



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

Issued by the Chief Inspector

Name of designated centre:	Charnwood Gardens - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	22 January 2021
Centre ID:	OSV-0003072
Fieldwork ID:	MON-0026511

About the designated centre

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

Charnwood Gardens is a community based residential home for adults with an intellectual disability. It is based in a suburban area of North-West County Dublin and is comprised of one house. The house is close to a number of local amenities and has good public transport links. There are five bedrooms in the premises of the centre, four of which provide individual accommodation for residents, one of which has an ensuite bathroom and one which is used for a staff sleep-over room. In addition to sleeping accommodation, there is an entrance hallway, a modest sized living room, a kitchen come dining space, a utility room, a small downstairs toilet area, a main bathroom upstairs, a garage space adjacent to the centre, a garden area to the rear with decking area and a small garden with driveway to the front of the property. The centre provides 24 hour residential supports for four residents. The staff team is comprised of a person in charge and social care workers.

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
Friday 22 January 2021	09:00hrs to 15:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told the inspector, from what they wrote in their questionnaires and from what the inspector observed, it was evident that residents were mostly happy living in the designated centre. However, a number of residents said they didn't always get on with each other. They also said that at times, they would like some more private and communal space to be available for them in the centre. A number of residents talked to the inspector and in their questionnaires about the impact of the COVID-19 pandemic on their access to activities, work, their local community, and on visits with their families.

The inspector had the opportunity to speak with each of the four residents living in the centre. However, the time spent with residents was limited and done in line with public health advice during the pandemic. The inspector reviewed documentation in an office in another location and then visited residents in their home. Each resident also completed a questionnaire in relation to care and support in the designated centre and gave them to the inspector, during the visit to their home.

On arrival to the centre, the inspector was greeted at the door by one of the residents who asked to see their identification prior to welcoming them into their home. The entrance hallway was bright, airy and beautifully decorated with residents' artwork. During the inspection a number of residents proudly showed the inspector some of these pieces of artwork and described how much they enjoyed making them. Throughout the visit to their home residents told the inspector about things they enjoyed doing and things they looked forward to.

A number of residents told the inspector that whilst they were happy living in the centre, there were some days when they didn't like living with the other residents. They said that they didn't always get on with each other and it was sometimes hard to find somewhere to be alone in the centre, which was not their bedroom. They described food in the centre as good and said if don't like the food, they would choose something different or get a take away if they didn't like what was on the menu. They told the inspector that staff were very good to them and they would feel comfortable going to any of them if they had any concerns or complaints.

Whilst speaking with one resident they described things they liked to do in the centre such as playing cards, watching television, making jewellery and dancing. They talked about how much they liked using technology, and in particular their phone to access dancing videos. They also described how they would safely evacuate the centre in the event of an emergency. They told the inspector about how they would decide on which exit to take, based on where the fire was.

Another resident described the staff as "brilliant" and talked about how unfair it was that they had to complete so much paperwork on a daily basis. They talked about the impact of current restrictions relating to the COVID-19 pandemic and how they were missing going to the shops, travelling on the bus independently, visiting their

friends and family and going to work.

While chatting to the inspector, one resident told the inspector about how great the staff team were and how busy they were keeping the house clean to protect everyone during the pandemic. They also told the inspector that the food was lovely in the centre.

Another resident spoke with the inspector about their love of reading. They talked about their favourite authors and also about how they liked to keep up to date with current affairs. They had been for a walk in the morning and talked about how important it was to them to get out and get fresh air every day. They told the inspector what they would do if they had a complaint including going to any member of the staff team or the local complaints officer to discuss their concerns. They talked about how they were finding restrictions associated with the pandemic difficult and how they were particularly missing work and going out and about in the local community. They talked about how important it was to them for keeping busy and how much they were looking forward to the pandemic being over.

During a discussion, one resident told the inspector that they were happy and felt safe in their home. However, they also told the inspector that they had the odd disagreement with other residents. They said that after these disagreements they would usually make up and things would get back to normal. They said the food was usually lovely but that if they didn't like what was on the menu, they could choose something else. They described the staff as "brilliant" and talked about how much they enjoyed spending time with the person in charge.

Another resident told the inspector that they "get on alright" with other residents but that sometimes it was hard to get on with everybody. They talked about how they liked being in different rooms from other people most of the time. They said they would talk to staff if they had any worries. They also talked about things they liked to do in their home and how much they liked going shopping and to a local park regularly. They told the inspector that they had a lovely bedroom but that they were waiting for a new bed at the moment as the one they had was not very comfortable. They also told the inspector that their new bed had been ordered.

Residents meetings were occurring regularly and discussions were being held in relation to fire safety, COVID-19, health and safety, menu planning and shopping, upcoming events, complaints, safeguarding, maintenance and any other ideas or items residents would like to discuss. There was information available for residents in relation to COVID-19, ideas on things to do at home, phases and levels of COVID-19 restrictions, safeguarding, complaints, rights and advocacy.

In their questionnaires, each resident indicated that they were happy with the comfort and warmth in the centre and their access to the garden. Each of them indicated that they were happy with their bedroom, the amount of space they have for their belongings, how safe their belongings are and their access to laundry facilities. Two residents indicated they had been living in the centre for almost 14 years.

They also indicated that they were happy with the food and mealtimes in the centre.

A number of residents referred to the amount of choice they had and how they choose what they want to eat, and when they want to eat it. One resident stated they were happy with the food and mealtimes, but would like more sausages and mash. Each resident indicated they were happy with the arrangements for visitors and how welcome their visitors were made to feel. However, they all referred to the impact of restrictions relating to visiting during the pandemic.

Each resident indicated they were happy with the amount of choice they have and how their dignity was respected in the centre. One resident described how upset they were about the restrictions that are in place in relation to COVID-19 and how it was impacting on their independence and accessing their local community.

In their questionnaires they described activities they enjoyed both at home and in the community. This included activities such as walking, going to the local park, going to work, using their tablet computer, arts and crafts, chatting to staff, listening to music, shopping, going to the hairdresser and beautician, playing cards, watching television, going for a drive, and dancing. They also included other activities they would like to engage in or do more often. These included, sponsoring an animal in a shelter, shopping online, cooking with staff, doing an online jewellery course, or attending a dancing class.

In their questionnaire, one resident was complimentary towards changes that were made to their ensuite to make it better for them. Each resident indicated in their questionnaire that they were aware of the complaints process with one resident stating "they listen to me" and "talk about my feelings and help me". Another resident described how important it was that staff chatted to them and how important it was for everyone to say goodbye at night before leaving. Each of them also stated they were happy with the support they received from staff with one resident indicating that it can be hard for them when there is a change of staff.

A number of residents described areas for improvement, or things they would like to see change in the future in their questionnaires. One resident stated they would like physiotherapy to be always available to them. Another resident indicated that they would like to live on their own in the future. In one resident's questionnaire, they ticked that they were unhappy with their access to shared areas where you can spend time with other residents or visitors.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

There were management systems in place to monitor the quality of care and support to ensure the service provided was safe and appropriate to meet residents' needs. However, these systems were not being consistently implemented or

proving fully effective as it was not evident that each residents' care and support needs could be fully met in the designated centre. During the inspection it was also found that improvements were required in relation to residents' access to private and communal spaces, residents' personal plans, risk management, staff's access to training and refresher training, and the notification of incidents to the Chief Inspector.

In line with residents' changing needs and a number of safeguarding concerns in the centre, the provider was in the process of reviewing residents' assessments of need to ensure that each residents' care and support needs could be fully met in the centre. They had also reviewed staffing levels and increased staffing support at key times to ensure residents were supported in line with their assessed needs and to ensure that each resident could engage in meaningful activities and spend time with staff.

The management structure clearly identified the lines of authority and accountability and staff had specific roles and responsibilities. There were local systems in place for oversight and monitoring in the centre. However, the provider was not ensuring full oversight of the quality of care and support for residents as they had not completed the annual review since 2018 and the six monthly reviews were not been completed in line with the timeline identified in the regulations. Whilst the provider had put additional supports in place in line with residents' changing needs and safeguarding concerns in the centre, further reviews and assessments were required to ensure they could fully meet all residents' care and support needs in the centre. The person in charge and members of the staff team who spoke with the inspector were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure residents were happy, safe, and spending their time doing things that they liked.

Residents were supported by a staff team who they were familiar with. Throughout the inspection, residents were observed to receive support in a kind, caring and respectful manner. Whilst talking to the inspector and in their questionnaires, residents were complimentary towards the staff team.

There were effective systems to support staff to carry out their duties to the best of their abilities. Staff were in receipt of regular formal supervision. They had access to training and refreshers in line with residents' assessed needs. Staff who spoke with the inspector were aware of their roles and responsibilities and said they were well supported other members of the staff team, the person in charge and the management team. However, a number of staff required training or refresher training in line with the organisation's policies and residents' assessed needs.

Regulation 15: Staffing

In response to residents' changing needs and concerns relating to safeguarding in the centre, the provider had increased staffing numbers in the centre in 2020. Improvements had also been made in relation to the continuity of care for residents

as redeployed staff and regular relief staff were now working in the centre.

There were planned and actual rosters and they were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with residents' assessed needs. However, a number of staff and regular relief staff who worked in the centre needed to complete a number of training or refresher trainings.

- 1 staff required fire safety training
- 2 staff required fire safety refresher training
- 1 staff was due refresher safe administration of medication training
- 2 staff were due safe administration of medication training
- 2 staff required refresher manual handling training
- 3 staff required food safety training
- 1 staff required refresher training in managing behaviour that is challenging
- 2 staff required training in managing behaviour that is challenging.

The inspector was informed that a number of these training sessions had been booked.

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. There was a supervision schedule in place for 2021.

Judgment: Not compliant

Regulation 23: Governance and management

There were clearly defined management structures and local systems to monitor the quality of care and support for residents. Staff who spoke with the inspector were aware of their roles and responsibilities.

However, the annual review of care and support had not been completed since

2018. In addition, the six monthly provider visits had not been completed in line with the timeframe identified in the regulations and the latest two six monthly reviews were not fully completed and were not picking up on some of the areas for improvement in line with the findings of this inspection.

Judgment: Not compliant

Regulation 31: Notification of incidents

The Chief Inspector had not been notified of all incidents in line with the timeframe identified in the regulation.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The required policies and procedures were in place, available in the centre and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

The provider and person in charge were striving to ensure that residents were in receipt of a good quality and safe service. Residents were being supported to make choices and to engage in meaningful activities. They lived in a clean, warm and comfortable home. However, as previously mentioned, there had been an increase in the number of allegations of abuse in the centre and it was not evident that each residents' care and support needs could be met in the centre and that safeguarding plans were fully effective. Improvements were also required in relation to residents' personal plans and goals, risk management, positive behaviour support and residents' access to private and communal spaces.

The premises was warm, clean, comfortable and kept in a good state of repair both internally and externally. Each of the four residents had their own bedroom and they had access to three bathrooms. There was a kitchen come dining room and sitting room downstairs and a small well maintained garden. A number of residents told the inspector that they loved their home, particularly their bedrooms. However, it was not evident that there was adequate private and communal space available for residents as a number of residents said they sometimes found it difficult to find a

private space in the centre. At times, as part of the implementation of residents' support plans or safeguarding plans, residents were required to move to alternative spaces in the house. This was sometimes occurring while residents were engaging in activities of their choice and was resulting in them having to leave these activities.

There were risk management policies and procedures in place. The risk management policy contained the information required by the regulations and there was a risk register and general and individual risk assessments in place. However, the risk register and a number of risk assessments required review and update in line with residents' changing needs. There were systems in place to record and investigate incidents. However, these reviews were not always leading to the update of the centre's risk register or risk assessments.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. The provider had developed or updated existing policies, procedures, guidelines and contingency plans for use during the pandemic. There were systems to ensure there were adequate supplies of PPE in the centre. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. Staff had completed training in infection prevention and control and the use of PPE.

Residents were protected by the fire precautions in place in the centre. Suitable fire equipment was available and there was evidence it had been regularly serviced. The provider had completed significant works relating to fire containment in the centre since the last inspection. There were adequate means of escape and emergency lighting was in place. The evacuation plan was available and on display and each resident had a personal emergency evacuation plan which was regularly reviewed and updated. Fire drills were occurring regularly and learning following drills was mostly shared with the team. Some improvement was required in relation to updating residents' personal emergency evacuation and risk management plans following this learning, but staff who spoke with the inspector were aware of how to support residents in line with their assessed needs and plans were in place to update the required documentation.

Residents were protected by the medication policies, procedures and practices in the centre. There were appropriate systems in place for the ordering, receipt, prescribing, storing and administration of medicines. A number of residents were self-administering their medicines and there were risk assessments and capacity assessments in place for those who were taking responsibility for their own medicines.

Residents had an assessment of need and personal plan in place. However, it was not evident from a number of residents' assessments and personal plans reviewed that they were being reviewed annually or in line with their changing needs. The provider was aware of this and in the process of reviewing residents' assessments to ensure they could fully support each residents' care and support needs in the centre. In addition, a number of residents' goals required review to ensure that they were measurable, progressing and regularly reviewed.

Residents' support plans in relation to supports to manage their behaviour, had not been updated by an appropriate allied health professional in line with their changing needs. A behaviour specialist had not been available for a prolonged period to support residents and staff. The provider was aware of this and referrals had been made to the relevant allied health professional. Plans were in place to review support plans to ensure they were clearly guiding staff to support residents. In addition plans were in place to ensure that staff had access to training and refresher training to support residents in line with their assessed needs. Incident review and trending was being completed regularly. However, as previously mentioned this learning was not always leading to the review and update of residents' plans as required.

There were policies and procedures relating to safeguarding and protection in the centre. Allegations and suspicions of abuse were reported and followed up on in line with organisational and national policy. Immediate safety concerns were addressed and safeguarding plans were developed as required. There had been an increase in the number of allegations of abuse in the centre in 2019 and 2020. In response, the provider had implemented a number of additional control measures to support residents, including additional staffing at key times each day. They had held meetings with members of the multidisciplinary team and reviewed and updated residents' safeguarding plans to add additional control measures. There had been a reduction in the number of allegations of abuse following the implementation of some of these control measures. However, it was not evident that some of these safeguarding plans were fully effective, as similar allegations of abuse continued to occur.

Regulation 17: Premises

The premises was clean, warm, homely and well maintained. Residents' art work and pictures were on display throughout the house. Residents told the inspector that their bedrooms were decorated in line with their wishes and a number of residents told the inspector how they loved their bedrooms and keeping them tidy.

However, a number of residents told the inspector that they would like more access to private space in the centre. They talked about how difficult it was at times to spend time alone in areas of the house which were not their bedroom. One resident also outlined in their questionnaire that works were required to the bathroom to better suit their needs.

Judgment: Not compliant

Regulation 26: Risk management procedures

The organisation's risk management policy contained all of the information required by the regulations.

There was a risk register, general and individual risk assessments and a system for reviewing incidents. However, this review of incidents was not contributing to the review and update of risk assessments. In addition, a number of risk assessments had not been reviewed or updated in line with residents' changing needs.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had developed and adapted existing policies and procedures to guide staff practice during the COVID-19 pandemic. Information was readily available in the centre for residents and staff in relation to COVID-19.

Staff had completed hand hygiene, infection control and PPE training.

The premises was clean and there were cleaning schedules in place to ensure all areas of the house were regularly cleaned.

There were supplies of PPE available and systems in place to ensure there were always adequate stocks available.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had completed significant works relating to fire containment in the centre since the last inspection. There was suitable fire equipment provided and evidence that it was serviced and maintained as required. There were adequate means of escape and emergency lighting. The procedure for the safe evacuation of residents and staff in the event of fire were displayed and a copy was readily available should it be required.

Residents' mobility and cognitive understanding were accounted for in the evacuation procedure. Fire drills were occurring regularly and residents' evacuation plans and risk assessments were mostly reviewed and updated as required.

The majority of staff had completed fire safety awareness training and those who spoke with the inspector were knowledgeable in relation to residents' support needs. Staff who required fire safety awareness training were booked onto this training in February 2021. In the interim, the inspector was assured that each staff member was aware of the emergency evacuation plan in the centre and their role and

responsibilities in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by appropriate policies and procedures relating to the ordering, receipt, storage and disposal of medicines.

Audits including stock control were completed regularly and incidents were documented. Staff had access to training in the safe administration of medication and practical administration prior to administering residents' medicines. In addition, protocols were in place to guide staff practice in relation to some as required medications for a number of residents. There were a number of staff booked onto safe administration of medication training and they were not and would not be involved in the administration of medicines until they had completed this training.

A number of residents were self-administering their medicines and assessments had been completed and reviewed as necessary.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place, but it was not evident that some of those reviewed during the inspection had been reviewed and updated annually, or in line with residents' changing needs. In addition, a number of other documents relating to residents' care and support had not been reviewed or updated following residents' changing needs. It was not evident that the system to review the effectiveness of residents' plans, was effective.

Residents' goals were not found to be specific, measurable, attainable, relevant or time bound. There was limited evidence to show that residents' were achieving or working towards achieving their goals.

The provider was in the process of completing a review to ensure they could fully meet each residents' care and support needs in the centre. A multidisciplinary team meeting was planned at the end of January 2021 to review this process and identify next steps.

Judgment: Not compliant

Regulation 7: Positive behavioural support

From a review of residents' support plans and an increase in the number of incidents in the centre in 2020, it was not clear that appropriate supports were in place for each resident. One resident was choosing not to engage with allied health professionals and their wishes were being respected. Another resident had a support plan in place which was developed in 2018 and had not been reviewed by the appropriate allied health professional. The provider was aware of this and plans were in place to have it reviewed.

Staff were found to be knowledgeable in relation to residents' care and support needs but acknowledged that one residents' support plan required review to ensure it was fully guiding their practice. A number of staff had not completed training in the management of behaviour that is challenging.

Judgment: Not compliant

Regulation 8: Protection

There had been an increase in the number of allegations of abuse in the centre in 2019 and 2020. In response, the provider had increased the number of staff on duty in the centre, at key times during the day.

Each allegation of abuse was recorded and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and regularly reviewed. However, it was not clear that some of these safeguarding plans were fully effective, as similar incidents continued to occur.

Staff had completed training to understand their roles and responsibilities in the event of a suspicion or allegation of abuse and were found to be knowledgeable during the inspection.

Judgment: Substantially 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	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Charnwood Gardens - Community Residential Service OSV-0003072

Inspection ID: MON-0026511

Date of inspection: 22/01/2021

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>1 staff fire safety training Completed 12th February 2021 2 staff required fire safety refresher training Completed 12th February 2021 1 staff was due refresher safe administration of medication training Completed January 2021 2 staff were due safe administration of medication training Awaiting date from training Currently in level 5 they were not doing this training. 2 staff required refresher manual handling Due to be completed 28th February 2021 3 training staff required food safety training Due to be completed 28th February 2021 1 staff required refresher training in managing behaviour that is challenging Due to be completed February 26th 2021 2 staff required training in managing behaviour that is challenging Due to be completed February 26th 2021 2 staff requiring medication training will be trained by 30 May 2021.</p>	
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 will carry out Annual Reviews of Care and Support</p> <p>The provider will carry out six monthly provider visit within the time frame</p>	

The provider and PIC will ensure that the six monthly reviews are fully complete	
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 PIC will ensure all notifications are completed on time</p> <p>IN the event that the PIC is off duty on leave, staff on duty will contact CMN3 or Service Manager to inform them of notifiable incident and ensure notification is completed on time</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider will review the current premises and the assessed needs of the residents. The Provider will take necessary action following review.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The PIC will review all risk assessments to ensure they reflect the residents changing needs.</p> <p>The PIC and CNM3 will review the risk register to ensure it is accurate to risk in the house.</p>	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: PIC and Key Worker are going to review all Assessments, Care Plans and ensure they are in line with changing needs</p> <p>PIC and Key Worker will ensure all goals are set with residents are SMART</p> <p>The provider is going to review the suitability of the centre to ensure it is meeting the assessed needs of the residents</p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The team are reviewing all support plans been lead by psychology team and multi disciplinary team</p> <p>All staff will be trained in the management of Positive Behaviour Supports</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The Provider and PIC will ensure regular MDT</p> <p>The team and PIC will review all support plans</p> <p>The Provider is reviewing the suitability of the premises to meet the residents needs.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/05/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, 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	Not Compliant	Orange	31/07/2021

	to ensure it is accessible to all.			
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.	Substantially Compliant	Yellow	30/04/2021
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	31/03/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place	Substantially Compliant	Yellow	31/03/2021

	to address any concerns regarding the standard of care and support.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/03/2021
Regulation 31(1)(f)	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, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	24/02/2021
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	Not Compliant	Orange	31/05/2021

	no less frequently than on an annual basis.			
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).	Not Compliant	Orange	31/07/2021
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/07/2021
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.	Not Compliant	Orange	31/05/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Not Compliant	Orange	31/05/2021

	is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	26/02/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	24/02/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/07/2021