrals and improvements in support plans which enabled the residents care to be delivered.The inspectors found that where a resident's healthcare had deteriorated, the person in charge and staff had acted promptly and appropriately to access the appropriate care.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good supports for the management of behaviours that challenged and detailed support plans evident with good clinical review of these. Inspectors saw that there implementation was being monitored to ensure they were supportive of the residents and carried out appropriately by the staff.

However, improvements were still required in the manner in which the restrictions used within the centre were implemented, notwithstanding the need for safety and security. Overall, there was no consistent adequate review of the procedures, the reasons for them, or the impact on the residents' lives and rights. Inspectors were provided with generic rationale for some of these. It is acknowledged that this finding was not consistent however,

Judgment: Not compliant

Regulation 8: Protection

There were improvements evident in the identification of and response to incidents where residents were directly hurt by the behaviour of others with additional supports and management plans being implemented. The staff had received additional support and training in this regard.

However, there were a number of records of incidents of behaviours that challenge, seen by the inspectors, which clearly demonstrated that while other residents were not directly affected, the level of disruption, noise and aggression did impact on the environment and their feeling of safety. These factors were not recognised as requiring a safeguarding response.

In addition, the practices in relation to the management of the

residents finances did not adequately protect the residents.

Judgment: Not compliant

Regulation 9: Residents' rights

Some of the more vulnerable residents rights were not been supported by the practices in relation to restrictions, access to appropriate activities for some residents, and a lack of consultation regarding their living environment, with supports, as necessary.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Damien House Services OSV-0002442

Inspection ID: MON-0022475

Date of inspection: 24/09/2019 and 25/09/2019

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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: PIC qualifications sent to the authority on 25.10.19; Building Compliance Provider Declaration form sent on the 15.11.19	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: This refers to Agency staff - letter written to each agency requesting the need for information: Agency will provide confirmation by letter that AGS clearance / training and qualifications, 2nd agency will provide evidence of the documentation and letter completed 10.9.19 Both agencies agreed to share mandatory training record of agency staff due date - 30.11.19	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and	

staff development:
• Both Agencies agreed to share mandatory training record of agency staff due date for completion 30.11.19
• Supervision all staff a system implemented for staff support meeting completed 10.9.19
• 1 hr training session undertaken by all managers CNm2 /PIC / CNM1 and Day Care manager on how to undertake an effective quality support meeting as per the policy completed 20.9.19
• template devised to record staff support meetings completed 10.9.19
• A schedule in place for managers to carry out support meetings of identified staff under their remit due date for completion 31. 12.19
• audit of the quality of the support meetings will be carried during the 6 monthly review due date for completion 31.1.2020

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Structure
• Newly appointed area director of Nursing 23.8.19
• Newly appointed PPIM PPIM 14.7.19
• Newly appointed PIC (CNM2) 4 houses 14.7.19

Improving the quality of life of the residents

• compatibility meeting for all residents taking into consideration NIM's clinical risks / safeguarding / will and preference took place and actions agreed completed 11.11.19

• Recommendations in respect of each resident will be implemented within the existing resources by 31.3.2020

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
Health Care Record
• a New audit schedule and system is now in place for carried out audit on recording

keeping to ensure that the personal supported plan is been implemented as agreed by 30.11.19
Residents Activation Schedules
• Full review of each residents programmes and activities will be undertaken by 30.11.19
Sensory Assessments
• sensory assessment for all residents has commenced on the 6.11.19 this will further inform the activation programme for each resident
Training
• Sensory integration staff training will be provided over next 3 months due for completion by 31.1.20

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Damien House
• Architect has been on site to review the layout of the house on the 4.11.19
• meeting to agree schedule of works and timeframes on the 12.11.19
Bedrooms
• all keyworkers have reviewed the resident bedrooms to personalise them by 20.12.19

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Risk Register
• Risk register reviewed with QPS lead on 13.11.19
Individual risks
• Each residents has their own individual risk assessments in their care plan completed by 31.10.19

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire Door Fire door repaired completed by 29.9.19 Fire Drill evacuation plan have been reviewed and trialed and times indicated for evacuation on fire register completed by 31.10.19

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Compatibility • Compatibility meeting of the residents taking into consideration NIM's clinical risks / safeguarding / will and preference meeting took place and actions agreed on the 11.11.19 • Recommendations from this meeting will be implemented by the 31.3.2020 within the existing resources of the centre.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Restrictive Practices • a full review of restrictive practice interventions has taken place for each resident which includes the rationale for its use completed by 31.10.19 • a revised system of restrictive intervention practices has now been implemented since 13.11.19 • all restrictive interventions for all residents will be reviewed by an external committee to ensure that they are appropriate in line with statements of purpose 19.11.19

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: safeguarding training

• ongoing safe guarding training scheduled to all staff (24 outstanding will prioritized) by SGPT and QPS by the 14.11.19

Finance

• financial review undertaken and completed on the 31.10.19

• all discrepancies resolved and residents reimbursed since 1.11.19

• a new system of checking and oversight implemented since 1.11.19

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents Rights

• specific training components in relation to restrictive procedures is been explored through the local colleges , private provider by the clinical risk manager and Director of Nursing by the 30.11.19

• A Schedule of Training will developed to upskill all staff and members of the rights committee by the 31.12.19

• Training will be commenced over the quarter 1 2020 3 months for completion by 31.3.20

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/01/2020
Regulation 14(3)(b)	A person who is appointed as person in charge on or after the day which is 3 years after the day on which these Regulations come into operation shall have an appropriate qualification in health or social care management at an appropriate level.	Substantially Compliant	Yellow	25/10/2019
Regulation 15(5)	The person in charge shall ensure that he or	Substantially Compliant	Yellow	10/09/2019

	she has obtained in respect of all staff the information and documents specified in Schedule 2.			
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.	Not Compliant	Orange	30/11/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/12/2019
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	31/01/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	20/12/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Not Compliant	Yellow	11/11/2019

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	31/10/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the	Not Compliant	Orange	31/10/2019

	procedure to be followed in the case of fire.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/03/2020
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.	Not Compliant	Yellow	19/11/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	14/11/2019
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and	Not Compliant	Orange	31/03/2020

	support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	19/11/2019