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:	Stewarts Care Adult Services Designated Centre 12
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	09 October 2019
Centre ID:	OSV-0005849
Fieldwork ID:	MON-0027933

About the designated centre

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

This designated centre is a wheelchair accessible bungalow located on the Stewarts' Care Campus in Dublin 20. It is intended to provide long-stay residential support for up to seven men and women with complex support needs. Each resident has their own private bedroom, and use of a communal living room, sun room, dining room and bathrooms. Nursing supports are available within the designated centre and the centre is staffed with staff nurses, care staff and one whole-time-equivalent activities staff. These staff are managed by a person in charge. Residents' day services are ran through an activities programme which operates from the home on a seven days a week basis. This is facilitated by the care staff in the home. Transport available to the centre is limited and is organised, on a request basis, through a transport manager from within the organisation. This designated centre does not accommodate emergency admissions. Referrals for admission to this designated centre are only accepted for residents already living in Stewarts Care Adult Services campus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
09 October 2019	09:10hrs to 17:15hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

Residents living in this designated centre communicated using alternative methods of communication, such as basic sign language, gestures, vocalisations and some spoken words. The inspector met all residents living in the designated centre and observed some daily activities.

Residents spent a large portion of the day sitting in the living room with their peers and staff. Some residents went for a short walk around the campus grounds during the day of inspection, and returned to the bungalow afterwards.

Some residents were observed to be asking for an outing using their own communication style, and being told by staff that they couldn't go out for a drive as there was no bus available that day.

Some residents spent time in their bedrooms throughout the day, but for the majority of the day residents were spending time together in the shared living room.

Some residents required two staff to leave the bungalow, for walks or to spend time doing activities. For this reason, the inspector observed staff having to decide who would go for a walk at various times throughout the day, as this requirement for some residents to be supported by two staff reduced the number of staff available to other residents during this time.

As there was no bus available on the day of inspection, residents were restricted with the choice of activities that they could do, and these were limited to campus based walks or amenities within easy walking distance.

Residents appeared content and staff interacted with residents in a warm and pleasant manner.

Capacity and capability

In late 2018 Stewarts Care Limited (the provider) submitted a plan to the Chief Inspector of Social Services, which set out a proposal to re-configure six large campus-based designated centres into 19 smaller designated centres, as part of a governance oversight and management initiative to improve the care and support being delivered to residents.

This inspection report demonstrates the findings of an inspection of one of the 19 proposed reconfigured designated centres.

The provider had applied to reconfigure and register this designated centre to comprise of one residential home currently registered under Stewarts Adults Services Palmerstown Designated Centre 4.

A site visit inspection of this proposed centre was carried out in February 2019, which identified a number of areas that would not comply with the Regulations. The site visit identified that improvements were required in relation to staffing, staff training and development, governance and management, communication, food and nutrition, risk management, and assessments and plans.

The provider responded with an action plan to address these issues in order to improve the quality of the care and support in the designated centre. In addition, the provider also submitted a written improvement plan in relation to this centre to support their application to register which included measurable actions over the course of the year that would improve the quality and safety of the care and support being delivered.

The purpose of this inspection, was to verify if the provider had addressed the issues raised in February 2019, and to monitor for compliance with regulations and standards in order to inform a decision to register this reconfigured designated centre.

This inspection found that significant improvements were required in order to meet the regulations and standards and to provide a good quality of life for residents. The staffing arrangements in place in the designated centre were inadequate, and the provider was reliant on utilising resources from other centres on campus in order to operate this designated centre. The provider employed nurses and care assistants to work in this designated centre. Nursing care was provided within the centre during the day-time, with staff nurses rostered to work from 8am to 8.15pm each day.

At the time of the inspection there was a vacancy for a nursing position. On review of the rosters for the month of September, there were six occasions where a nurse had not been available to work in this centre. Due to restrictions on covering certain leave arrangements, the person in charge had not been given the resources to book temporary staff nurses for these shifts. In place of this, staff nurses from other centres located on campus were required to call into the designated centre in order to administer daily medicine.

From 8pm each evening, the designated centre had one care assistant staff on duty for the seven residents living there. Staff working night shifts were reliant on drop-in support from other centres on campus in order to support residents with personal care or for additional supervision. As observed during the inspection, while there were four staff on duty to support seven residents during the day, due to the supervision and support needs of residents this was not sufficient. For example, staff needed to strategically plan which residents could leave the centre during the day time, and based on resources were limited to campus based activities.

There was a system in place to identify mandatory training needs of staff working in the centre, and to ensure training was provided in key areas such as fire safety, safeguarding vulnerable adults, manual handling and managing actual and potential

aggression. Staff members had recently completed epilepsy awareness training in April 2019. In response to the site visit inspection in February 2019, the provider outlined that staff would receive training in person-centred care. This had not yet been completed for the staff team in the designated centre. While one staff member was studying for a social care qualification, the provider had not ensured all staff working in the centre were equipped with the skills, support or training to deliver person-centred care and support. There was a formal system of staff supervision in place in the designated centre.

Inadequate staffing resources and staff training was have a negative impact on the lived experience of residents. For example, it was restricting residents' ability to exercise choice and control in their daily lives, guidance in residents positive behaviour support plans could not be fully implemented and residents had little opportunity for meaningful activation or occupation each day.

Improvements were required in relation to the operational governance of the centre. A number of key governance stakeholder positions were vacant or being filled by other managers within the organisation which impacted on the effectiveness of direct management oversight of this designated centre. For example, the person in charge had been absent since January 2019.The Director of Nursing role was also vacant at the time of the inspection, and the inspector was informed that a recruitment process was underway.

In response to the person in charge's absence, the provider had appointed the programme manager as the person deputising for the person in charge for this centre. A clinical nurse manager (CNM) was also located in the designated centre to support the programme manager with the day-to-day operation of the centre. At the time of inspection, the reporting arrangement for the person in charge was to the Acting Director of Care of Residents. While there were lines of responsibility and reporting arrangements in the designated centre, there was a requirement for a full-time person in charge to lead and oversee the improvements required in this designated centre. The arrangements in the absence of the named person in charge were not sufficient, given the scope of responsibility on the programme manager to carry out their other role in the organisation.

The provider had implemented governance oversight systems and processes in order to monitor and improve the quality and safety of care and support across the designated centres. An annual review had been completed by the provider along with six-monthly visits which generated a report and action plan. This designated centre was due a six-monthly unannounced visit in September 2019 which had not yet taken place.

While the provider's written improvement plan for the centre clearly demonstrated how the provider would continue to improve the lived experience of residents over the course of 2019, on review of this document during the inspection, the inspector found that actions that should have been taken by this time had not all been completed. For example, training of front line staff in risk management, residents being involved in the shopping, preparing and cooking of meals and upgrade works to the building. It was not demonstrated that actions in relation to the improvement

plan was being actively progressed for this designated centre. Similarly, actions as outlined in the provider's response to the site visit in February 2019 were not all completed or achieved.

Overall, while management and monitoring systems had improved in the designated centre and the organisation overall, the inadequate staffing resources and local management oversight in this designated centre were having a negative impact on the provider's ability to bring about timely improvements in line with their agreed plans.

Regulation 15: Staffing

The number, qualification and skill mix of staff was not appropriately based on the assessed needs of residents. Staffing had reduced since the site visit inspection, and both the number of staff, the training available and the management of the staffing resource was negatively impacting on residents' experiences.

Nursing care was not always provided in the designated centre.

The person in charge maintained a planned and actual staff roster to reflect who was on duty during the day and night time.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to mandatory training, including refresher training in areas such as safeguarding vulnerable adults, manual handling, managing actual and potential aggression and epilepsy care.

The provider had not ensured all staff had adequate training to meet the needs of residents, and had not delivered training as specified in their agreed plans with the Chief Inspector.

Staff were appropriately supervised through formal measures by the person in charge and clinical nurse manager.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the designated centre that identified the lines of accountability and responsibility. However, the arrangements in the absence of the named person in charge were not sufficient, given the scope of responsibility on the programme manager to carry out their other role in the organisation.

There were improved management and monitoring systems in place in the designated centre to oversee the service provided, and clear escalation pathways now in place to escalate risk, incidents or concerns.

The provider had carried out an annual review of this designated centre in 2018. While the provider had made arrangements for six-monthly visits to take place on their behalf, this centre was due an unannounced visit in September 2019 which had not yet taken place. The provider had not taken adequate action in response to reviews and inspections to bring about improvements for residents.

The provider had not ensured that the designated centre was adequately resourced to ensure the effective delivery of care and support to residents.

The provider had not ensured that there were effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services they are delivering.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had prepared in writing a statement of purpose and function which contained the information as set out in Schedule 1 of the regulations. The statement of purpose was a fair reflection of the facilities and services provided, but requiring updating to reflect the reduction of staff and the measures in place to provide for an activities programme.

Judgment: Substantially compliant

Quality and safety

While the provider had improved the safety of the care and support being delivered

in this designated centre, significant improvements were still required to ensure the service being delivered was of good quality and provided residents with meaningful lives. There was evidence that the manner in which the centre was being operated and the management of resources were negatively impacting on the quality of the care and support being delivered to residents.

This proposed designated centre consisted of a wheelchair accessible bungalow on the campus of Stewarts' Care in Dublin 20. Each resident had their own private bedroom, which were decorated and equipped in line with their own needs and wishes. Residents had use of a communal living room, sun room/ dining room, smaller dining room and a nicely maintained back garden. The designated centre had a adapted shower room with a toilet, a second toilet area with three cubicles and a separate room with a bath that led into the laundry room. While the premises offered sufficient space for seven residents, some decoration and upgrading were required to parts of the designated centre. The provider had planned to replace the flooring in the living room by June 2019 which had not yet been completed. The room with the bath required improvements, as this room was also used for storage and as a walk-through to the laundry room. Some residents were assessed as benefiting from water activities. However, the bathroom was not designed to offer residents a pleasant environment for a bath.

Safeguarding processes had improved in this designated centre and this inspection found that residents were safe, and protected against harm. All staff had received training in protecting vulnerable adults and there was a named designated officer in place. There was a clear process for recording and investigating any safeguarding issue or concern and the person in charge was aware of her responsibilities to report to the relevant agencies in line with national policy. Any safeguarding risk or concern was well recorded and responded to, with increased supervision of residents during daily activities to reduce the likelihood of incidents between peers. In general, there were low numbers of incidents and notifications of a safeguarding nature, and additional care and support interventions had been put in place to reduce the likelihood of incidents occurring.

Residents had access to their own General Practitioner (GP), and access to this service had improved recently through the introduction of an assessment system prior to an appointment. Residents had access to a range of allied health professionals employed by the provider such as psychology, occupational therapy, clinical nurse specialists and physiotherapy. On review of a sample of residents documentation, the inspector found that improvements had been made in relation to the advice from allied health professionals being incorporated into residents' plans in a more collaborative way. For example, clear direction from all allied health professionals in relation to residents' overall care needs, where previously this had been done in a more disjointed manner.

Improvement were required with regards to residents' assessment of needs and personal planning. While in general, residents' health care needs were assessed and planned for, some improvements were required to ensure the most recent and relevant information was included and updated into residents' health care plans. There was an absence of a formal system of assessing residents' personal

and social needs in order to maximise their personal development in a person-centred manner. The provider had outlined in their site visit response that a new assessment would be put in place by June 2019 along with a skills development model programme. These were not yet in place at the time of inspection, and the inspector was informed that this was in development currently.

The inspector observed residents spending a large portion of their day sitting in the living room of the designated centre, disengaged in activities or interactions. While staff were appropriately supervising residents to promote their safety, there was an absence of person-centred engagement or stimulation for residents throughout the day. The provider's previous six-monthly audit in March 2019 noted that meaningful activities needed to be improved, however it was not evident that improvements had been made. The designated centre was not designed or equipped with facilities to provide for meaningful activities for residents in the absence of a more formal day service or active lives. For example, some residents had been assessed as enjoying water activities, but the bath was rarely used and the bathroom did not offer a pleasant space to offer residents an alternative water activity at home. As per their assessed needs, some residents previously availed of a sensory programme located on campus in a dedicated space. Due to reduced resources, this facility was no longer available. While residents could still use the sensory space, staff trained in the delivery of a sensory programme were not available to guide residents and their support staff. Given the reliance on campus based activities for residents living in this centre, this change had negatively impacted on their meaningful activities throughout the week.

Given the reduced staffing resources in place and the resource-led nature of the centre, residents had limited opportunities to make their own choice and exert control over their daily lives. Meals were provided from a central kitchen based on campus. Staff were required to pre-book in advance if they required transport for residents. This was not always available or suitable to the number and needs of residents. Staff were rostered to work set hours each day, with little opportunity for flexibility in order to promote residents' choices around their evening routines. For example, staffing reduced to one care assistant from 8pm each evening.

Residents who required them had written support plans in place to guide staff on how to positively manage behaviour. Residents had access to a clinical nurse specialist in behaviour as well as psychology and psychiatry services. That being said, the guidance in written plans could not always be followed in practice due to resources. For example, some residents had suggested sensory activities to support them to positively manage behaviour such as swimming or horse therapy. On review of residents' records, these activities were not regularly occurring due to staffing issues or resources. As activities and daily plans for residents were heavily dependent on resources available, tools to support residents to positively manage their behaviour (such as visual schedules) were not in place as activities or the structure of each day was dependent on the number of staff on duty, and their ability to carry out residents' plans.

The site visit inspection in February 2019 identified that a number of restrictions were in place for residents, without clear evidence of assessment to verify their

requirement. This inspection found that the person in charge and staff team had reviewed and reduced the number of restrictions on residents in the recent months. For example,there was access to the garden area now for residents to use during the day, and restrictive clothing at night-time had been removed with success.

Overall this inspection found that residents' health care needs were being effectively monitored and addressed and residents were kept safe and protected from harm but significant improvements were required to ensure the quality of the care being delivered was of good standard.

Regulation 10: Communication

Since the site visit inspection in February 2019, residents had been reviewed by speech and language therapists. Speech and language therapists had offered advice and guidance on how to support residents to develop their communication skills and had met with staff through attending staff meetings and meeting directing with individual staff members.

While improvements had been made in relation to developing the communication skills of residents, and the development of communication dictionaries were planned by the staff team, there was still an absence of clear information on individual communication supports in residents' personal plans, and full implementation of alternative communication methods in practice.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents did not have appropriate access to facilities for occupation and recreation.

Residents did not have sufficient opportunities to participate in activities in accordance with their interests, capacities and needs.

Improvements were required to ensure adequate resources and supports were in place to maintain links with the wider community in accordance with residents' wishes.

Judgment: Not compliant

Regulation 17: Premises

The premises were accessible and nicely decorated. All residents had their own private bedrooms and residents had access to a secure garden area.

In general, the premises were clean, of sound construction and keep in a good state of repair externally and internally and the requirements of schedule 6 were met.

Improvements were required to the bathroom area, and the provider had not completed their plan to replace the flooring in the living area of the designated centre.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meals were cooked and provided by a central kitchen on the campus and residents had not been supported to buy, prepare and cook their own meals, if they wished.

There were facilities to store food hygienically and appropriately, and food was safely served with systems in place to monitor temperatures of meals and storage conditions.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had ensured there was a risk management policy in place in the designated centre.

Risks were clearly identified, assessed, reviewed and responded to and there was good oversight of risk through the use of a risk register. The person in charge demonstrated that control measures to alleviate risks were reasonable and proportionate.

There was a system in place to review and escalate risk in the designated centre. The person in charge had utilised the risk management process to escalate the risk of poor quality of life for residents in respect of reduced staffing resources to the executive management team and provider.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective fire safety systems were in place in the designated centre. There was a fire detection and alarm system in place, emergency lighting along with fire fighting equipment. All fire safety equipment was checked and serviced by a relevant professional on a routine basis. The inspector found that fire drills were practiced regularly to ensure residents and staff could safely evacuate in the event of a fire or other emergency. Staff had received training in fire safety, and there was a written emergency plan in place. Residents' needs had been individually assessed in relation to evacuating during the day or night-time.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While there was a system in place for assessing and planning for residents' health care needs, some improvements to documentation were needed. For example, some health care plans did not have the most up-to-date information based on recent health reviews or appointments.

In relation to residents' social and personal needs, residents had taken part in a person-centred assessment a number of years previous with the aim of identifying residents' wishes and aspirations for the future. However, this tool and information was in need of review as there was an absence of a comprehensive assessment of residents' social and personal needs. In the absence of this, residents were not in receipt of meaningful lives in line with their wishes, aspirations or potential.

The provider had planned to introduce a new assessment template by August 2019, however this was not yet in place.

Personal plans had not been made available in an accessible format for residents.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to a General Practitioner (GP) and a multidisciplinary team which consisted of a psychiatrist, psychologists, occupational therapist, physiotherapist, speech and language therapist, clinical nurse specialist in behaviour, social workers and dietitians. Residents also had access to dental services, optician

services and chiropody services.

In general, residents' health care needs were assessed and planned for in the designated centre, and improvements had been made since the site visit inspection in February 2019 in relation to the oversight of emerging health issues, or changes to residents' health.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had the knowledge and skills to respond positively to behaviour that is challenging. Staff had received training in de-escalation and intervention techniques.

Efforts had been made to identify and alleviate the cause of any behaviour that was challenging and residents had written behaviour support plans in place. That being said, the guidance in written plans could not always be followed in practice due to resources.

Residents had access to psychiatry and psychology services and a clinical nurse specialist, if required.

Restrictive interventions that were in place were well documented and reviewed regularly by the person in charge and in recent months a number of restrictions had been removed for residents.

Judgment: Compliant

Regulation 8: Protection

Staff had received training in safeguarding residents and the prevention, detection and response to abuse.

The person in charge was aware of their responsibilities to investigate any safeguarding concerns, and how to report any suspicions, allegations or concerns in line with national policy.

Any safeguarding concern had been recorded, responded to and reported in line with best practice. Safeguarding plans in place were promoting residents' safety and incidents between peers had reduced in the previous number of months.

Judgment: Compliant

Regulation 9: Residents' rights

Due to the resource-led nature of the designated centre, residents' abilities to make their own choices and exert control in their daily lives were limited.

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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 12 OSV-0005849

Inspection ID: MON-0027933

Date of inspection: 09/10/2019

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. The number of staff in the designated centre will be reviewed at the Dependency Needs Assessment Review Group on 4/12/19. Where an individual's needs changes, a business case will be developed and submitted to the Director of Care-Residents for the Director of Care-Residents to review and submitted to the HSE for approval. 2. The vacancies in the designated centre are as follows: 1 staff nurse. 1.62 care staff. The nurse is due to commence on 13/12/19. The care staff vacancy will be filled by 31/01/19. 3. A review of the rosters will take place to consider the management of the staffing resource (31/12/19).	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. 2 staff members have completed risk assessment training. The remaining 9 staff will be trained in risk. Training sessions will take place on 28/11/19 and 10/12/19. Any staff not available to attend training on these days will attend training in January 2020. 2. 4 remaining staff require Keyworker training which will take place in January 2020. 3. Positive Behaviour Support Training will take place on 09/12/19. Any staff not available to attend training on these days will attend training in January 2020. 4. Safeguarding training will take place on the 11/12/19. 5. Training on PATH plans will take place in January 2020.	

Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. An unannounced audit will take place in the designated centre by the registered provider (31/12/2019) 2. An Acting Director of Nursing has been appointed. 3. A review of the governance structures within the resident services will take place to identify a person in charge who will take over responsibility of the designated centre from the Programme Manager to ensure they have scope for direct management of the designated centre (31/01/2020) 4. The compliance plan will be reviewed with updates on each action detailed (10/12/2019)	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose will be updated and submitted to the Authority (30/11/19)	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: Individual communication plans will be developed for each resident (31/01/2020)	
Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development: 1. A review of the access to recreation facilities on campus will take place with a view to reopening services. (31/01/2020) 2. A review of staffing levels will take place to consider residents access to activities in accordance with their interests, capacities and needs (28/02/2020) 3. An additional vehicle will be made available to the designated centres every weekend to facilitate access to the wider community(29/11/2019)

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: 1. A multi-sensory room will be developed (31/12/19) 2. The bathroom will be redecorated to create a more inviting space (31/12/19) 3. The floor will be replaced (30/06/2020)

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Where residents buy, prepare or cook their own meals, this will be recorded at the residents meetings. 2. A review of staffing levels will take place to consider facilitating residents to buy, prepare and cook their own meals will take place (28/02/2020). 3. Union discussions will continue to promote staff moving towards supporting residents to buy, prepare and cook their own meals (30/06/220).

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: 1. Information sessions on the roll out of the Assessment of Need shall be delivered in December 2019. The roll out of the assessment of Need will commence in January 2020

and will be complete for the residents by 31/07/2020. Each resident will have a multi-disciplinary review of the Personal Support Plan which will incorporate the assessment of need. (31/07/20)

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1. 4 staff require keyworker training. This will be provided on January 2020. 2. A review of the weekly service user meetings will take place to ensure they are meaningful for the residents (30/11/2020) 3. A review of the complaints policy will take place to ensure there is a clear reporting mechanism for the Office of the Chief Executive to be briefed on the complaints. (31/1/2020) 4. A review of staffing levels will take place to consider residents access to activities in accordance with their interests, capacities and needs (28/02/2020) 5. The National Advocacy Service will be invited to attend a service user meeting.(31/12/19) 6. Where residents needs support to access their rights, referrals will be submitted to the National Advocacy Service (05/12/19).

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/01/2020
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/01/2020
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.	Not Compliant	Orange	28/02/2020
Regulation	The registered	Substantially	Yellow	29/11/2019

13(2)(c)	provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Compliant		
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	04/12/2019
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	13/12/2019
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	31/01/2020
Regulation	The registered	Substantially	Yellow	30/06/2020

17(1)(a)	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.	Compliant		
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	30/06/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	28/02/2020
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	31/01/2020
Regulation 23(2)(a)	The registered provider, or a	Substantially Compliant	Yellow	31/12/2019

	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.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	31/01/2020
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not	Substantially Compliant	Yellow	30/11/2019

	less than one year.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/07/2020
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	28/02/2020
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/07/2020
Regulation 05(5)	The person in	Substantially	Yellow	31/07/2020

	charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Compliant		
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	31/07/2020
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	28/02/2020