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:	Camphill Community Dingle
Name of provider:	Camphill Communities of Ireland
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	14 January 2020
Centre ID:	OSV-0003609
Fieldwork ID:	MON-0027969

About the designated centre

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

Camphill Community Dingle is a large detached two-storey house located in rural area outside a small town. The centre can provide for a maximum of eight residents of both genders, over the age of 18 and those with mild to moderate intellectual disabilities, physical disabilities, sensory disabilities and autism. The designated centre provides a full-time residential service and offers an occasional respite facility for one specific individual. Support to residents is provided by the person in charge, a house-coordinator, social care workers, social care assistants and volunteers. Each resident has their own bedroom and other facilities in the centre include bathrooms, a sitting room, a dining room, a kitchen, a utility room and a staff office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 14 January 2020	08:40hrs to 17:10hrs	Conor Dennehy	Lead
Tuesday 14 January 2020	08:40hrs to 17:10hrs	Cora McCarthy	Support

What residents told us and what inspectors observed

Seven residents were living in this designated centre at the time of inspection, all of whom were met by inspectors. Another individual, who did not ordinarily reside in the centre but occasionally availed of overnight respite, was also met while they attended the centre as part of their day service. Not all of those met directly indicated their views on the services they received, they were observed in their environments and in their interactions with staff members and volunteers on duty while some residents did speak with inspectors.

On arrival at the designated centre some residents were being supported to attend a day service which was operated by the provider beside the designated centre. These residents appeared comfortable in the presence of staff members and volunteers who engaged with residents in a warm and jovial manner. It was observed that one resident needed some assistance with putting on a jacket and a staff member asked the resident if they needed help before providing this in an appropriate manner.

Later on during the day some residents went to visit an aquarium in the nearby town with the support of staff members. One resident told an inspector after returning from this visit that they enjoyed it and also liked music. Other residents who did not go to the aquarium were involved in other activities throughout the day. One such resident told an inspector that they were going to make some jam and do some cleaning. This resident was met again towards the end of the inspection where they also talked about finishing a folder which they started earlier before being warmly greet by a staff member.

During the inspection day, a meal was prepared in the designated centre and one resident was seen to support in making this by cutting up some vegetables in the presence of two staff members who interacted with the resident in a positive manner. This resident indicated that they were going to a party later that evening in the nearby town and also said that they had a scarf collection, one of which they were wearing at the time and appeared to like.

Another resident met talked about some farm work activities which they participated in. These included milking cows and cutting silage. The resident also discussed cutting turf previously with a family member. Towards the end of inspection this resident was seen to be relaxing in the centre’s sitting room while a second resident was using a keyboard. Overall, residents appeared comfortable and content during inspectors’ observations and were seen to move freely throughout the centre.

Capacity and capability

The governance, leadership and management of this designated centre had improved since the previous inspection. While this resulted in a better level of compliance overall, areas such as staffing and the submission of notifications to HIQA required further action to ensure compliance.

This designated centre was inspected in July 2019 where concerns were identified regarding the effectiveness of the governance in place and the systems used to monitor the services provided to residents. This was reflected in high levels of non-compliance across the regulations reviewed. Consequently, HIQA undertook further regulatory activity concerning this designated centre following that inspection. As part of this, the provider had been submitting monthly governance and management plans which outlined the various actions the provider was taking to ensure an improved level of compliance and a better service for residents living in this designated centre. The purpose of the current inspection was to assess the provider's progress in addressing the areas highlighted by the July 2019 inspection.

Since that time, a new person in charge had been appointed who worked full-time and was responsible for this designated centre only. They had necessary skills and experience to perform the role and it was noted that they had recently undertaken a management qualification to meet the requirements of the regulations. The person in charge was responsible for the day-to-day operations of this designated centre, but it was noted that they formed part of a wider management team which included the centre's designated officer, a house coordinator and a newly appointed quality and safety coordinator. This group met on a regular basis to discuss and review various matters which affected the running of the designated centre such as complaints and safeguarding concerns. Staff members also contributed to such meetings and these helped ensure that there was a greater awareness amongst management of the centre as to the issues impacting on residents.

A further change which had been made since the July 2019 inspection was an increased involvement of a regional manager from the provider whom the person in charge reported to and was supervised by. While this regional manager was responsible for a total of five designated centres across a wide geographical area, it was noted that they had an increased oversight of the current centre. For example, the regional manager received weekly reports on the running of the designated centre, there was a scheduled weekly call between them and the person in charge to discuss the centre and the regional manager ensured that they visited the centre on a monthly basis. The regional manager was present in the designated centre on the day of the inspection and it was noted that they undertaken an unannounced visit of the centre the previous month on behalf of the provider to assess the quality and safety of care and support provided to residents. A report of this visit was maintained which included an action plan to respond to areas identified for improvement.

One of the issues highlighted by this provider unannounced visit was that some minor injuries to residents, which had happened earlier in 2019, had not been notified to HIQA in the required time frame. Such incidents are required to be notified to HIQA on a quarterly basis and are important so as to ensure that HIQA are informed of particular events which could negatively impact on residents. It was

also seen that while HIQA were notified of restrictive practices on a quarterly basis as required, inconsistencies were noted in the most recent relevant notifications submitted to HIQA. However, it was noted that notifications of other particular events, such as safeguarding concerns, were being submitted to HIQA in a timely manner. This had been an area for improvement identified by HIQA during the July 2019 inspection and also by the provider in an unannounced visit that they had carried out in June 2019.

Such unannounced visits are required by the regulations along with an annual review. At the July 2019 inspection, it had been found that an annual review was not available but on the current inspection one had been recently completed which included consultation with residents and their families as required. Such regulatory requirements are intended, and were being used, to focus on various relating to the running of the current centre while it was also noted that a health and safety audit had been carried in December 2019. Such management systems identified some of the issues found on the current inspection. It was seen though that there was a lack of auditing in specific areas such as residents' finances and medicines. Regular audits are important to assess, evaluate and improve the provision of services to residents in a systematic way and can help lead to better outcomes for residents overall.

There was however an increased emphasis on the training and supervision provided to staff and volunteers which comprised the designated centre's workforce. Since the previous inspection additional training had been provided in various areas such as safeguarding and person-centered planning while it was seen during the inspection that members of the workforce were provided with manual handling training. Some training gaps where staff had yet to receive training in some areas such as first aid but it was intended for such training to be provided in the months following this inspection. Training on supervision had also been provided to some staff members with a supervision schedule put in place for all staff and volunteers. A sample of supervision records were seen during this inspection which were taking place on a frequent basis and focused on areas affecting the services provided to residents and safeguarding.

It was seen that there was still some use of agency staff (staff sourced from external agency). This posed a challenge in maintaining a consistency of care and staff with the provider in the process of filling some staff vacancies at the time of this inspection. However, the provider had made efforts to ensure a great staff consistency having undertaken recruitment drives which resulted in new permanent staff members being appointed. While the inspectors were told that only familiar agency staff were used who had worked previously in the designated centre and directly supported residents, it was clear from staff members spoken with that there different level of knowledge between permanent staff employed by the provider and agency staff. All permanent staff members spoken with by inspectors demonstrated a very strong level of knowledge when it came to residents' needs and they were able to outline the supports they would provide to residents to support them in their everyday lives. The same level of knowledge was not in evidence from agency staff members spoken with.

Files were kept for all volunteers and staff members, including staff employed directly by the provider and agency staff, working in this designated centre all of which contained evidence of Garda Síochána (police) vetting as required. Such Garda vetting was noted to be dated within the previous three years in line with best practice. It was seen though that improvement was needed to ensure that all of the required information was maintained in such files. In the sample of staff files reviewed some key documentation was not provided. For example, some files did not contain documents such as photo identification, full employment histories, written references and details of qualifications and trainings obtained by certain staff. In addition, while staff rosters were maintained in the designated centre, it was noted that the actual rosters worked did not always contain the full name of some staff who worked on particular days.

Regulation 14: Persons in charge

A suitable person in charge was in place who was responsible for this designated centre only, worked full-time and had the necessary skills, experience and qualifications to meet the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

Consistency of staff remained a challenge and agency staff continued to be used in the centre who did not demonstrate the same level of knowledge around residents' needs as permanent staff. Complete staff files were not maintained for some staff members working in the centre. Rosters maintained sometimes did not contain the full names of staff who worked in the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

There had been an increased emphasis on staff training and supervision since the previous inspection. A supervision schedule was in place and there was evidence of regular supervision of staff members. Training in various areas had been provided but some clear gaps were still evident such as for first aid.

Judgment: Substantially compliant

Regulation 23: Governance and management

An annual review and a provider unannounced visit had been carried just before the current inspection. There was increased oversight of the designated centre from regional manager level while a management team was in place within the centre locally who met regularly to review aspects of the service provided. It was noted though that there was a lack of auditing in specific areas such as medicines and residents' finances.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed since the previous inspection and contained most of the required information. It was seen though that it had not been updated to reflect the details of the centre's most recent certificate of registration, the reporting in the organisational structure was unclear and one aspect of the services provided in the centre was not wholly reflected in the statement of purpose.

Judgment: Substantially compliant

Regulation 30: Volunteers

Files were maintained for volunteers which included evidence of Garda vetting, regular supervision and written roles and responsibilities.

Judgment: Compliant

Regulation 31: Notification of incidents

Some minor injuries to residents had not been notified to HIQA in a timely manner. There was inconsistencies in the notification of restrictive practices to HIQA.

Judgment: Not compliant

Regulation 34: Complaints procedure

Improved records of complaints were maintained in the designated centre which detailed the complaints raised and the actions taken in response to them. It was noted though that the satisfaction levels of residents were not consistently recorded. Information on how to raise complaints was on display in the designated centre.

Judgment: Substantially compliant

Quality and safety

Residents' needs were found to be well provided for during this inspection and improvements had been made since the last inspection in particular areas such as comprehensive assessments of needs and positive behaviour support. Improvement had also been made in the terms of the safeguarding of residents but further action was needed in this area in addition to the provision of fire safety training for staff.

Since the previous inspection comprehensive assessments of need had been carried out for all residents. Such assessments should identify residents' health, personal and social needs which, as required by the regulations, should then be reflected in individual personal plans that outline the supports residents require. All residents had individual personal plans and, from a sample reviewed, it was noted that they had been updated to reflect the outcome of the comprehensive assessments of needs that had been conducted. Overall, it was found that such plans provided a good level of guidance for supporting residents although it was noted that some reviews of personal plans did not sufficiently assess the effectiveness of the plans while some identified goals for residents required further clarity. However, it was seen that reviews of residents' individual personal plans were carried out with the active input of residents and their representatives where appropriate. Inspectors were satisfied that, based on the overall findings of this inspection, arrangements were in place to meet the assessed needs of residents in keeping with their personal plans.

Residents were supported in various activities which were meaningful to them within the designated centre, in day services operated by the provider on the grounds of the centre or elsewhere. For example, on the day of inspection it was noted that some residents went to the nearby town to visit an aquarium, one resident was seen to be involved in preparing a meal while another spoke about being involved in various forms of farm work which they appeared to be proud of. These helped provide for residents' personal and social needs and it was also noted that residents' health needs were adequately met. Information on any assessed health needs were contained within residents' individual personal plans and staff members spoken with demonstrated a very good awareness of these and how they would respond to particular health related matters if they arose. Residents were supported to access

allied health professionals, such as psychologists and general practitioners, so that their needs could receive appropriate professional input where necessary.

Residents were seen to be comfortable in the present of staff members, volunteers and their fellow peers. It was noted that guidance and information on supporting residents to remain safe was available within their individual personal plans. For example, safeguarding plans were in place where necessary while residents had intimate personal care plans provided. Such plans are important to ensure that the dignity and bodily integrity of residents is maintained. From a sample of intimate personal care plans reviewed, it was seen that they provided a good level of guidance as to the supports residents needed in this area and how to provide assistance. Some of the practices around residents' finances were also reviewed during this inspection. As part of these residents were assessed in order to determine the level of support that they required when managing their finances. Where residents were assessed as needing support this was provided while records of financial transactions were also maintained, a sample which reviewed by inspectors. While inspectors did not observe any evidence that residents' finances were being mishandled, it was noted that some aspects of the practices used required review to ensure that they were sufficiently robust and consistently applied.

From records reviewed, all staff members and volunteers working in the designated centre had received relevant safeguarding training. Those spoken with during this inspection demonstrated a good awareness of any safeguarding concerns and how to respond to these to ensure that residents were not adversely impacted. Staff were also able to describe what they look out for to indicate if a resident was being subject to abuse along with the actions that they would take if they had a concern. Evidence was seen that where any concerns were raised they were reported and responded to appropriately. It was also noted that, since the July 2019 inspection, improvement had been made to ensure that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection particularly in relation to the use of the Internet. For example, it was seen that additional external support had been sourced to provide guidance in this area while information around the safe use of the Internet was available in the centre. It was observed though that this information was was not tailored sufficiently to the assessed needs of some residents and their particular online use.

Another area that required improvement from the previous inspection related to implementing particular recommendations to promote positive behaviour amongst residents. During the current inspection it was found that residents had positive behaviour support plans in place which are intended to provide guidance on how to appropriately support residents to engage in positive behaviour. From a sample of the positive behaviour support plans reviewed it was seen that they contained appropriate information and recommendations on how to support residents in this area. Staff members spoken with demonstrated a good understanding of these plans and there was evidence that the contents of such plans were being implemented. This was a noted improvement from the previous inspection while relevant training in de-escalation and intervention had also been provide to staff members and volunteers.

The designated centre was provided with various systems to protect against the potential for fire and ensure the safety of residents. These included a fire alarm, emergency lighting, fire extinguishers and fire doors. Such doors are important as they prevent the spread of fire and smoke and help ensure a safe evacuation route from the centre if required. It was observed though during this inspection that some of the fire doors in place did not closely fully even though self-closing devices were attached to these doors. This potentially reduced the effectiveness of these fire doors when it came to limiting the spread of fire and smoke. The provider had identified this issue before this inspection and was taking efforts to respond to this. It was seen that the other fire safety systems in place were subject to regular maintenance checks to ensure that they were in proper working order. For example, it was noted that the fire alarm and emergency lighting had been checked by an external contractor in October 2019 while the fire extinguishers in place had been reviewed within the previous 12 months as required.

Inspectors observed that the fire evacuation procedures were on display throughout the designated centre while fire drills were carried out regularly. Each resident had a personal emergency evacuation plan (PEEP) in place. A sample of these were reviewed which were noted to have been recently reviewed and outlined the supports that residents needed to ensure that they evacuated the designated centre if required. While overall the provider had placed an increased emphasis on training since the previous inspection, it was seen from records reviewed that some members of staff working in this designated centre had yet to receive any fire safety training. It was confirmed by the person in charge that these staff members had yet to receive fire safety training but the provider had scheduled this training to be delivered the month following this inspection. While, this was an area for improvement it was noted though that one staff member, who had commenced working in the designated centre in September 2019 and had yet to undergo specific fire safety training, had participated in a fire drill in the centre and demonstrated a strong knowledge of residents' PEEPs.

Regulation 26: Risk management procedures

Risk assessments were in place which had been recently updated to reflect certain events within the designated centre. Such assessments outlined various control measures to lessen any potential negative impacts with such measures being applied in practice. Any adverse incidents occurring within the designated centre were recorded and reviewed by management.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems were in place that included a fire alarm, emergency lighting, fire extinguishers and fire doors. Some fire doors were observed not to close fully while not all staff working in the centre had undergone fire safety training that covered areas such as fire prevention and the use of fire fighting equipment. Fire drills were being carried out regularly while all residents had PEEPs in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Suitably secure facilities were available for residents' medicines to be stored. A sample of medicines records were in place which contained all of the required information. Clear guidance was available on the use of particular rescue medicines. Training in the safe administration of medicines was being provided.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Arrangements were in place to meet residents' health, personal and social needs. Residents had individual personal plans which were informed by comprehensive assessments of needs. Such plans had been recently reviewed which included consultation with residents and their representatives but some reviews did not sufficiently assess the effectiveness of the plans while some identified goals for residents required greater clarity.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported to access allied health professionals where required such as counsellors, psychologists and general practitioners. Information on supporting residents' health needs was available in their personal plans along with hospital passports that contained key information in the event that residents had to go to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required residents had positive behaviour support plans in place outlining the supports they needed in this area. Staff members spoken with had a good understanding of such plans. Relevant training had also been provided.

Judgment: Compliant

Regulation 8: Protection

All staff and volunteers had undergone safeguarding training. Safeguarding plans and intimate personal care plans were provided for. Increased support and information was being given for residents to protect themselves around Internet usage but some of the information was not tailored to the assessed needs of some residents. Some of the processes around residents' finances required review.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Camphill Community Dingle OSV-0003609

Inspection ID: MON-0027969

Date of inspection: 14/01/2020

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: Rosters to have full names of all staff Agency File to be reviewed with Agency provider and all outstanding information retrieved in line with Schedule 2 Checklist to be implemented on all files to ensure all required information is sought and readily available- March 2020 CCoI Dingle PIC to continue with recruitment drive to maintain consistent and effective staff without the use of agency	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: As outlined the final remaining training for First aid and Fire safety is taking place on the 18th and 19th February 2020 Management meeting will review Training Matrix to ensure all training needs are met prior to training been out of date.	
Regulation 23: Governance and	Substantially Compliant

management	
Outline how you are going to come into compliance with Regulation 23: Governance and management: With the recruitment of our Quality and Safety Coordinator a key area for this role is the effective implementation of an Audit tool and schedule in the key areas as detailed within this report. This will be reviewed in Management meetings and with Operational Regional Manager monthly	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: This is currently been reviewed with PIC and RM to ensure accurate reflection of our service. Due to continued delay in receiving Residential funding for an individual with a purpose furnished room with specific resources for this individual available in Camphill Dingle we have been providing respite to this individual until the funding package is approved for their full-time residential placement to commence.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: PIC to ensure Notification of Incidents are returned in full to HIQA this will be reviewed within Management meeting to ensure comprehensive accurate information as required within our Quarter returns. Notification of Incidents will also have an Audit tool and schedule to ensure full compliance in this area.	
Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Review of Complaints register to include Satisfaction Level of outcome box, this will allow for effective review of complaints outcomes for the residents/family involved All complaints are reviewed and discussed within Management Meeting and Care & Welfare Meetings to ensure effective learning and outcomes for us as a provider.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire safety Training has been scheduled for the 18th February 2020. Chief fire inspector from CHO4 area has completed an onsite full review of the fire doors upon request from PIC. The action from this is to have the fire door supplier come back on site and re hang the doors which will resolve the gap that is present at this time.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A more detailed and structured plan is in development for those residents with needs that combine Safeguarding and Clinical interventions, the purpose of this is to comprehensively amalgamate the supports needs identified to ensure consistency of care and implementation for all staff working with those residents. The current support strategies should identify when they have been created and reviewed in line with PBSP to ensure accurate supports for residents. Overall Goal identified need to have more specific process and steps to accurately support the achievement of the main goal identified. As detailed within our annual review we will be conducting quarterly circle of support reviews to monitor goals and actions as outlined within our person-centered plans. There will be evidence that highlights the steps taken within each goal.	

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
To promote and encourage the ongoing development of internet safety we are currently using the Web-Wise program which provides us with the tools to effectively support and educate residents regarding all forms of internet use.
We continue to work closely with our Clinical team to comprehensively review the ongoing risk associated with online use for our residents.
Care and welfare biweekly meetings will monitor and review the financial controls to ensure the safety of resident’s finances
Governance and oversight from PSW Safeguarding National lead to ensure the ongoing skill development through DO dial ins, monthly DO training and also on-site audit reviews.
Internal Audits will be completed by Quality and Safety Coordinator and reviewed within Management meetings.

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/04/2020
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	01/02/2020
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	30/04/2020

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	01/03/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/05/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/02/2020
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire	Substantially Compliant	Yellow	20/05/2020

	control techniques and arrangements for the evacuation of residents.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/03/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2020
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under	Not Compliant	Orange	31/01/2020

	paragraph (1)(d).			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	01/02/2020
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	01/03/2020
Regulation 08(1)	The registered 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.	Substantially Compliant	Yellow	01/04/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/04/2020