



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

Issued by the Chief Inspector

Name of designated centre:	Villa Maria
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	21 April 2021
Centre ID:	OSV-0001686
Fieldwork ID:	MON-0024810

About the designated centre

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

Villa Maria designated centre is located in a town in Co. Wicklow. The designated centre can provide residential care for up to six male or female residents over the age of 18 years. The centre provides services for residents who are dependent in many areas of their daily life and require staff support to maintain and increase independence as much as possible. Staff also support residents to manage personal risks and provide health-care supports. The centre is managed by a full-time person in charge who also has responsibility for another designated centre. They are supported in their role by a deputy manager. A senior services manager is also assigned to the centre and provides supervisory support to the person in charge. The provider has identified in the statement of purpose that Villa Maria cannot accept new admissions should a vacancy arise in the future.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Wednesday 21 April 2021	11:00hrs to 17:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in this centre were supported to enjoy a good quality life. The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider and staff endeavoured to promote an inclusive environment where each of the resident's likes, wishes and intrinsic value were taken into account.

The inspector met with all six residents living in this centre throughout different times of the day. Where possible, conversations between the inspector and the residents took place from a two metre distance with the inspector wearing the appropriate personal protective equipment, and was time limited in adherence with national guidance. For the most part, residents engaged in non-verbal communication and were supported by staff when speaking with the inspector.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated. During conversations between the inspector and residents, staff members supported the conversation by communicating some of the non-verbal cues presented by a number of residents.

On the morning of the inspection, one resident was out for a walk with a staff member, two residents were watching television in the sitting room, one resident was relaxing on the couch in the dining/kitchen area and two residents were enjoying the warm weather in the back garden where they were listening to music and enjoying art and craft type of activities.

Prior to the inspection, residents were supported by their staff members to complete Health Information and Quality Authority (HIQA) questionnaires. Overall, residents' feedback was positive. The questionnaires noted that residents were happy with who they were living with, their bedroom, meals provided, the choice of activities and the care and support provided by staff including the amount of choice and control they have in their daily life.

Families played an important part in the residents' lives and the management and staff acknowledged these relationships and where appropriate, actively supported and encouraged the residents to connect with their family on a regular basis. During the current health pandemic, this had primarily been through telephone and video calls. Residents' family members regularly sent compliments to the staff working in the centre, noting their thanks and praise of the care and support provided to their family member and in particular, for keeping their family member safe during the current health pandemic.

Overall, on entering the centre the inspector observed the the physical environment of the house to be clean and tidy. Residents were supported to express themselves through their personalised living spaces (bedrooms). One resident included on their HIQA questionnaire that their room was decorated to their taste. Through observations and conversations with staff and residents, the inspector found that residents were consulted in the décor of their rooms which included family photographs, paintings and memorabilia that were of interest to them.

However, due to the individual needs of the six residents, the inspector observed that the layout of the kitchen/dining room did not always ensure that each resident could enjoy living in a comfortable environment and that a number environmental restrictions were in place to ensure their safety. The kitchen/dining room area could not accommodate all residents enjoying a meal together as it was too small a space. Furthermore, the inspector observed restrictive practices such as stair gates blocking access to the stairway and gates at either end of the kitchen, that were closed when staff were cooking meals for the residents.

Residents were encouraged and supported around active decision making and social inclusion. Residents were supported to be involved in decisions about their home. There was a plan in place to decorate the sitting room and residents were consulted in the process. For example, residents were involved in choosing which colours to paint the walls and picking out new furniture for the room. There were also plans in place to upgrade the garden space out the back of the house, including new garden furniture and some raised beds.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that overall, there were systems in place to ensure residents were in receipt of good quality care and support. However, the inspector found that improvements were warranted to the layout, décor and structural repair of the centre to ensure it provided a comfortable and safe environment at all times and that it met the collective needs' of residents. Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The inspector found that overall, a good quality service was being provided to the residents living in the designated centre. The service was lead by a capable person in charge, supported by the provider, who was knowledgeable about the support

needs of the residents and this was demonstrated through good-quality care and support. The majority of required improvements from the last inspection had been completed and had resulted in positive outcomes for residents. However, the inspector found that improvements required to the centre's premises, which had been identified on the previous two Health Information and Quality Authority (HIQA) inspections (May 2018 and November 2019) had not yet been completed, and that this was impacting on the lived experience of residents.

This risk-based inspection was completed as there had been no inspection carried out in this centre since November 2019 and an update was required in advance of the designated centre's registration renewal.

Overall, the inspector found that the local governance and management systems in place in the centre operated to a good standard. There were clear management structures in place in the centre. There was a comprehensive local auditing system in place by the person in charge (assisted by the deputy manager) to evaluate and improve the provision of service and to achieve better outcomes for residents.

On the day of inspection, the inspector found that the outstanding actions required to improve the centre's premises had not yet been completed and that funding to complete the work, had not yet been secured.

An updated compliance plan submitted by the provider to HIQA in May 2020 advised that the work could not be completed until funding was received and a completion date of 2025 was included. The provider had submitted a business plan to the Health Service Executive in July 2019 to secure funds for the refurbishment of the kitchen/dining area with a subsequent follow up enquiry in July 2020. An operating strategic planning working group was set up in January 2021 consisting of the organisation's CEO, four senior services' managers, a financial manager and a social worker. Architect plans that had been drawn up in May 2018 were deemed unsuitable as they presented with potential safeguarding risks. In April 2021, the working group authorised the procurement of a new architect to review the communal area and make suggestions for the kitchen/dining area.

The inspector found that the overall response to, and progress of, work relating to the communal areas of the premises (which was first raised in May 2018 and again in November 2019) was insufficient and untimely. On review of the centre's annual report in February 2021, and the two six monthly reviews during 2020, of the quality and safety of care and support in the designated centre, the inspector found that overall, the update on the progress of the centres' premises, including access to resources, was insufficient with no additional actions to resolve the issue.

The inspector found that the length of time to progress work on the premises had impacted negatively on the residents' lived experience in the house. As a result the service provided to residents did not, at all times, meet their needs. The layout of the kitchen/dining area inhibited residents enjoying meals together as one group. Overall, the unsuitability of the communal areas impacted on the collective needs of the residents including their freedom of movement and independence through facilitating the continuation of a number of restrictive practices. This matter is

addressed further in the quality and safety section of the report.

The inspector reviewed a sample of the staff rosters and found that staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre.

The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak. Furthermore, the provider had ensured there were adequate contingency plans in place during the current health pandemic. The person in charge, supported by senior management, had put in place individualised self-isolation plans and individualised risk assessments for all residents to better ensure their safety and welfare in the event of an outbreak.

On the day of inspection, the inspector found that there was number of examples to demonstrate that the centre strived for excellence through shared learning and reflective practices. Actions that arose from other inspections in centres run by the same provider had been shared and resulted in improvements to contingency plans, individual self-isolation plans, individual risk assessments and staff rosters. Overall, the shared learning resulted in better outcomes for residents and in particular, regarding their safety and welfare.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was full-time and divided their time between two designated centres. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. The staff roster clearly identified the times worked by each person and clearly recorded when the person in charge was present in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for the residents. The person in charge had commenced one to one supervision meetings with staff for 2021, to support staff perform their duties to the best of their abilities.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the overall response to, and progress of, work relating to the communal areas of the premises (which was first raised in May 2018 and again in November 2019) was insufficient and untimely.

The length of time to progress the centres' premises issue, including access to resources, had impacted negatively on the residents' lived experience in the house.

As a result the service provided to residents did not, at all times, meet their needs.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints, compliments and feedback policy and procedure that was in an accessible and appropriate format. The person in charge ensured that the complaints' procedures were evident and appropriately displayed and available to residents and families.

Judgment: Compliant

Quality and safety

The inspector found that overall, residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, as per the above capacity and capability section of the report, actions to improve the premises remained outstanding as the layout did not meet the needs of residents at all times.

A number of improvements were also required to the recording and review of residents' personal plans to ensure that they were reflective of the care and support provided to residents.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that for the most part, arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices. The plans were regularly reviewed. Residents, and where appropriate their family members, were consulted in the planning and review process of their personal plans.

However, to ensure the effective review of residents' personal plans, improvements were warranted to the approach and recording of residents' goals. A number of residents' regular community based activities were recorded as goals. Where goals were recorded they did not include a specific achievement date. The inspector found that overall, improvements were required to support residents engage in meaningful goals and for the goals to be recorded in their personal plan in an accessible format with appropriate timelines and acknowledgement of goals achieved.

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Appropriate healthcare was made available to residents having regard to their personal plan and for the most part residents specific healthcare needs were reviewed on an annual basis. However, the inspector found that not all reviews were carried out, or had oversight, by an appropriate health professional within the last twelve months. Overall, residents' plans demonstrated that residents, and where appropriate their families, were consulted about their healthcare. However, improvements were required to the recording of some documents within the plan to fully demonstrate that residents were consulted about their healthcare at all times.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. The inspector found that staff had been provided with specific training relating to behaviours that challenge that enabled them to provide care that reflected evidence-based practice. There were systems in place to ensure that where behavioural support practices were being used that they were clearly documented. Residents' behavioural support plans were regularly reviewed by the person in charge however, there had been no review or oversight by an appropriate health professional since December 2019 to ensure the plans continued to be effective and adequately supported the residents' behavioural needs.

The physical environment of the house was clean and tidy and for the most part was in good decorative repair. There was planned decorative works to the inside and outside of the house. There had been improvements to the storage space in the centre since the last inspection with residents' equipment now being stored in non-communal areas. However, the inspector found that overall, the design and layout of the premises did not always ensure that each resident could enjoy living in a comfortable and safe environment.

As per the findings of the last two inspections, communal spaces for residents were not adequate in relation to the number and needs of the six residents living there. The kitchen/dining room was unable to accommodate all residents eating together as it was too small a space. The layout of the premises, and in particular, the kitchen/dining area required the use of restrictive practices (at specific times throughout each day) to ensure the safety of all residents. This impacted on the promotion of independence and freedom of residents to move around their own home and impacted on their lived experience in the centre. Although some interim measures had been implemented, such as a space upstairs for residents to relax or watch television, overall the layout and location of the room meant that it was not a satisfactory long-term solution. The door into the room was also the entrance to the staff office and included an open partition between the rooms. Furthermore, residents were unable to access the room independently and required assistance from staff to avail of it.

Overall, residents were protected by risk management policies, procedures and practices in the centre. There was a risk register specific to the centre which was reviewed regularly and addressed social and environmental risks. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. Furthermore, specific individualised risk assessments relating to residents' self-isolation plans had been put in place in March 2021 to better ensure the safety of residents and preparedness in the event of an infectious outbreak.

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. The inspector reviewed a sample of cleaning records which demonstrated a high level of adherence to cleaning schedules. There was up-to-date national guidance readily available to staff and staff had completed specific training in relation to the prevention and control of COVID-19. Up-to-date national guidance was readily available to staff and staff were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day.

The centre had appropriate fire management systems in place. This included containment systems, fire detection systems, emergency lighting, and fire fighting equipment. These were all subject to regular checks and required servicing. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly to ensure they were aware of the procedures to follow in case of an emergency.

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. Residents' personal plans included safety assessments and plans to ensure the residents safety in their home, their community and when they were attending activities and day services. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that

respected each resident's dignity and bodily integrity.

Regulation 17: Premises

The design and layout of the premises did not always ensure that each resident could enjoy living in a comfortable and safe environment. As per the findings of the last two inspections, communal spaces for residents were not adequate in relation to the number and needs of the six residents living there. The kitchen/dining room was unable to accommodate all residents eating together as it was too small a space and the layout of the premise, and in particular the kitchen/dining area, required the use of restrictive practices (at certain times throughout the day) to ensure the safety of residents.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents were protected by risk management policies, procedures and practices in the centre. Specific individualised risk assessments relating to residents' self-isolation plans had been put in place in March 2021 to better ensure the safety of residents and preparedness in the event of an infectious outbreak.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. The mobility and cognitive understanding residents was adequately accounted for in the evacuation procedures

and in the residents' individual personal evacuation plans.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident was provided with a personal plan which included an assessment of their health, personal and social care needs and that overall, arrangements were in place to meet those needs.

However, the inspector found that overall, improvements were required to residents' personal plans to support residents engage in meaningful goals and for the goals to be recorded in their plan in an accessible format with appropriate timelines and acknowledgement of goals achieved.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, appropriate healthcare was made available to residents having regard to their personal plan. However, the inspector found that not all reviews were carried out, or had oversight, by an appropriate health professional within the last twelve months. In addition, improvements were required to the recording of some documents within the plan to fully demonstrate that residents, or where appropriate their families, had been consulted about healthcare provided to them.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector found that residents' positive behaviour support plans in place were regularly reviewed by the person in charge and staff. However, there had been no review or oversight by an appropriate health professional since December 2019 to ensure the plans continued to be effective and adequately supported the residents' behavioural needs.

Judgment: Substantially compliant

Regulation 8: Protection

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not 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	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Villa Maria OSV-0001686

Inspection ID: MON-0024810

Date of inspection: 21/04/2021

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 provider has put the following action plans in place for the Governance and Management of the location:</p> <ul style="list-style-type: none"> • Architect visited the location on the 05th May 2021 and submitted plans on 18th May 2021. • ORS Fire Safety Consultancy Inspection carried on 19th May 2021 and report received on 24th May 2021. • Outline plans to be completed by 31st of July 2021. • Scoping work for renovation and new communal space by end of July 2021. • Tendering to be sent out by end of October 2021. • Tender process to be completed by 31 January 2022. • All work to be completed by 30th November 2022. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider has put the following action plans in place for the renovation of the premises:</p> <ul style="list-style-type: none"> • Architect visited the location on the 05th May 2021 and submitted plans on 18th May 2021. • ORS Fire Safety Consultancy Inspection carried on 19th May 2021 and report received on 24th May 2021. • Outline plans to be completed by 31st of July 2021. • Scoping work for renovation and new communal space by end of July 2021. • Tendering to be sent out by end of October 2021. • Tender process to be completed by 31 January 2022. • All work to be completed by 30th November 2022. 	
Regulation 5: Individual assessment	Substantially Compliant

and personal plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All Residents Personal Plans have been reviewed and specific meaningful goals have been identified for each Resident. These are now recorded in an accessible format with appropriate timelines and acknowledgement of goals to be achieved. Completed 18th May 2021</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: One Resident was reviewed by an appropriate health professional. Report is in Resident's folder and all actions have been completed. Completed 17th May 2021</p> <p>All Residents PRN guidelines were discussed and signed by Residents families. Completed 14th May 2021</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: All Residents Positive Behavioral Support Plans will be reviewed by a Health Professional to ensure all plans are effective and adequately to support Residents behavioral needs. Completed by 15th of June 2021.</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 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	30/11/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He.	Not Compliant	Orange	30/11/2022

	she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2022
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.	Not Compliant	Yellow	30/11/2022
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	30/11/2022
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format,	Substantially Compliant	Yellow	17/05/2021

	to the resident and, where appropriate, his or her representative.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	17/05/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	17/05/2021
Regulation 06(1)	The registered provider shall provide appropriate health	Substantially Compliant	Yellow	14/05/2021

	care for each resident, having regard to that resident's personal plan.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	17/05/2021
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	15/05/2021