Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Nenagh Residential Service
Name of provider:	RehabCare
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	13 December 2018
Centre ID:	OSV-0003420
Fieldwork ID:	MON-0021781

About the designated centre

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

Nenagh residential service currently affords support to five residents in Co.Tipperary. This service provides supports to individuals with an intellectual disability and a diagnosis of mental health over the age of eighteen. The designated is operational seven days a week 24 hours a day. Staffing levels are dependent on the assessed needs of the residents as reflected within each individualised personal plan.
All residents are supported to attend a RehabCare resource centre on a full time basis. The premises is a two storey semi-detached property which presents as warm, homely and tastefully decorated.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

To prepare for this inspection the inspector or 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
13 December 2018	09:00hrs to 18:00hrs	Laura O'Sullivan	Lead
13 December 2018	09:00hrs to 18:00hrs	Lisa Redmond	Support

Views of people who use the service

On arrival to the centre, inspectors observed the residents preparing for the day with supports from staff afforded in a dignified and respectful manner. One resident did inform inspectors that they were not happy with the time of arrival and inspectors respected this and left the immediate area to allow the residents morning routine to continue undisturbed.

One resident chose to speak with the inspectors and informed them that they were not happy living in the centre and that they would prefer to live on their own. This was also reflected in the questionnaire completed prior to the day of inspection. The resident did have an awareness of with whom they could speak to discuss this issue further. The resident told of activities they enjoyed such as baking in the house and that staff helped them to carry out these activities. They also spoke of their attendance to a local day service.

The inspector spoke with one resident's parent whom expressed their concern with respect to the mixture of residents currently residing within the centre and the negative impact this was having on all residents. They wished to speak on their family members behalf. They expressed they felt their family member's unhappiness within the centre and that they expressed this to them during interactions.

Other residents chose not to partake in discussions with inspectors and this was respected. Two residents did however, tell inspectors about their planned activities for the evening, one was going swimming and another was planning on going baking for the house. One resident was observed spending a large amount of time alone in their bedroom. Staff spoken with did articulate that this was due to the large volume of noise which can occur within the centre.

Interactions between staff and residents were observed to be sociable in nature and staff speak on the behalf of residents in a proactive manner.

Capacity and capability

The inspectors reviewed the capacity and capability of Nenagh Residential service and found a number of areas required review to promote a positive outcome for residents currently availing of supports. A clear governance structure had been appointed to the centre and effective systems in place for the oversight of the day to day operations of the centre. However, improvements were required to ensure that effective systems were operated at an organisational level to ensure that the

centre was adequately resourced and that actions identified were reviewed and required actions put in place. Improvements were also required to ensure that all notifiable events were notified to the Chief Inspector as per regulatory requirements.

The registered provider had ensured the allocation of a clear governance structure within the centre. A suitably qualified individual had been appointed to the centre, who possessed the skills, knowledge and experience to fulfil their governance role. This person reported directly to the person participating in management whom was found to have an active role in the operational management of the centre.

Organisational management systems in place required review to ensure they were utilised to ensure positive outcomes for residents. An annual review of service provision had been implemented in conjunction with six monthly unannounced visits to the centre. However, a number of issues which had been identified had not been addressed within the associated improvement plans. As part of organisational management documents reviewed for a period of two years prior to the day of inspection, a concern relating to the placement of residents had been identified, yet no action plan had been developed to address this issue and to ensure the safety and well-being of resident's was achieved. Also, consultation with residents was not evident; therefore their feedback was not included in the review of service provision.

At centre level, the person in charge had effective measures in place to ensure that the day to day operations of the centre were regularly reviewed and effective systems put in place. This oversight of service provision included the development of a checklist for managers to complete weekly, monthly and quarterly reviews including, fire safety, welfare and first aid, residents files and petty cash. As part of this checklist, actions from staff meetings were reviewed including any actions which had been identified. To ensure staff were facilitated to raise concerns as part of staff meetings a service action plan had been developed which incorporated "team meeting ground rules". Staff spoken with informed inspectors that these measures were effective, however not all identified issues had been addressed effectively.

One such issue was the allocation of staffing levels appropriate to the needs and number of service users. Staff spoken with articulated that due to staffing levels in the morning this may present a negative impact on the residents. Also, due to a reduced level of staff supports at this time a number of incidents had occurred including medication errors. As part of the review of such incidents the issue relating to staffing levels had not been identified as a potential antecedent. This required review to ensure that a safe environment was promoted at all times and that he staffing levels allocated to the centre at all times was reflective to the needs of the residents.

The person in charge had ensured that all staff members were facilitated and supported to access training appropriate to the needs of the residents currently residing within the centre. This also included access to refresher training. Training needs were discussed as part of formal supervision meetings as required.

Supervision was implemented in line with local policy. A sample of formal

supervisions were reviewed and these were found to be comprehensive in nature and afforded time for open discussion with regard to service provision and the operation of the centre. Effective systems were also in place to ensure informal supervision was employed through the allocation of two team leaders to the centre.

The registered provider had ensured the development of a complaints policy which incorporated guidance for staff should a complaint arise. When a complaint was received formally, effective systems were in place to ensure that these were addressed in a timely manner and the satisfaction of the complainant was achieved. Also when a complaint was received through a formal pathway a log was maintained and reviewed by the person in charge. However, if a complaint was raised verbally by a resident or staff member this was not logged in the same manner. For example, one resident complained on numerous occasions regarding their dissatisfaction within the centre but there was no evidence of this within the complaints log. Where a resident could not verbally communicate a complaint, measures were not implemented to ensure that behaviours that could indicate a concern were identified and the resident was not facilitated to raise a concern through the complaints procedure. No log was maintained therefore, this did not ensure that actions were put in place to address the complaint in timely effective manner. This procedure also did not facilitate the review of service delivery within the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application for the renewal of registration for the centre had been submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge to the centre. This person possessed the necessary skills, knowledge and experience to fulfill their governance role.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements in place required review to ensure that the number of staff

present was appropriate to meet the number and assessed needs of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge had ensured that all staff had access to appropriate training including refresher training.

Effective systems were in place with respect to staff supervisions.
Formal supervisory meetings were implemented in line with local policy.
Arrangements were in place for the day to day supervision of staff by the person in charge and two assigned team leaders.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the appointment of a
clear governance structure within the centre.

The registered provider had ensured the implementation of six monthly unannounced visits to the centre and an annual review of service provision. However, a number of identified issues which transpired as part of these had not been addressed within an improvement plan to ensure effective measures were in place to address these in a timely manner. Also, consultation with resident's was not consistent to ensure that their feedback was received.

Staff were facilitated to raise concerns, but actions were not always implemented to ensure effective measures were put in place to address these issues

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were required to ensure all incidents were notified to the chief inspector in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider had ensured arrangements were in place for the running of the centre during the absence of the person in charge,

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the development of a comprehensive complaints policy incorporating guidance for staff should a complaint arise. A complaints log was maintained by the person in charge and evidenced follow through should a complaint be formally received including satisfaction of complainant.

However, improvements were required to ensure that when a complaint was discussed informally, that this information was utilised to deliver and review services afforded to residents.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing policies and procedures as set out in Schedule 5. Two such policies were currently under review.

Judgment: Compliant

Quality and safety

The inspectors reviewed the quality and safety of the supports afforded to the residents currently residing within the centre and found that a number of improvements were required to promote a positive quality of life for all. Residents were facilitated and encouraged to participate in a range of recreational activities of their choice. A plethora of support needs were reflected within a comprehensive individualised personal plan. However, a number of resident's had expressed dissatisfaction through their behaviour and verbal communications with their current living arrangements and environment. Due to the failure of the provider to actively address this issue, residents rights were being negatively impacted. The provider did submit an action plan following the inspection however; appropriate assurances were not received.

The person in charge had ensured the development and review of an individualised plan for each resident. As part of this review, an assessment of need was carried out with input from relevant members of the multi-disciplinary team such as speech and language therapy, with any changes to supports needs reflected within the personal plan. This assessment did not take into account the current living arrangements for residents and their communication that they did not chose to live with current residents or within the centre, therefore this area was not reflected or addressed within the personal plan to ensure a holistic approach to supports was facilitated and adhered to by all staff affording supports.

Each resident was facilitated to attend a local day service Monday to Friday. Staff supported residents to participate in a range of meaningful activities in the local community and within the centre. Individualised goals had been developed following annual person centred planning meetings. Goals were found to be meaningful were found to be individualised in nature and reflective of the person's interests. Supports required to participate in set goals were clearly laid out within each plan with evidence of progression of goals present.

A concern had been identified in 2017, with respect to the mix of residents within the centre and the negative impact this was having on the quality of life of residents currently residing within there. Staff members, residents and family members had also expressed their concern in relation to the placement of residents, and the on-going risk of abusive interactions due to the unpredictability of relationships. This concern was also identified in a number of internal audits and reviews. Despite this identification, no action plan had been put in place to address the concern or

to proactively ensure that residents were protected from all forms of abuse. Also, no recent compatibility assessments had been completed to ensure that all residents placement was reflective of their needs and wishes. When a safeguarding concern did arise or occur, staff members did adhere to the local safeguarding policy guidelines and procedures. However, due to the nature of concern sufficient information was not present within the developed safeguarding plans to ensure that all residents were proactively protected from all forms of abuse and that staff had sufficient information to promote the safety and well being of all residents.

Environmental risk was well managed within the centre. A risk management policy had been developed which provided guidance on the identification, assessment, management and review of risk. A comprehensive risk register was developed and maintained by the person in charge. This incorporated current control measures which had been implemented to reduce the occurrence of the risk. As required an individualised risk assessment was carried out when a risk had been identified. Current control measures in place required review as did the rating of the risk to ensure that this was a true reflection of the likelihood of the occurrence and the impact of the identified risk on the individual. Also, if additional measures were required to reduce the risk to the individuals these were not identified within the risk assessments present to ensure residents were supported to feel safe and comfortable within their home.

The registered provider promoted a restrictive free environment within the centre. When a restriction was required this was done so to ensure the safety of the residents was promoted at that time. Any use of restrictive practice was reviewed by the person in charge and appropriate measures put in place.

The person in charge had ensured staff had the appropriate skills and guidance to respond to identified behaviours that challenge. As required, behaviour support plans were in place to support staff to recognise on-going concerns in relation to behaviours that challenge. These plans were regularly reviewed and records of all incidents were recorded to ensure that this review was accurate and reflective of the current status. However, the person in charge failed to effectively recognise the behaviour of one resident as a form of communicating their dissatisfaction within the centre, therefore proactive strategies were not in place to support this individual. Staff spoken with had a clear understanding of the supports required to support residents through identified challenges and also spoke of the unidentified challenges which required review.

The registered provider had effective systems in place for the prevention and detection of fire. Fire fighting equipment present such as a fire panel, emergency lighting and fire extinguishers were regularly checked by a competent person. In conjunction to this, staff members implemented systemic checks to ensure all required equipment was present and in working order. Residents were supported to participate in emergency evacuation procedures on a regular basis. To promote safe evacuation procedures were adhered to by all the emergency evacuation procedure was displayed in a prominent place within the home and a "fire box" was present with ease of access. Through the implementation and review of these drills,

personal emergency evacuation plans had been developed for each individual taking into account their specific support needs and additional supports required.

Regulation 13: General welfare and development

Residents were supported to partake in a range recreational activities reflective of their individual wishes and aspirations.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises were designed and laid out to meet the aims and objectives of the service.

The premises were clean, warm and tastefully decorated.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the centre and ensured a copy was available to residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy in line with regulatory requirements. Effective measures were in place for the assessment, management and on-going review of environmental risk.
However, improvements were required with respect to the identification and review of individualised risk to ensure current control measures were effective to reduce the impact and likelihood of the risk.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured effective systems were in place for the prevention and detection of fire.

All residents were supported to participate in regular evacuation procedures to ensure they had an awareness of safe and correct procedures. Supports required were clearly laid out within each individualised personal plan.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development and review of a comprehensive individualised plan for each residents through a multi disciplinary approach. Levels of supports required were clearly laid out to ensure a consistent approach to care. However, the individualised plan and assessment did not incorporate the residents wishes with respect to current living arrangements and with whom they shared their accommodation, therefore it did not holistically reflect the residents' needs

Judgment: Not compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had sufficient knowledge, skills and guidance to respond to identified behaviours which may challenge. However, the person in charge had failed to recognise behaviours a as means of communication of the dissatisfaction in their residence. Therefore, proactive strategies were not in place to support all residents.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had not ensured that proactive measures were in place to protect residents from all forms of abuse. An ongoing safeguarding concern which had been identified in 2017 had not been addressed and effective measures were

not in place for the day to day management of this concern.

Judgment: Not compliant

Regulation 9: Residents' rights

Interactions between staff and residents were observed to be respectful and dignified in nature.

The registered provider had not ensured that the centre was operated in a manner which enabled residents to have freedom to exercise choice and control on some aspects of their daily life.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Nenagh Residential Service OSV-0003420

Inspection ID: MON-0021781

Date of inspection: 13/12/2018

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: Background Staff are recruited to the service in line with organisational policy. The staffing levels provided in the service are based on the assessed needs of residents. Actions: A third staff member is rostered on duty on weekday mornings from 8.30am to increase the staff support available to the residents in response to the needs of the service. This was completed 14/12/2019.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Background There is an operational line management structure in place to oversee the management of the service, this structure supports service delivery from local level to national level across the organization. The organization is committed to ongoing oversight completing unannounced visits every six months and conducting an annual review of the service. The Quality and Governance Directorate with subject matter experts are actively supporting the service on an ongoing basis in terms of risk management, medication, safeguarding, regulations etc.	

Actions:
A plan has been developed to address the enduring compatibility issues within the house with measures to ensure a timely and appropriate resolution to the issue, this plan includes a transition of one resident from the service. It is expected that this plan will be implemented 01/04/2019.

The PIC will ensure that actions identified within the Annual review and internal audits are actioned within an effective improvement plan. Progress of same will be documented in the service. Going forward the internal six monthly visits audits and annual review process will include consistent consultation with residents.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Background:
The organisation follows HIQA's guidance in respect of notifiable events that are required to be notified to the authority in line with regulatory requirements.
Action
Going forward the PIC will ensure all incidents will be notified via the HIQA portal within the timelines required, including relevant complaints raised informally (and in connection with Regulation 34 – Complaints Procedure). Completed and ongoing from 14th December 2018.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Background:
All complaints are recorded on RehabCare's online reporting system and the organisation's policy guidelines are followed locally. The Complaints Policy and Procedure is discussed regularly in house meetings, including what to do if the complainant is not happy with the outcome of their complaint. The procedure is clearly outlined and advertised in the house and all residents have signed this document as evidence of their involvement in its discussion.

Actions:
Going forward the PIC will ensure all informal complaints (as well as formal complaints) which are raised by residents are logged on logged on the organisations complaints

management database and managed in line the organisation's complaint's management policy. This information will be used to inform service provision. Completed and ongoing from 14th December 2018.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Background
RehabCare operate a robust risk management system. Processes are in place for the identification, assessment and review of risk to ensure adequate control measures are in place to manage all risks. Risk management practices aim to protect the safety and respect the rights of service users.

Actions
All individual risk assessments to be reviewed with a view to incorporating additional measures required to reduce the risk to the individuals. Risk Ratings of individual risk assessments to also be reviewed to ensure the likelihood and the impact of the risk is represented adequately. This will be complete by 18/01/2019.

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:
Background
There is an annual screening of Resident needs, this informs the support plan which identifies their support needs and guides staff practice. The Resident is also supported to have ongoing action plans which enable them to pursue their goals. Based on the ethos of person centred planning Support Plans and Action Plans are developed in consultation with the resident. Plans are reviewed on an ongoing basis to review their effectiveness and there is formal review at minimum on an annual basis. The review looks at the effectiveness of the plan over the previous 12 months and encourages the resident to identify goals for the coming year.

Actions:
Individualized support plans will incorporate expressed and interpreted resident's wishes

with respect to their living arrangements, and will be reviewed to reflect changing needs and wishes. Consultation with RehabCare Advocate and Behaviour Therapist will take place to seek support with interpreting resident's wishes. This will be complete by 15/02/2019.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
Background
The organisation's Positive Behaviour Support and Restrictive Practices Policies guides staff practice when supporting Residents in this regard. Organisational policy requires that all staff must complete a 2-day MAPA Foundation course and an annual refresher thereafter throughout their employment with RehabCare. This training equips staff with the skills required to support Residents who experience behaviours that challenge.

Behaviour management plans are in place where necessary and staff are knowledgeable and competent in the implementation of these plans. These plans are periodically reviewed and monitored to ensure they are meeting the needs of the Resident.

All restrictive practices must be approved by a Restrictive Practice Committee and are monitored and reviewed to ensure they are in place for the shortest duration possible.

Actions:
Behaviour therapist will be further engaged to provide guidance for staff with respect to making accurate interpretations of the resident's behaviours. Individual support plans will be updated based on guidance provided as required. This will be complete by 15/02/2019.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Background
The organisation's policy on Safeguarding Vulnerable Adults which is in line with national HSE policy governs staff practice in this area. The organization has a zero tolerance policy to all forms of abuse and when issues arise the organization is committed to taking corrective actions to ensure all residents and staff are protected from all forms of abuse. All staff complete Children First and Safeguarding Vulnerable Adults training on

commencement of employment and refresher sessions thereafter.

Actions
Update to Safeguarding Risk Assessment incorporating additional and specific controls has been completed to ensure residents are proactively protected from all forms of abuse. This first reviewed was completed on 19/12/2018 and the second review took place on 15/01/2019. Going forward there will be a monthly review of this risk assessment.

A plan has been developed to address the enduring compatibility issues within the house with measures to ensure a timely and appropriate resolution to the issue, this plan includes a transition of one resident from the service. It is expected that this plan will be implemented 01/04/2019.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Background
RehabCare is fully committed to ensuring the rights of residents are upheld at all times. This encompasses all aspects of resident's lives and influences staff practice at all times.

Actions
A plan has been developed to address the enduring compatibility issues within the house with measures to ensure a timely and appropriate resolution to the issue, this plan includes a transition of one resident from the service. It is expected that this plan will be implemented 01/04/2019.

Going forward, the PIC will ensure that resident's expressed wishes and choices in relation to living arrangements are evidenced and will form part of the service provision both on a day to day basis and in broader service planning.

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	14/12/2018
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2019
Regulation 23(1)(c)	The registered provider shall ensure that management	Not Compliant	Orange	30/04/2019

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	30/04/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	30/04/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and	Not Compliant	Orange	30/04/2019

	quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	30/04/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	25/01/2019
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	Substantially Compliant	Yellow	14/12/2018

	resident.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	14/12/2018
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	15/02/2019
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	15/02/2019
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	15/02/2019

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 plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	15/02/2019
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	15/02/2019
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with	Substantially Compliant	Yellow	15/02/2019

	the resident's wishes, age and the nature of his or her disability.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	15/02/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Not Compliant	Orange	15/02/2019
Regulation 05(7)(a)	The recommendations	Substantially Compliant	Yellow	15/02/2019

	arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.			
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	15/02/2019
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	15/02/2019
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	15/02/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Substantially Compliant	Yellow	15/02/2019

	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/04/2019
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	14/12/2018
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	30/04/2019
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	30/04/2019

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in 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.	Not Compliant	Orange	30/04/2019