



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

Issued by the Chief Inspector

Name of designated centre:	Brookhaven
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	16 June 2020
Centre ID:	OSV-0005840
Fieldwork ID:	MON-0029593

About the designated centre

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

Nua Healthcare have a statement of purpose and function that contains the following information about the service. Brookhaven provides 24-hour care to children, both male and female aged between 12 to 17 years of age with a wide range of support needs including autism, intellectual disability, mental health, and challenging behaviour. The centre ensures that the age group of residents will be at appropriate range. The number of residents to be accommodated within this service will not exceed five. At Brookhaven, each resident has their own generously sized bedroom, with space for their personal belongings and private living needs, consistent with that found in a regular family home environment. The property is surrounded by gardens to the front and rear of the building. The Person in Charge and staff team are committed to ensuring residents receive the highest quality of care and support at Brookhaven. The centre looks after any specific dietary and healthcare needs of all residents i.e. epilepsy, diabetes, asthma. The centre provides a high quality and standard of care in a safe, homely and comfortable environment for all residents. The centre is staffed by 43.5 full time staff and eight relief staff and there is person in charge working in the house on a weekly basis. Should additional staff be required, we will respond to residents dependencies which may increase or decrease accordingly. Nua Healthcare provide the services of the multidisciplinary team, these services include; psychiatrist, psychologist, occupational therapist, speech and language therapist and nurses. Residents will be supported to attend dietitian if required in order to ensure nutritional needs are met. Residents will also be supported to meet cultural needs if required.

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 - 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
Tuesday 16 June 2020	11:40hrs to 17:40hrs	Carol Maricle	Lead
Tuesday 16 June 2020	11:40hrs to 17:40hrs	Andrew Mooney	Support

What residents told us and what inspectors observed

The inspectors met with three of the children and briefly observed a fourth child. Two of the three children were supported by staff to communicate with the inspectors.

Where children were supported to communicate with the inspectors, these meetings took place in their own single occupancy apartments. It was found that they were content, comfortable and dressed in keeping with their age profile. The staff helped them to communicate with the inspectors their likes, for example their favourite toys, activities and hobbies. There were photographs shown to the inspector of places of interest and activities that they enjoyed. Both children showed familiarity with their daily programme. The inspectors saw that one of the children was familiar with using pictures as a form of communication. Staff also showed inspectors the social stories they had developed to help both residents understand their daily schedule, especially given that the residents were experiencing restrictions on daily life, as per the restrictions placed on the public as part of COVID-19 pandemic. The children were not attending school at present due to COVID-19 and staff could articulate clearly their education programme that they supported the children to participate in line with guidance issued by the school.

The inspectors met with a third child in their own single occupancy apartment. This child spoke with the inspectors about their experience of care since coming to live at the centre. They discussed matters of importance to them, such as their life goals, their current work placement and how they saw their future as a young adult. They shared a number of examples of positive care and support that they received from staff. They enquired about the appropriateness of having a pet at their home and the inspectors told them that they would ask the person in charge to discuss this further with them. They understood why their life was different at present due to restrictions imposed during the COVID-19 pandemic and why there was restrictions placed on their daily routines. Where concerns were raised by them about aspects of their care, then these matters had already been actioned by the person in charge in line with statutory guidance. This was further confirmed by their court appointed representatives.

An inspector briefly observed a fourth child while they spent time in the main living room. The child, through their body language, indicated their discomfort during this observation and this was respected by the inspector.

Capacity and capability

This inspection was a risk based inspection following receipt of solicited and unsolicited information of concern. Formal engagement with the provider had taken place on two occasions and the provider was required to submit provider assurance reports to the chief inspector seeking assurances regarding oversight and management of the service. While some adequate assurances were received, inspectors found that an area of concern relating to staffing at night-time was still continuing. Overall findings from this inspection indicated, that while residents appeared to enjoy their lives living in the centre, some improvements were needed to ensure that residents always enjoyed a safe environment.

Since the centre had opened, the person in charge post-holder had changed four times and concern in relation to this matter had been part of the assurances sought from inspectors at the time. It was clear that following the changes in the person in charge post, turnover had now settled with the appointment of the current post holder. All staff with whom the inspectors met with were clear about the management structure and who was in charge. They acknowledged the change in this key post and how they felt that they now were being led and managed effectively. The person in charge managed this centre on a whole time basis and in their absence they were supported by a team of team leaders and deputy team leaders. She was suitably qualified and experienced. She was knowledgeable of the relevant regulations and standards relevant to her role. She was also familiar with the statutory responsibilities she had in relation to children who were in the care of the State. The director of operations was also met with by inspectors. She was very familiar with the day-to-day running of the centre and the needs of the individual children living at this centre.

The previous inspection of this centre had identified concerns with the information contained in the statement of purpose document and the registered provider had in accordance with their compliance plan, updated this document to include better reference to the restrictions in place at this centre. However, while the current statement of purpose referred to restrictive practices in general, the description of how the children lived in apartments was still not specific enough. This was important as the children lived alone in their apartments and did not spend time with each other and this needed to be clearly set out within the statement of purpose. While the inspectors acknowledge the risks posed in specific compatibilities the importance of relationships between children and their peers on their development must be taken into account and must be reflected adequately in the statement of purpose and other supporting documentation. Furthermore, improvements were identified at this inspection with reference to the use of physical interventions as restrictive practices with children.

This inspection found that despite a good level of oversight arrangements put in place by the person in charge and registered provider, a staffing matter that had been brought to the attention of the management team in November 2019 was found to have continued on at least two further occasions. This matter had instigated the request for the first issue of a provider assurance report by the chief inspector to the registered provider at that time. This focused on how staff during waking night shifts were reported to have left a single occupancy apartment

where a child was sleeping to spend time in the main kitchen of the house for reasons that could not be appropriately explained. Given that the apartments were part of the main house the physical proximity of the staff to the children was not far however this meant that children were left alone in their apartments for a period of time. This matter was being dealt with at the time of the inspection through unannounced spot checks and directions given at team meetings and handovers however the person in charge could not give assurances to the inspectors on the day of the inspection that it had not happened again on other occasions. The measures put in place to deal with this matter were therefore not effective.

The person in charge understood the process for submitting notifications to the chief inspector as required by regulation. Over the course of the previous 12 months, notifications had been made, where appropriate, to the chief inspector. However, the inspectors found details of a small number of incidents that had required notification to the chief inspector and this had not taken place. While the matters identified had been addressed by the person in charge in consultation with their internal safeguarding team and or human resource team they had not been notified appropriately to the chief inspector.

The registered provider had ensured that the number of staff in place was appropriate to the number of children. There was a planned and actual working day and night staff rota that accurately reflected the staff on duty on the day of inspection. The staffing levels were also accurately reflected in the statement of purpose. Two to one staffing arrangements were in place to support the needs of the children. The centre was staffed accordingly. Arrangements were in place to support continuity of care for the children with a key working system and a handover system in place.

At this inspection, there were adequate resources in place to ensure service provision. The premises was kept to a high standard. The inspectors viewed evidence of appropriate staff ratio arrangements to support children, particularly in areas where they required additional support. Children had the use of vehicles to promote their day to day living and being out in the community (which was restricted at the time of the inspection due to COVID-19). There was a multidisciplinary team available to all as part of the suite of services offered by the provider. There were policies in place to guide staff in their care of the children. Staff had access to continuous professional development. A sample of Schedule 5 written policies and procedures were requested and obtained. These policies were reviewed and updated when appropriate at intervals not exceeding three years and these updated copies were available.

There was a complaints system for children which was accessible and age appropriate. The registered provider had ensured that a person not involved in the matters of the subject of the complaint was nominated to deal with complaints. An inspector reviewed the complaints received at the centre in the 12 months prior to this inspection. They found that children were supported to make complaints and they were addressed promptly. Evidence as to the satisfaction of the child or family member following the outcome of the complaint was also retained.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. This person had the required qualifications and management experience.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents and the size and layout of the designated centre. The person in charge had ensured that they have obtained in respect of staff the information and documents specified in Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of a continuous professional development training programme. There was evidence of a formal supervision schedule. The inspectors saw evidence that training had been completed by staff with reference to Covid-19, such as hand hygiene and infection control.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place and this was maintained by the person in charge. There were some small gaps in the directory viewed by an inspector and this information was obtained and updated in the directory prior to the conclusion of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support. There was a clearly defined management structure that identified lines of accountability and authority. An annual review of the service had been carried out. The registered provider had arranged for the centre to have an unannounced six monthly inspection. Although management systems were in place at the centre the effectiveness of the system to address a staffing issue which was the subject of a provider assurance report required by the chief inspector in November 2019 required improvement.

Judgment: Not compliant

Regulation 31: Notification of incidents

Not all incidents had been notified, where required by regulation, to the chief inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider had ensured that there was an effective complaints procedure which was accessible and age appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place and this had been reviewed since the previous inspection but required further review in how it described the way in which children lived in this home.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that that the person in charge and person participating in the day to day management of the centre were endeavouring to provide a good service however, improvements were required in the area of review of restrictive practices.

This centre had four children living in it at the time of this inspection and there was one vacancy. The centre was set up in such a way as the children did not meet with each other in communal areas. They each lived in their solo occupancy apartment. This meant that upon arrival at the centre it appeared restrictive and not homely, however, when the inspectors then entered the apartments that saw that each apartment was much more homely, nicely decorated and personalised. The inspector met with all children who were observed to be content and well cared for on the day of the inspection. This centre consisted of five single occupancy apartments that all formed part of the one detached split level house.

The registered provider had put in place systems to support staff in their response to behaviours that were considered to be challenging. Positive behavioural support plans were in place for all children, where required. The staff team were familiar with these plans and were also supported by an internal behavioural support specialist. Staff had also received training in the management of behaviours that challenge. At the previous inspection, it was identified that there was a high level of restrictive practices used at the centre. At the time of this inspection, there were a number of restrictive practices still in use throughout the centre and these were notified accordingly to the chief inspector each quarter. These included practices such as sharps locked away, adaptations used in seat-belts in cars, window restrictors and external door locks. The inspectors found that there was a rationale

for the use of these practices which was set out and subject to a review in line with the providers policy.

When responding to behaviours that challenge, staff were trained to use physical interventions with the children if deemed necessary, such as physical holds and these were recorded each time and notified to the chief inspector. The use of holds as a physical intervention was discussed by the inspectors with the person in charge due to a high level of usage. There was an organisational policy in place that set out the policy for use of same. The person in charge told the inspectors that a review of physical interventions used was conducted through a number of systems such as weekly matrixes and also reviewed in handovers and team meetings. The inspectors found that while this practice was discussed at forums such as meetings and handovers there were some gaps identified in the documentation viewed by the inspectors to show that the use of same was in line with the Regulations. It was clear from notifications received that some children, for whom such an intervention had been used were unhappy with same. Where this was recorded, there was evidence to show that their dissatisfaction was processed as a safeguarding concern, notified by the person in charge to the designated liaison person and forwarded on to Tusla. A Tusla representative confirmed their awareness of such safeguarding concerns shared with them and there was a clear outcome for each concern raised.

The premises was of sound construction and was in a good state of repair externally and internally. During the walk around of the centre, the inspector found that the premises was kept to a high standard. There was a main kitchen, sitting room, utility room and office that was part of the main house and this was not ordinarily used by children, bar the sitting room which was used by one child. This room was decorated in a minimal fashion which was described to the inspectors as to be the preference of the one child who used this space. The property was surrounded by gardens to the front and rear of the building. Adequate storage space was provided.

There were arrangements in place for the assessment, management and ongoing review of risk. In addition, each child had a set of individualised risk assessments developed prior to their admission to the centre and thereafter. The inspector found that these were detailed documents and contained information for staff on how to mitigate against identified risks. The person in charge had implemented a risk register that had recognised all risks identified in the centre, including the risks associated with COVID-19. There was a contingency plan in place to mitigate against the risks associated with COVID-19. There was evidence that the staff team were aware of up-to-date guidance in this area. There was an adequate supply of personal and protective equipment. Staff had received training in relevant areas such as hand hygiene and infection control.

The centre had a considerably high number of staff working at the centre (greater than 40 staff due to staffing ratios as required by the children and as set out in the statement of purpose). The inspectors met with a sample of staff throughout the inspection as they were caring for the children and they presented with a good knowledge of the children, their communication style, their needs and likes and dislikes. Each staff team could describe to the inspectors the education programme

that each child usually participated in and changes to this programme during the COVID-19 pandemic.

The inspector viewed a representative sample of personal plans. These plans were created following the admission of children to the centre and elements of the plan had been compiled prior to their admission, where necessary. These plans contained important information that informed staff in how to care for them in areas such as health, personal and social care needs. A child articulated clearly to inspectors their goals and wishes for the future which was reflected in their personal plan. There was evidence to show that where healthcare needs were identified by staff prior to and following the admission of a child then these needs were being met by the internal multidisciplinary team or by health service executive services.

Where children had specialist assessment requirements, the person in charge had up to date information on these assessments and could describe recommendations made and the proposed implementation plan to ensure recommendations were carried out.

This inspection found that the staff team focused on the needs of the children. Children were supported to make complaints. Children were facilitated to go to school. Children were ordinarily facilitated to visit and receive visits from their families. Where children were in the care of the State, staff facilitated statutory professionals to visit them. At the time of this inspection, the registered provider was following guidance issued by the health service executive and health protection and surveillance centre in restricting visitors. The person in charge and director of operations confirmed that they were aware that updated guidance in this matter was about to be released from the health service executive in the weeks following this inspection and that they would be revising their visiting policy in line with this guidance. There was evidence that children were supported to keep in contact with their families using technology.

There were systems in place created by the registered provider to keep children safe. The registered provider had ensured all staff were fully trained in both child protection and adult safeguarding which was significant given that some of the children may turn 18 years, yet still be in school and residing at the centre. There was evidence to show that the person in charge and staff team had good working relationships with external statutory providers. This was significant as Tusla carried statutory responsibilities for the care of some children with the staff team then responsible for ensuring that actions from child in care plans were put into place. Where children were assigned statutory professionals to work with them, the inspectors met with some of these professionals and they stated their satisfaction with the information shared with them about the children and any child protection concerns that had been raised. Where allegations of a safeguarding nature had been made, the inspectors were assured that these concerns were taken seriously by staff and the management team and that statutory guidance had been followed in the escalation of same.

There were appropriate systems in place for the prevention, detection and containment of fire. Suitable fire equipment was provided and serviced as required. For example the centres fire alarm and emergency lighting had all been serviced

quarterly as required. All staff had received suitable training in fire prevention and emergency procedures. Staff spoken with on the day of inspection were knowledgeable regarding the centres fire evacuation procedure. Each child had detailed personal emergency evacuation procedure (PEEP) in place which noted the level of support they would need in the event of a fire. A review of documentation noted that regular fire drills were held periodically and in line with good practice. Accessible fire evacuation procedures were on display in the centre.

Regulation 10: Communication

The registered provider had ensured that each child was assisted and supported at all times to communicate in accordance with the needs of the residents. Where children required support to communicate, it was reported and observed that social stories along with picture exchange systems were used as a form of communication. Where appropriate, children used technology such as mobile phones to communicate with their families.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises of the centre was designed and laid out to meet the aims and objectives of the service and the number and needs of the children.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there was a risk management policy in place. There were arrangements in place regarding the identification of risk, as evidenced by a risk register that was updated frequently. This risk register risk assessed and set out controls pertaining to the COVID-19 pandemic. The inspectors could see that the controls set out in writing to address an outbreak were in place at the centre. Each child had a set of individual risk assessments relevant to their needs and there was evidence that staff understood these risks.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection (including Covid-19) were protected by adopting procedures consistent with those set out by guidance issued by the health service executive and health protection and surveillance centre. The inspectors saw evidence of these procedures in place, such as the taking of temperatures, the wearing of masks, hand hygiene measures, updated risk assessments and contingency plans.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place. Staff had attended training in fire safety. Fire equipment was tested as evidenced by testing records. There were arrangements in place for the detection, containment and extinguishing fires. There was evidence that children had participated in fire drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of the children was carried out prior to their admission and subsequently as required. Each child had a personal plan created for

them. There was evidence that the plans were reviewed frequently. Where residents were in the care of the State their personal plan was informed by statutory child in care plans.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that there was appropriate health care arrangements in place for each child. Where allied services were required the registered provider had ensured that these services were obtained either through services provided by the health service executive or by an internal multidisciplinary team.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviours considered challenging. Staff had received training in the management of behaviour that is challenging. Following the use of physical interventions, some actions were required in the documentation to ensure that the use of same met the requirements of the Regulations.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had systems in place to ensure that children were kept safe from abuse. During this inspection, the inspectors found evidence that the management team escalated child protection matters appropriately to the designated liaison person and screening/investigations subsequently took place. Staff had received training in relevant government guidance for the protection and welfare of children. There was evidence that Tusla was notified of child protection concerns.

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 - 2015 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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Brookhaven OSV-0005840

Inspection ID: MON-0029593

Date of inspection: 16/06/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge to provide further assurances in relation to a staffing issue that arose in November 2019 which required improvement will be implementing a fob system in the Centre. This fob system will be used by staff during waking night hours at regular intervals the staff members will use a fob and the person in charge will have an app in which they will be able to review the fob times as set out in the updated waking night protocol. This system will provide assurances of staff remaining present in the single occupancy apartments during the waking night shifts.</p> <p>Unannounced waking night checks will continue in line with Nua Healthcare’s policy</p> <p>The current waking night protocol will be updated to incorporate the new fob system and discussed with the staff team during daily handovers and team meetings.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The person in charge will ensure that all incidents where required by regulation are notified to the chief inspector.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Person in Charge will review the statement of purpose and will ensure that this is updated and is reflective of the description of how the children live in their own apartments and how the children do not spend time with each other. The Person in Charge will also ensure that the statement of purpose also acknowledges the importance</p>	

of relationships between children and their peers on their development.	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person in Charge will ensure that all physical restraints in the centre are reviewed in line with the regulations and will ensure that the physical intervention was used as a last resort, for the shortest possible time and was the least restrictive method carried out.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	21/08/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/09/2020
Regulation 31(1)(g)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of	Not Compliant	Orange	13/08/2020

	misconduct by the registered provider or by staff.			
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	13/08/2020