



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

Issued by the Chief Inspector

Name of designated centre:	Edencrest, Riverside & Cloghan Flat
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	21 September 2021
Centre ID:	OSV-0005487
Fieldwork ID:	MON-0032538

About the designated centre

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

Edencrest. Riverside and Cloghan flat provides full-time residential care and support to adults with a disability. The designated centre comprises of two six bed bungalows and a one bedroom flat located within a campus setting which contains three other designated centres operated by the provider. Residents in each bungalow have their own bedroom and have access to a small kitchenette, dining room, two sitting rooms, clinic/visitors room and bathroom facilities. Meals are prepared and cooked in a centralised kitchen on the grounds of the campus and delivered to each house at specific times throughout the day. The centre is located in a residential area of a town which is in close proximity to amenities such as shops, leisure facilities and cafes. Residents are supported on a 24/7 basis by a staff team of both nurses and health care assistants. There is also a person in charge of the centre who also has a management remit to the entirety of the campus.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 September 2021	10:30hrs to 18:00hrs	Thelma O'Neill	Lead
Tuesday 21 September 2021	10:30hrs to 18:00hrs	Angela McCormack	Support

What residents told us and what inspectors observed

This inspection was a follow-up risk inspection to review the actions the provider had taken from a previous inspection on 2 March 2021. On the last inspection, significant risks in quality and safety of care were identified in the centre and consequently, the provider was required to submit a robust compliance plan and a management improvement plan for all designated centres within the Ard Greine Court Campus. A warning letter was also issued to the provider following the inspection, advising them to bring the centre back into compliance with the regulations or a notice of proposal to cancel the registration of the centre may be issued.

On arrival at the centre, both inspectors visited Edencrest, where inspectors met with five residents and four staff. Two residents were observed to be sitting in the hallway and two other residents were in the communal sitting room, while a fifth resident was sitting in the premises' second sitting room which was located near residents' bedrooms. Residents greeted inspectors and appeared comfortable in their surroundings. The resident who was in the second sitting room spoke with an inspector and said they were well cared for and happy living in the centre. They said the staff were nice, but that there were many different staff working in the centre daily. This was a concern, as this was a finding found on the previous inspection of the centre, and impacted on the continuity of care for residents.

Following the initial visit to Edencrest, one inspector based themselves in each of the centre's houses; Edencrest and Riverside. Throughout the day inspectors met with residents, staff and the centre's management and they reviewed documentation. Inspectors ensured they adhered to infection, prevention and control guidelines and used personal protective equipment throughout the inspection.

Throughout the day, residents in Edencrest were observed going out on walks, on outings to the shops and for drives in the centre's bus. One resident was reported to be meeting a family member that afternoon, and was supported by staff who transported them on the bus to this meeting. Edencrest appeared homely and spacious for the five residents who lived there. One resident was overheard vocalising loudly in the house at times, and was appropriately supported by staff. However, it was not clear if this noise impacted on the quality of life for the other residents at the house. There were easy-to-read documents, a staff rota and photographs in place around the home to assist residents. There was also a garden area which was nicely decorated with garden furniture and planted flowers. The premises' kitchenette area had fridge, freezer and electrical appliances, however it was not accessible for residents with mobility issues, due to its design and a lack of space. Throughout the day, residents were observed to be freely moving around the other parts of the centre.

On arrival in Riverside, the inspector met with by a Clinical Nurse Manager (CNM1)

who was assigned to work in the centre from another centre on the campus that day, due to a shortage of nursing staff. They had not worked in the centre for some time and was familiarising themselves with the residents' current care and support needs. The remaining staff team were also temporary, two health care assistants were agency staff as well as two student nurses and one day activity staff.

The inspector briefly met with one resident and their day activity staff before they left to go out shopping in the local town. Another two residents were relaxing in the sitting room. One resident was sitting at the window and looking at people passing by, another resident was relaxing on the couch, and they did not communicate verbally. An agency care staff was supervising them, but there was no meaningful interaction or activities taking place. There was a visual activities schedule on the wall to help residents understand the daily routine and scheduled activities and the agency staff were familiar with this chart when asked about its use. The inspector observed one of the residents on the couch engaging in inappropriate sexual behaviour, which was not responded to by agency staff who were supporting them. The inspector asked the CNM1 about residents' daily activity programme, and which point they told the agency staff to support residents to go for a walk. During the day, the inspector noted that staff were constantly answering the phone, as all of the calls from campus main office were assigned to this centre, which had a significant impact on staff attending to residents' needs and completing their assigned work for the day.

Riverside was clean and maintained to a high standard, and there were double doors to the garden area from the sitting room. the garden areas was also secure and well maintained enabling residents to access it as and when they wished. However', the premises' kitchenette was small in design and the door was locked and could only be accessed using a key fob, due to the behaviours of concern of some residents. Each resident had their own bedroom, and residents could get access to their bedrooms during the day with the supervision of staff, this restriction was in place to ensure their safety due to the behaviours of other residents.

There was a second sitting room located in the hallway near the bedrooms, and this sitting room was used solely by one resident who displayed behaviours of concern. Due to their assessed needs, the resident's access around the centre was restricted to the specific sitting room, the adjacent bathroom and their bedroom. This restriction was deemed necessary in order to ensure the safety of fellow residents and staff.

Staff told the inspector that the resident has a very high risk of physically assaulting others in the centre. The inspector met the resident in their bedroom before they went out for a trip to the shops. Shortly, after the inspector returned back to the staff office, the resident attempted to gain access to the office in an aggressive manner, however they were prevented from doing so by the inspector. Subsequently, the resident was redirected towards the centre's bus for an activity; however, they proceeded to assault staff supporting them while on the bus..

The inspector also found there were two other residents in the centre that also presented with significant behaviours of concern towards their peers and staff. This

was evidenced by a review of the accidents and incident reports in the centre. Inspectors raised their concern about these issues to the person in charge during the inspection and at the feedback meeting to the Director of Nursing. Inspectors had identified risks associated with residents' challenging behaviour in Riverside during the last inspection and found there was no improvement following the previous inspection, with residents and staff continuing to be at risk at the centre.

One inspector met with another resident who lived alone in another part of the centre, after they had returned from their day activities. The resident greeted the inspector warmly and invited them to their home. They spoke about their life and things that they enjoy doing, and said that they were happy living in the centre. Throughout the conversation, they also raised some issues that they agreed could be brought to the person in charge's attention. They said that they can go to the person in charge if they need anything, or if they had any concerns and spoke about an issue that they had raised during the last inspection and said that this had been addressed. They showed the inspector around their home, which was noted to be colourfully decorated and was very personalised with photographs and various personal items, and they also showed the inspector the rota which told them what staff were supporting them each day.

Capacity and capability

During the inspection, inspectors found the governance and management of the centre did not demonstrate that there were effective systems in place to ensure a safe and quality service for the residents. This inspection was a follow-up inspection from the last inspection in March 2021. On that inspection significant risks were identified and the provider, the Health Service Executive (HSE), was issued a warning letter, requiring them to bring the centre into compliance with the regulations, or they would be issued with a proposal to cancel the registration of this centre. However, on this follow-up inspection, inspectors found that there continued to be a high risk to residents specifically relating to the areas of behaviours of concern, staffing, risk management, protection, residents' rights and governance and management, which continued to impact on the care provided to residents.

Inspectors reviewed the actions of the last inspection and found that the provider had put some measures in place as described in their management improvement plan and the previous inspection's compliance plan. However, inspectors found actions had not been fully achieved or completed within the timelines agreed. For example in Riverside, inspectors found that residents access to their home continued to be restricted due to the high risk of challenging behaviour from their peers.

Since the last inspection, a new director of nursing had been appointed to Ard Greine Court Campus, which comprises of this centre and three other designated centres. The director of nursing was familiar with the centre and the care and

support needs of residents as well as ongoing risks at the centre. A person in charge (PIC) had also been appointed since the last inspection, who had worked in the centre previously and was familiar with the residents' care and support needs. They were responsible for the day-to-day operations of the centre. In addition, the new PIC was appropriately qualified and skilled for the role. In addition to the PIC, a CNM1 had been appointed to increase the management arrangements at the centre; however they were not expected to start their role until 18 October 2021. This was a concern due to the risks identified in the centre, and this additional post was one of the provider's actions identified to strengthen the governance and management of the centre.

The provider had resourced a number of part-time multidisciplinary team (MDT) posts following the last inspection, which included a speech and language therapist, a senior psychologist and a behaviour support specialist. These resources were for a fixed term of six months; however, feedback to the inspectors was that the MDT support was very beneficial to residents and staff in the centre. The provider had also set up a quality and patient safety committee to review accidents and incidents occurring in the centre, and a human rights committee; however, these committees had only commenced operation in August/ September.

Inspectors found from speaking to staff and the person in charge that staffing in the centre was at crisis level. The staff that were working were not regular, and on the evening of the inspection there were reduced number of staff working in the centre to support residents needs. Also a review of the centre's staff rosters, identified that 25 agency staff had worked in the centre over the previous two week period, further illustrating the inconsistency of staffing arrangements at the centre, which impacted on the continuity of care for residents. Also, inspectors found that staff rosters were inaccurately maintained in the centre, due to the frequent changes in staff.

The PIC confirmed to inspectors that there was a high level of staff absenteeism in the centre, which significantly impacted on the day-to-day operations of the centre and resulted a heavy reliance on relief and agency staff. This was a serious risk in this centre due to the frequent incidents of behaviours of concern occurring in the centre. It also had a negative impact on other designated centres within the campus, as they were required to provide staff to support Edencrest, Riverside and Cloghan Flat. In addition, the staffing shortages impacted on residents participating in planned activities, with one resident's care notes showing that they had missed a hair appointment recently due to staff shortages. In addition, one resident in Edencrest had raised concerns about staffing through a residents' meeting, and the person in charge confirmed that they will be putting this concern through as a complaint and would be discussing this further with the resident.

The provider had a programme of staff training in the centre. Inspectors were told that staff had completed training in a number of areas, these included communication skills, emergency medication administration, CPR and emergency responder training. However, training records were not up-to-date and staff had not all completed training in positive behaviour support and supporting residents' sexual expression which was essential due to the highlighted risks at the centre.

Regulation 14: Persons in charge

The person in charge had the qualifications and experience to manage the designated centre. They appeared knowledgeable about residents and their needs and residents appeared to be familiar with them.

Judgment: Compliant

Regulation 15: Staffing

There was a persistent high level of staff absenteeism in the centre, which resulted in frequent relief or agency staff working in the centre. On the evening of inspection, there were reduced numbers of staff working in the centre to support residents' care and behaviour support needs, which impacted on the continuity of their care. Furthermore, the provider did not ensure that there was an accurate staff roster maintained at the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Although the provider had a programme of staff training in place at the centre, training records were not fully maintained for all staff working in the centre. Furthermore, staff had not all completed training in positive behaviour management and supporting residents' sexual expression which were required at the centre due to highlighted risks.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place did not ensure that this service was safe, appropriate to residents' needs, or that risks identified were appropriately managed.

Judgment: Not compliant

Quality and safety

Inspectors found that many of the non-compliances previously identified in the centre on the last inspection had not being adequately addressed. Residents, staff and visitors' safety continued to be a high risk in the centre. Inspectors found significant risks remained a concern at Riverside, in relation to the management of behaviours of concern and safeguarding of residents. Furthermore, sufficient improvements had not occurred from the previous inspection in the areas of health care, staff training and the development of safe and suitable premises.

Inspectors found the quality and safety of care in this centre was dependent on the house the residents resided. Two houses were generally safe and inspectors found residents' care and support needs were being met. However, in Riverside where six residents resided, inspectors found residents, staff and visitors' safety continued to be a high risk. Staffing shortages contributed to these risks and effective measures identified to manage risk had not been addressed.

Overall, inspectors found non-compliances in positive behaviour support, protection, risk management, staffing and governance and management. While some improvements were found following the previous inspection in the assessments of individual needs, residents' rights, and communication, significant risks remained in Riverside associated with behaviours of concern and safeguarding arrangements for residents. Improvements were also required in health care, staff training and development and safe and suitable premise.

There was some improvements in the assessments of residents' health and social care needs since the last inspection; however this was not consistent for every resident. A sample of resident files reviewed in Edencrest found one resident who previously did not have a personal plan in place at the last inspection, now had a comprehensive plan which detailed the goals they had achieved and identified new goals that they were working towards. There were photographs in place of the resident's achievement of their goals.

There were progress notes in place which showed that progress towards goals were under regular review. However, a personal plan to support a resident with mobility issues required review and updating, as it did not reflect the supports described by staff when assisting the resident to mobilise from the floor. In Riverside, inspectors found that some residents' assessments of need had been reviewed and reflected their medical history and current health conditions. However, they did not include details of the residents' behaviour support needs and safeguarding protection measures which were in place. Also nursing interventions, such as restrictive practices were not clearly documented in the residents' care plans, and current risk management controls were not effective as incidents continued to occur in the centre. Inspectors also found that induction folders for new staff did not clearly outline the behaviour support and safeguarding measures in place to protect residents from risk at the centre.

Residents were supported to achieve good health, with access to General Practitioners (GP), dental, chiropody and psychiatry services. Access to other multi-disciplinary supports had increased since the last inspection, such as the availability of a senior psychologist and behaviour support specialists, to support residents' behavioural needs and safeguarding concerns; however more intensive support and training for staff on how to manage behavioural issues was required. Also, actions from the previous two inspections in relation to access to speech and language therapists, had not yet occurred and inspectors found that it was not clear if the occupational therapy recommendations for a daily exercise and sensory programme for one resident was being implemented as required. HIQA had been notified of a number of bruising incidents for two residents, and a review of their personal plans did not clearly show if associated recommendations as referenced in behaviour support plans were being implemented consistently.

Safeguarding concerns in the centre were not appropriately managed. In Riverside there were three residents of concern that posed safeguarding risks to peers, staff and visitors, with frequent incidents of concern continuing at the centre, and indicating that current measures were not sufficient to safeguard residents, staff or visitors in the centre.

The staff did not have the up-to-date knowledge to respond to and support residents with challenging behaviours. One resident's behaviour support plan had been updated in April 2021, however there was no evidence that staff had read and signed the revised plan. Also staff did not receive the recommended positive behaviour support training as specified in residents' behaviour support plans. There were a number of restrictive procedures used in the centre and these also not identified in residents' behaviour support plans.

Inspectors found other residents had several safeguarding plans completed following incidents with peers in the centre, one resident had eight preliminary safeguarding plans in place. The safeguarding officer had recommended in July 2021 that a review of the resident's safeguarding controls should be implemented to identify what other supports were required at the centre. This had not happened and further safeguarding incidents continued to occur for this resident at the centre. The provider's overarching safeguarding plan was generic and addressed the risks for all residents rather than the impact for each resident effected and only contained reactive strategies for the management of the identified risk. In addition, at Edencrest one resident's intimate care plan and safeguarding protocol were not consistent in regards recommendations on the level of staff supports required.

There was a significant amount of restrictive practices in use in Riverside, inspectors found residents did not have the freedom to walk independently around their home without staff supervision due to the risks presented by their peers. Safeguarding measures included residents being constantly supervised by staff members when relaxing in the communal rooms, dining room, or their own bedroom area. Also residents did not have free access to the premises' kitchen due to restrictions in place to prevent their peers accessing the kitchen.

Residents' choices around food had improved since the last inspection, and while

two main meals were still being delivered from a centralised kitchen at specific times, residents had a more varied choice and were offered two options every day. However, due to the nature of the campus setting and the reliance on a centralised kitchen, residents choices around meal times and choice was still restricted.

Since the last inspection in April 2021, residents' communication plans had improved, with a sample of plans reviewed containing information to guide staff on how to support residents with their communication. However, access to speech and language therapy services was outstanding for some residents and the risk of this had been assessed by the person in charge, which noted difficulties in accessing this service at the centre which had an impact due to residents being non-verbal.

The provider had systems in place for the assessment, management and review of risks. However, these measures were not consistently implemented and adverse incidents were still occurring at the centre which negatively impacted on the quality of life of residents. For example; one resident who frequently displayed a high level of aggression and violence towards others did not have assessments in place relating to the management of safeguarding concerns and risk. The person in charge had identified operational risks for the centre in relation to staff shortages, and escalated these to the Director of services, however the assigned risk rating for these areas did not reflect the potential or actual risks associated with residents being supported by unfamiliar staff due to the high level of absenteeism in the centre.

The provider had systems in place for the prevention and control of infection; including measures to prevent against the risk of COVID-19. This included resident and staff symptom checks, availability of personal protective equipment (PPE), hand sanitizers and posters about infection prevention. In addition, a site specific outbreak and contingency plan in the event of a suspected or confirmed case of COVID19 was developed, and included details of the outbreak management team who would assess and support in managing each situation as it arose.

Regulation 10: Communication

Residents were assessed as requiring speech and language therapy support to use assistive technology, aids and appliances, however this support had not been provided.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout and facilities in the centre were not meeting the residents needs. Residents could not access the kitchen areas due to its small size and parking

in the centre was a issue, and resulted in staff parking on the pathway.
Judgment: Substantially compliant
Regulation 26: Risk management procedures
The provider did not have adequate risk control assessments and measures in place to manage adverse incidents occurring in the centre, which impacted on the quality of life of the residents. In addition appropriate assessments had not been completed and control measures were ineffective due to the continued level of incidents at the centre.
Judgment: Not compliant
Regulation 27: Protection against infection
The provider had systems in place for the prevention and control of infection; including measures to prevent against the risk of COVID19. This included resident and staff symptom checks, availability of personal protective equipment (PPE), hand sanitizers and posters about infection prevention.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents' individual assessments and personal plans required updating to ensure they clearly identified residents' care and support needs.
Judgment: Substantially compliant
Regulation 6: Health care
Some residents had received assessments and treatments from the multi-disciplinary team, however, others remained on the waiting list. This included appointments with clinical nurse specialists for behaviours of concern, and dietician as well as speech and language therapy.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The staff did not have the the knowledge to respond to behaviours that is challenging and to support residents to manage their behavior. In addition, where behaviour plans had been updated the provider had not ensured staff had updated their knowledge to ensure a consistency of approach. Furthermore, behaviour plans did not reflect restrictive practice in use at the centre further leading to a risk of inconsistency by staff.

Judgment: Not compliant

Regulation 8: Protection

Robust safeguarding plans were not in place for all residents at the centre to ensure a consistency of approach by staff. Furthermore, recommended training in supporting the sexuality for residents had not been completed although originally recommended in 2019. In addition, an updated provider policy on supporting sexuality was not available to staff to read and inform their practices.

Judgment: Not compliant

Regulation 9: Residents' rights

Due to the risk to residents' safety at the centre this significantly impacted in their right to free movement around the centre, due to a reliance on constant staff supervision due to their peer's behaviour of concern. Furthermore, residents did not have access to the centre's kitchen and meal times were restricted due to the reliance on a centralised kitchen at the campus.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Edencrest, Riverside & Cloghan Flat OSV-0005487

Inspection ID: MON-0032538

Date of inspection: 21/09/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>1. The Person in charge has been assigned a consistent cohort of staff for the center supplemented by a regular number of agency staff assigned for the center to ensure continuity of care for all residents. Completion date 30/11/2021</p> <p>2. The Person in Charge and Director of Nursing will continue to liaise with HR in relation to absence management. Completion date 31/12/2021.</p> <p>3. The person in Charge and Director of Nursing will establish a roster to ensure that the center will be stand alone. This roster will be available in a planned and actual format and will accurately reflect staffing numbers in line with the centre’s Statement of Purpose. Completion date 31/12/2021</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>To ensure compliance with regulation 16 Training and staff development the following actions have been undertaken:</p> <p>1.A full review of training requirements for the center has been undertaken Completion date: 12/11/2021.</p> <p>2 The person in Charge has scheduled all outstanding training to include Positive Behaviour Management and Sexuality Awareness in Supported Settings. Completion date: 30/11/2021</p>	

<p>3 The Person in Charge will monitor scheduled training and the training matrix on a monthly basis. Completion date 30/11/2021</p> <p>4 The CNM3 Quality Risk and service user safety will complete refresher training with the Person in Charge on the CHO1 revised training matrix. Completion date 30/11/2021</p> <p>5 The Person in Charge will ensure that training in Sexuality Awareness in Supported Settings for adults with an Intellectual Disability will be delivered to all staff. Completion date 31/12/2021</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: To ensure compliance with regulation 23 Governance and management the following actions have been undertaken:</p> <p>1 The Person in charge has been assigned a consistent cohort of staff for the center supplemented by a regular number of agency staff assigned for the center to ensure continuity of care for all residents. Completion date 30/11/2021</p> <p>2 The Person in Charge in liaison with the CNM3 Quality Risk and service user safety and each named nurse has commenced a review of all risk assessments. Completion date 07/12/2021</p> <p>3 The Person in Charge in liaison with the CNM3 Quality Risk and service user safety has commenced a review of the Risk Register to ensure it reflects all risks within the center. Completion date 07/12/2021</p> <p>4 The Person in Charge in liaison with the MDT including the Safeguarding and Protection team has commenced a review of all overarching safeguarding plans Completion date 30/11/2021</p> <p>5 One resident will be transitioned to their new home Completion date 30/11/2021</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: 1. The Person in Charge will ensure that referrals are completed for Speech & Language support for the residents assessed as requiring this. Completion date 17/11/2021</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The Director of Nursing and provider representative are in discussion with the Housing Association in relation to reconfiguring the layout of the center. Initial discussions commenced 23.09.2021 and plans have been shared. Further engagement planned to complete the reconfiguration Completion date 31/03/2022 2. The Person in Charge in liaison with the Director of Nursing will complete a risk assessment in relation to parking at the center. Completion date 17/11/2021 	
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>To ensure compliance with Regulation 26 Risk management the following actions will be undertaken</p> <ol style="list-style-type: none"> 1. The Person in Charge in liaison with the CNM3 Quality Risk and service user safety and each named nurse has commenced a review of all risk assessments. Completion date 07/12/2021 2. The Person in Charge in liaison with the CNM3 Quality Risk and service user safety has commenced a review of the Risk Register to ensure it reflects all risks within the center. Completion date 07/12/2021 3. The Person in Charge will continue to attend monthly Quality, Patient Safety meetings, next scheduled meeting 30/11/2021 Completion date 30/11/21 4. The Person in Charge in liaison with the MDT including the Safeguarding and Protection team has commenced a review of all overarching safeguarding plans Completion date 30/11/2021 5. One resident will be transitioned to their new home Completion date 30/11/2021 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>To ensure compliance with regulation 5 Individual assessment and personal plan the following actions will be undertaken</p> <ol style="list-style-type: none"> 1. The Person in Charge and the named nurses have commenced a review of all 	

residents nursing interventions to ensure they are reflective of the residents current support needs
 Completion date 07/12/2021

2. The Person in Charge will ensure that there will be a sign off sheet attached to resident's behaviour support plans for staff to sign off that it has been read and understood.
 Completion date 07/12/21

3. The Person in Charge will ensure that quarterly audits are completed on all care plans to ensure that they are updated in a timely manner.
 Completion date 07/12/2021

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 To ensure compliance with regulation 6 Healthcare the following actions will be undertaken

1. The Person in Charge and the named nurses have commenced a review of all residents nursing interventions to ensure they are reflective of the residents current support needs.
 Completion date 07/12/2021

2. The Person in Charge will ensure that quarterly audits are completed on all care plans to ensure that they are updated in a timely manner.
 Completion date 07/12/2021

3. The Person in charge will govern the implementation of healthcare professionals to ensure that they are consistently implemented in the center.

4. The Person in Charge will ensure that all named nurses update nursing interventions and plans to reflect changes in care practices.
 Completion date 07/12/2021

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 To ensure compliance with regulation 7 Positive Behaviour support the following actions have been commenced.

1. The Person in Charge has commenced a review all Behaviour Support Plans in liaison with the MDT and CNS in positive behaviour support.
 Completion date: 07/12/2021.

2. The Person in Charge has conducted a full review of training requirements in relation to positive behaviour support and has scheduled refresher training as required.
 Completion date: 30/11/2021.

3. The Person in Charge will ensure that any referrals for multi disciplinary supports are made in a timely manner to the relevant professional.
Completion date 07/12/21

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
To ensure compliance with Regulation 8 Protection the following measures will be implemented.

1. The Person in Charge has liaised with MDT, Safeguarding and Protection Team to review all Overarching Safeguarding plans.
Completion date 30/11/2021

2. One resident will be transitioned to their new home
Completion date 30/11/2021

3. The Person in Charge will continue to attend monthly multi-disciplinary safeguarding and protection team meetings to ensure further oversight and involvement in relation to safeguarding plans
Completion date 30/11/2021

4. The Person in Charge will continue to attend monthly Quality patient safety meetings to ensure oversight and governance in relation to incident management.
Completion date 30/11/2021

5. The Person in charge has ensured that the policy on Sexuality Awareness in Supported Settings for adults with an Intellectual Disability is available on site for staff to read and sign off.
Completion date 01/09/21

6. The Person in Charge will ensure that training in Sexuality Awareness in Supported Settings for adults with an Intellectual Disability will be delivered to all staff.
Completion date 31/12/2021

7. The Person in Charge has assigned a consistent cohort of staff for the centre supplemented by a regular number of agency staff assigned to the centre. Completion date: Completed 26/10/21

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To ensure compliance with Regulation 9 Residents rights the following actions are been undertaken

1. The Person in Charge and Director of Nursing will work with each resident and their advocates to ensure they understand meal choices in terms of preference.
Completion date 07/12/2021

2. The Person in Charge has ensured that there is a varied choice of food within the

center to ensure that residents can be supported in preparing a snack/alternative food choice to provided menu.

Completion date 19/04/21

3. The Director of Nursing and provider representative are in discussion with the Housing Association in relation to reconfiguring the layout of the center. Initial discussions commenced 23.09.2021 and plans have been shared. Further engagement planned to complete the reconfiguration

Completion date 31/03/2022

4. One resident will be transitioned to their new home

Completion date 30/11/2021

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	07/12/2021
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	31/12/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the	Not Compliant	Orange	31/12/2021

	day and night and that it is properly maintained.			
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	31/12/2021
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	31/03/2022
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	07/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Not Compliant	Orange	07/12/2021

	ongoing review of risk, including a system for responding to emergencies.			
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.	Substantially Compliant	Yellow	07/12/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	07/12/2021
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Not Compliant	Orange	07/12/2021
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic	Not Compliant	Orange	07/12/2021

	interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
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	07/12/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	31/12/2021
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.	Substantially Compliant	Yellow	31/03/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in	Substantially Compliant	Yellow	31/03/2022

	relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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