Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 7
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	29 June 2021
Centre ID:	OSV-0005861
Fieldwork ID:	MON-0029029

About the designated centre

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

Designated Centre 7 is operated by Stewarts Care Ltd. This designated centre provides full-time residential care and support for up to 13 adults with intellectual disabilities. The centre is comprised of four community based houses located in West Dublin. The centre is managed by a full-time person in charge who is also a clinical nurse manager 2 (CNM2). The person in charge reports to a senior manager. The centre staff team comprises of one nurse, care assistants and day service team members.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 29 June 2021	09:00hrs to 17:00hrs	Ann-Marie O'Neill	Lead
Tuesday 29 June 2021	09:00hrs to 17:00hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

In line with public health guidance, the inspectors did not spend extended periods of time with residents and visited one of the four houses which make up the designated centre.

The inspectors met with residents and staff in this house at the beginning of the inspection before completing a brief walk through of the premises. Documents and records were reviewed in the staff office of the residential house. The inspectors used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgements on the residents' quality of life and compliance with the regulations.

The physical environment, of the house inspected, was clean however it was in need of redecoration and general maintenance and repairs. Maintenance requests had been logged with the service provider however there was evidence that many of these were outstanding or had not been resolved satisfactorily.

For example, inspectors observed where large repair works had been carried out on the ceiling of the staff office and living room area of the house. There had previously been extensive damage to the ceiling due to a leak from the bathroom upstairs. While repair works had been carried out the area repaired had not been repainted or finished. In addition, further adjustments to the bathing facilities for residents had not been addressed for a considerable period of time. Further discussion on premises issues are outlined under the Quality and Safety section.

Staff were observed interacting positively and respectfully with residents, offering residents choices regarding their day. Day service staff had been transferred to residential services due to the COVID-19 pandemic which helped to increase residents' opportunity to engage in community based activities, for example.

On arrival to the centre, a resident greeted inspectors and engaged in some brief conversations about topics of interest to them. They showed inspectors their jewellery and other items that were important to them. Other residents were observed independently going in and out of the garden area to the rear of the centre and spending time in the garden as they wished.

Residents were also supported to go out for short errands and trips from the centre during the course of the inspection. In the afternoon, all residents were observed sitting outside in the rear garden area listening and dancing to music in the garden in the company of staff.

Some residents chose not to engage or speak with inspectors and this choice was respected during the course of the inspection.

An inspector met with one resident that had recently been admitted to the centre.

The resident had moved into the centre a short time prior to the inspection as an emergency admission.

The inspector and resident engaged in a brief conversation about their interests and preferences. The resident mentioned to the inspector that they experienced some difficulties from time-to-time and explained that they found these occasions upsetting.

The inspector asked the resident if they were happy living in the centre and if the staff were helpful and supportive. The resident said they thought their new home was okay and staff were nice but they didn't really know how to help them when they were experiencing some difficulties. They told the inspector that they visited the hospital sometimes when they were not feeling well.

On further discussion with staff and review of a recent admission to the centre, inspectors changed the inspection to a focused inspection on the matters relating to a resident's admission, the planning process around this, their care and support and management of risk and safeguarding concerns.

Overall, it was found the provider had not ensured a safe and effective admission process for the resident to this designated centre. In addition, it was also determined that the provider had breached Condition 1 of their registration by allowing an emergency admission to the centre which is not in line with the admission criteria of their statement of purpose.

In response to non compliant findings for risk management procedures relating to absconding and in the area of safeguarding residents, inspectors issued two urgent actions to the provider. These actions required the provider to urgently put in place measures to protect and safeguard residents and to manage and respond to absconding risks.

The next two section of the report refers to the capacity and capability of the provider and the impact this had on the the quality and safety of the service provided to residents.

Capacity and capability

Overall, inspectors found the provider was not demonstrating they had the capacity and capability to provide a safe service to all residents. In addition, it was found the provider had breached Condition 1 of their registration.

As discussed in the opening section of this report, a resident had been admitted to the centre as an emergency admission. This was not in line with the admission criteria for the centre as set out in the statement of purpose, which clearly set out the centre could not accept emergency admissions. This constituted a breach of

Condition 1 of the designated centre's registration.

Inspectors discussed the matters of the admission of a resident to the centre with the person in charge and other members of staff present on the day of inspection. Overall, it was evidenced that the admission process had been poorly planned and the provider had not ensured the designated centre, the person in charge or staff were suitably knowledgeable of the assessed needs of the resident.

Two significant incidents of concern relating to the resident had occurred since their admission to this designated centre. The Chief Inspector had not been notified of these incidents.

On discussions with the person in charge on the day of inspection, it was found they remained unclear as to the specific risk management systems that were required to keep the resident safe and to mitigate absconding risks for the resident. This was evidenced by a lack of risk management assessments and safeguarding plans and procedures in place for the resident despite two incidents of concern occurring since the resident's admission to the centre.

Inspectors noted the person in charge had not formed part of a pre-admission planning process and met the resident for the first time on their day of their admission to the centre. It was also not clear if residents already living in the centre had been consulted with regards to the new admission to the centre in order to receive their feedback or to determine compatibility of this new living arrangement.

In addition, it was not demonstrated the provider had reviewed or adjusted the staffing resources in the centre to meet the supervision and support requirements of the resident. Staff spoken with were also not clear on how to respond to situations should the resident wish to leave the centre, or on the matters they were to follow should the resident be unreachable by phone, for example.

Inspectors also noted, increased staffing supervision supports had been in place in the resident's previous residential setting within the organisation, however, these additional staff support hours had not transferred to the resident's new residential placement which further demonstrated a lack of appropriate planning and support for the resident in their new home.

In light of the serious risks and the inaction on behalf of the provider found on inspection, inspectors were concerned and issued two urgent actions to the provider at the close of the inspection.

These actions required the provide to urgently address two main areas of concern, risk management procedures and safeguarding, and put in place measures to mitigate and manage the risks presenting in the areas of absconding and safeguarding, in order to meet the needs of the resident and ensure they were in receipt of a safe service.

The provider responded to these urgent actions by putting in place risk assessments and additional safeguarding and absconding risk measures. However, the Chief Inspector remained concerned by the findings of the inspection and the provider

was required to attend a meeting with HIQA in relation to these matters, furthermore HIQA made a referral to the National Safeguarding Office in relation to the matters found on inspection.

Regulation 15: Staffing

It was not demonstrated there were appropriate staffing arrangements in place to meet the needs of residents at all times.

For example, inspectors were informed nursing staff, on occasion, came in on their day off to administer intramuscular medications to some residents as there were no other nursing staff available in the centre to do so when they were on planned leave.

It was not demonstrated the provider or person in charge had reviewed, assessed or changed the staffing resources in the centre to meet the supervision and support needs of some residents that had recently been admitted to the centre.

Inspectors also noted, increased staffing supervision supports had been in place in the resident's previous residential setting within the organisation, however, these additional staff supports had not transferred to the resident's new residential placement which further demonstrated a lack of appropriate planning and support for the resident in their new home.

Judgment: Not compliant

Regulation 16: Training and staff development

It was demonstrated staff were provided with training in mandatory areas and also refresher training in those areas.

Staff had received supervision meetings with their manager on a regular basis. However, it was unclear where, or with whom, the overall responsibility and accountability for staff supervision arrangements lay.

For example, at the time of inspection, redeployed day service staff, working in the centre, received supervision meetings with a day service manager, while long term residential staff received supervision from the person in charge.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not adhered to the conditions of registration for the centre. This inspection found the provider had breached Condition 1 of their registration whereby an emergency admission to the centre had took place.

The provider had not ensured appropriate risk management systems were in place prior to the emergency admission of a resident to the centre with known personal risks and complex needs.

The person in charge was responsible for this designated centre, however, it was not demonstrated they had effective oversight arrangements in place to oversee the four residential units that made up the designated centre.

While six-monthly unannounced visits had occurred in the centre, these visits were not comprehensive in scope and did not provide follow up or checks to ascertain if actions found on the first round of audits, had been addressed.

For example, in 2020, six-monthly provider-led audits had taken place once in each of the residential units that made up the centre. A six-monthly provider-led audit had occurred once in 2021 but only in one of the four houses that made up the designated centre.

An annual report for 2020 had been completed which sought feedback from families and residents. An action plan was developed from this annual report also.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents relating to absconding and safeguarding incidents had not been notified to the Chief Inspector.

Shortly after the inspection, the person in charge submitted notifications which related to one incident that had taken place the day before the inspection.

However, another incident, that could constitute a safeguarding concern, was not notified following the inspection.

Judgment: Not compliant

Quality and safety

This inspection found residents' well-being and welfare was not maintained to a good standard. Some residents were not being appropriately protected with due regard for their personal risks and complex needs. As a result, some residents had experienced incidents of a serious nature, since their admission to the centre.

It was not evidenced that the provider had ensured appropriate supports and arrangements were in place to manage all residents' personal risks.

Considerable improvements were required to the operational governance and management of the centre to ensure the quality and safety of care and support to residents was at it's most optimum and in compliance with the regulations.

It was not demonstrated that safeguarding procedures and planning was in place for all residents with known safeguarding risks. Inspectors reviewed the arrangements in place and noted the person in charge had not commenced any safeguarding screening on foot of recent incidents that had occurred, despite them constituting a potential or actual safeguarding concern.

In addition, while some residents were deemed to have independence skills, it was not demonstrated how this had been assessed in order to determine their levels of independence and identify any specific areas where they may require skill teaching in self-protection or safety awareness.

In turn, due to a lack of assessment in this regard, there was an absence of safeguarding planning arrangements or documented support plans in place for residents deemed independent, which further increased potential safeguarding risks for those residents, as evidenced by recent incidents that had occurred in the centre.

There were ineffective risk management procedures in place for the risk of absconding. Inspectors noted the centre's risk register had not been updated to reflect this risk and there were no risk assessments in place for the risk of absconding despite some residents presenting with this known personal risk, whereby incidents of this nature had occurred in their previous residential setting and also after admission to this designated centre.

Missing persons procedures were also not in place and staff spoken with were not knowledgeable on what procedure to implement or follow in the event of a resident absconding or missing. This was of particular concern in light of recent incidents that occurred for the resident both in this residential setting and their previous residential home within the organisation.

Further review of residents' personal plans demonstrated while plans were in place for most residents, there were ineffective systems in place for recently admitted residents. Inspectors noted the person in charge had not commenced an assessment of need for a recently admitted resident and information pertaining to the resident referred to the previous residential setting.

Where residents plans were in place, it was not demonstrated that effective measures were taken to meet the recommendations of some allied professionals. For example, an allied professional recommendation, made in 2018, which related to the adjustment of a resident's en-suite to meet their intimate care needs, had not been addressed at the time of inspection.

Further improvements were also required in relation to the premises of the residential house visited. A large repair work had been carried out to the ceiling of the living room and staff office space. Inspectors were informed that there had been extensive damage to the ceiling as a result from a leak from the upstairs bathroom. However, while it was demonstrated the leak and ceiling damage had been repaired, the work had not been fully completed and the area of repair remained visible as it had not been repainted, despite a maintenance log request being made in 2019.

While it was demonstrated behaviour support plan arrangements were in place for long term residents of the designated centre, behaviour support planning arrangements were not in place for residents that had recently been admitted to the centre. This was of concern in light of the resident's behaviour support needs which were closely aligned to aspects of their support requirements. It was not demonstrated that staff working in the centre had been provided with guidance and information to effectively support all residents living in the centre, with regards to their behaviour and mental health needs.

Furthermore, while medication administration supports had been prescribed to manage some resident's mental health presentation, they were not in tandem with specific de-escalation or mental health support plans which set out techniques and measures for staff to take in the first instance, to ensure the least restrictive option was implemented at all times.

Infection prevention and control measures specific to COVID-19 were in place and there was evidence of their implementation in the centre. There were contingency arrangements in place for the centre during the current pandemic and the person in charge had undertaken to create COVID-19 contingency plans for each residential house that made up the centre.

The inspector observed staff wearing appropriate personal protective equipment during the course of the inspection. Residents and staff also received daily temperature checks and alcohol hand gels were made available in the centre.

Regulation 17: Premises

It was not demonstrated that the designated centre was kept in a good state of repair in some areas.

Inspectors observed where large areas of the ceiling in the staff office and living room had been repaired following a considerable leak from the upstairs bathroom.

While repair works had been completed, they had not been completed to a sufficient standard whereby re-painting of the affected area had been requested in 2019 but at the time of inspection had not been completed.

It was not demonstrated the person in charge had adequate oversight of maintenance logs and maintenance request records in the centre.

Inspectors observed loose lino flooring in the hall.

A resident's ensuite bathroom had not been adapted to meet their assessed need in line with recommendations made in 2018 by an allied health professional

Judgment: Not compliant

Regulation 26: Risk management procedures

It was not demonstrated the provider and person in charge had put in place appropriate risk management arrangements to meet the presenting needs of some residents.

The inspection noted there were inadequate risk mitigation, control and response measures in place to manage a known absconding risk for a resident.

The risk register did not reflect the presenting risk in the centre in this regard. There were no risk assessments in place that had assessed this specific risk.

While a missing person profile was in place, there was no procedure or guidance for staff on how to respond to this risk should it occur or a planned procedure to enact.

The provider was aware of this potential risk prior to the resident's admission to the centre. It was not demonstrated that they had put appropriate risk management systems in place to manage this risk in their new residential setting.

Judgment: Not compliant

Regulation 27: Protection against infection

Inspectors observed appropriate infection control practices were in place in the centre.

Staff were observed adhering to infection control policies and procedures with regards to staff and resident temperature checks, social distancing measures where possible, the use of alcohol gel and wearing of PPE.

COVID-19 risk assessments were in place which also included comprehensive risk assessments in relation to visits and accessing the community and hospital/medical appointments.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A resident was admitted to the centre without appropriate pre-admission planning to establish if the centre was suitably resourced to meet the needs of the resident.

It was not demonstrated the person in charge had commenced an assessment of need for a recently admitted resident to establish their assessed needs and put in place measures and resources to meet them.

Some residents' personal plans did not reflect their new living arrangement and referred to their previous home, therefore staff in this centre didn't have the most up-to-date information.

The person in charge had not ensured the centre was meeting the assessed needs of some residents to ensure their mobility and intimate care needs were being appropriately met.

For example, an assessment of need had been carried out by an allied professional in 2018, whereby recommendations for changes to the resident's bathroom had been made in order to support their mobility and intimate care needs. However, at the time of inspection, these renovation works had not commenced.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Some residents, that presented with behaviour support and mental health needs, did not have a behaviour support plan in place which was based on an assessment of their behavioural presentation, provided guidance for staff on how to support and respond to the resident's presenting needs, and was developed by an appropriately qualified allied professional in the area of behaviours that challenge.

Where residents presented with mental health concerns and displayed behaviours that were as a result of their mental health needs, medication response strategies were in place.

However, it was not demonstrated there were de-escalation or mental health response plans in place for staff to follow in the first instance prior to

implementation of medication response strategies, to ensure the least restrictive options were implemented at all times.

Judgment: Not compliant

Regulation 8: Protection

It was not demonstrated there were support planning arrangements in place to assist and help residents in developing knowledge, self-awareness and skills in the area of self-protection and self-care. Specifically for residents deemed to have independent living skills.

There was evidence to demonstrate all residents were not adequately protected from all forms of abuse due to a lack of safeguarding plans in place for known safeguarding risks they could present with.

At the time of inspection, the person in charge had not reviewed recent incidents, which could constitute a safeguarding concern, through Adult Safeguarding policies and procedures.

Not all staff working in the centre had received up-to-date training in safeguarding vulnerable adults.

It was not clear if staff had received training or had the required skills and knowledge, to support and manage the specific safeguarding needs of some residents recently admitted to the centre.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 7 OSV-0005861

Inspection ID: MON-0029029

Date of inspection: 29/06/2021

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Person in Charge will have responsibility for ensuring that a registered nurse is available to administer intramuscular injection as per care plan. This will be by the registered nurse on duty in the designated centre or the registered nurse on call. Health Promotion & Community Liaisons Clinical Nurse Specialist and new community nursing team due to be filled in September 2021. This will provide support to residents in designated centres where there is no nursing supports. Increased staff supervision has been transferred to the specified residents new accommodation from 05/07/2021. Staffing level now reflects the assessed need in this Designated Centre. Assessment of need has been updated by nursing staff on 27/07/2021 The Person in Charge has ensured that the missing person risk assessment and the absconding risk assessment has been completed on 02/07/2021 In order to support the Person in Charge and to ensure effective oversight of the designated centre a social care worker has been identified and will start work in designated centre 7 on 09/08/2021	
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
The Person in Charge has full responsibility for all staff working in the Designated Centre including day service staff.

A review of staff training has been completed and all staff members have completed mandatory safeguarding training and documentation has been sent to the Learning and Development department. Completed 29/07/2021

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Director of Care – Residents Services will chair a weekly compliance performance meeting with the Programme Manager and Person in Charge to track and monitor compliance and ensure that all actions are completed to a sufficient quality and standard, and within the timeframe stated.
Director of Care - Residents Services will present the compliance tracker report and any immediate corrective actions to the Chief Executive/ Registered Provider on a weekly basis.

The Registered Provider recognises that the transition was poorly planned however the resident was refusing to return to previous accommodation, in order to provide continued supports to this resident an emergency decision was made to transfer the resident to another designated centre where there was a vacancy. The Registered Provider accepts this was a breach of condition 1 particularly since there was sufficient time prior to inspection to better address the emergency nature of the transfer.

The Risk Manager and the Person in Charge took part in a review of risk management systems on 23/07/2021. As a result risk assessments and the risk register were reviewed and completed on 30/07/2021
A procedure for staff and the on call manager with clear guidelines on how to respond appropriately to the risk of absconding was developed. This was disseminated to all staff by the Person in Charge on 01/07/2021 so that all staff are clear in their responsibilities.

In order to support the Person in Charge and to ensure effective oversight of the designated centre a Social Care Worker has been identified and will start work in designated centre 7 on 09/08/2021

A Quality Officer was assigned to the designated centre from 26/7/2021 until 13/8/2021 to review outstanding actions from Provider led audits and to ensure that actions are addressed.

A provider led audit has been scheduled for each home in the designated centre commencing 12/07/2021.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The incident which occurred on the 28/06/2021 was notified to The Regulator on 30/06/2021 within 3 days as per guidelines.

A review of the incident which occurred on 24/06/2021 was conducted by the Designated Officers from the designated centre and it was not deemed to be a safeguarding concern and was not notified. It was also reviewed at a multi-disciplinary team meeting on 30/06/2021 with the Safeguarding Manager and was not deemed to constitute a safeguarding concern requiring notification.

A review of all incidents in designated centre 7 will take place by 31/08/2021.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Person in Charge will refer the resident to occupational therapy for review of the assessment in order to ensure the living environment meets the assessed needs of the resident to ensure that personal care can be carried out appropriately 06/08/2021.

Technical Services Manager and Director of Care have identified necessary home improvements required across the designated centre. The home improvement team has been scheduled and work is due to begin 30/08/2021.

Maintenance logs / records: All outstanding LANDesk requests are documented on monthly health and safety audit, reviewed by Person in Charge once a month and documented on Care Management Team report.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The risk assessment for the resident who presents with a risk of absconding has been revised and updated with relevant control measures. This has been completed through regular multi-disciplinary team meetings and consultations. Completed 01/07/2021.

The service-level risk assessments are being revised. The risk description has been amended which includes: the incident trends and are linked to residents who pose specific risks.
Designated centre service-level risk assessments folder has been compiled from each of the house service level risk assessments, this is contained within the risk shared drive.
The designated centre service-level risks are listed on the risk register. Completed on 30/07/2021

The sharing and communication of the revised risk assessments and incident trends and actions to prevent recurrence will be included as a standing agenda item at staff meetings and documented.

A missing person procedure and risk assessment has being completed with control measures in place to mitigate the risk of absconding. Completed 02/07/2020.

A procedure has being developed for staff and the on call manager with clear guidelines in how to respond appropriately to the risk of absconding. The Person in Charge will ensure that all staff are clear in their responsibilities in how to respond appropriately if there is an incident. Completed 02/07/2021

The safety and supervision chapter on the residents personal support plan was updated to reflect the most up to date documentation. Completed 04/07/2021.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
This transition was poorly planned however the resident was refusing to return to previous accommodation, in order to provide continued supports to this resident an emergency decision was made to move the resident to another Designated Centre where

there was a vacancy.
This centre previously had 4 residents, 1 had been transitioned leaving a vacancy without any change to staffing resources. Therefore the decision was made to transition the resident into this vacancy.

Following transition of resident it was recognised that they had increased staff supervision in the previous designated centre. This was transferred to the new accommodation on 05/07/2021

Assessment of need has been updated by nursing staff on 27/07/2021

Personal plans for the resident who had recently moved into this designated centre have been reviewed and updated to reflect their new accommodation this was completed on 16/07/2021.

The Person in Charge will refer the resident to occupational therapy for review of the assessment in order to ensure the living environment meets the assessed needs of the resident to ensure that personal care can be carried out appropriately 06/07/2021.

Technical Services Manager and Director of Care have identified necessary home improvements required across the Designated Centre. The home improvement team has been scheduled and work is due to begin 30/08/2021.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Psychology support has been on-going with the resident since July 2020. They have had 36 appointments offered with 24 attended. Protocols have been provided to the staff in this residence with strategies to support the resident when distressed. Training for staff will be facilitated from both psychology and social work based on the supporting protocols.
Data collection for the development of a positive behaviour support plan commenced on the 21/07/2021. A completion date for 31/08/2021 is planned.

External supports with specific focus on trauma counselling are being sourced for the resident.

The resident has been discharged from community mental health services as they did not meet the criteria for mental health diagnosis. A referral will be made to the mental health and intellectual disability team to review the resident.
The mental health care plan will reflect early warning signs and de-escalation strategies as a first line of response to ensure least restrictive practices are in place.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The social worker in conjunction with the psychologist have 12 weekly sessions planned with the resident to look at mood, thoughts, relaxation exercises and coping strategies. Commenced July 2021. Social work completed work with the resident in relation to online safety.
There is a weekly MDT meeting which commenced 30/06/2021 to review the ongoing concerns with the resident .

External supports with specific focus on trauma counselling are being sourced for the resident.

There is an updated safeguarding plan in place completed 02/07/2021.
Safeguarding manager reviewed all safeguarding plans on 08/07/2021.

Safeguarding Manager will provide training for specific safeguarding needs identified by the staff working in this residence. This is due to take place by September 2021.

A review of staff training has been completed and all staff members have completed mandatory Safeguarding training and documentation has been sent to the Learning and Development department. Completed 29/07/2021

From the specific safeguarding needs identified, strategies were developed by social work and psychology. These strategies identified how to respond appropriately to the safeguarding needs and have been incorporated in to the residents care plans. These have been reviewed by the Person in Charge and all staff working in area.

A procedure has being developed for staff and the on call manager with clear guidelines in how to respond appropriately to the risk of absconding. The Person in Charge will ensure that all staff are clear in their responsibilities in how to respond appropriately if there is an incident. Completed 02/07/2021.

A review of all incidents in designated centre 7 will take place by 31/08/2021.

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 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	05/07/2021
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	30/06/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/07/2021
Regulation 17(1)(a)	The registered provider shall	Not Compliant	Orange	31/10/2021

	ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
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	31/10/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Not Compliant	Orange	31/10/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	05/07/2021

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	30/07/2021
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	09/08/2021
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	Not Compliant	Orange	30/07/2021

	emergencies.			
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	30/06/2021
Regulation 05(1)(a)	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 prior to admission to the designated centre.	Not Compliant	Orange	27/07/2021
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	27/07/2021
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal	Substantially Compliant	Yellow	27/07/2021

	plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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	30/07/2021
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	31/08/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	31/08/2021
Regulation 08(1)	The registered	Not Compliant		20/10/2021

	provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.		Orange	
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	30/06/2021
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	03/09/2021