



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

Issued by the Chief Inspector

Name of designated centre:	Avalon House
Name of provider:	Health Service Executive
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	16 September 2020
Centre ID:	OSV-0003694
Fieldwork ID:	MON-0027911

About the designated centre

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

This designated centre provides 24 hours full-time residential care and currently accommodates seven adults both male and female over the age of eighteen with an intellectual disability. The centre is a large detached bungalow a few kilometres outside a town in Co. Meath. The centre comprises of fifteen rooms including two small storage rooms and a lobby area. There is a kitchen, dining room, sitting room, two staff offices, utility room and seven bedrooms, all with en-suite facilities. There is one separate bathroom and one wheelchair accessible toilet. The centre has a large garden and patio area at the back of the house. It has its own transport; a wheelchair accessible vehicle and a people carrier. The person in charge works full-time in this centre and there are six nurses and seven health care assistants employed in this centre. Staff provide support to residents during the day and at night (waking staff).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 September 2020	11:30hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This designated centre is home to seven residents. The inspector had the opportunity to meet and speak with a number of residents on the day of inspection. Overall, communication between the inspector and the residents took place from a two metre distance, wearing personal protective equipment (PPE) such as a mask and was time limited in adherence with national guidance. Throughout the day some residents communicated with the inspector independently, while other residents were supported by staff to talk with the inspector. Where appropriate, residents' views were relayed through staff advocating on their behalf.

On the day of the inspection the inspector was advised that one resident was away on an overnight break in a hotel. Two residents had returned to their local day service facility which was currently being provided on a part-time basis. One of the residents who was attending their day service that morning met with the inspector in the afternoon to have a chat with them. The inspector observed a resident going out for lunch with staff while another resident was observed helping out staff with household errands.

On speaking with the person in charge and staff the inspector was advised that the residents were supported to engage in community activities such as walks in the local park, bowling, going to the cinema, gardening, shopping and dining out. Residents were supported to contact their families regularly through telephone and video calls. Families were currently being supported to visit the residents both in the centre and out in the community. The inspector was advised that all these activities took place in line with public health guidance.

In the afternoon two residents sat with the inspector at the seating area out the back of the house. They informed the inspector about the renovation work planned for the kitchen and their excitement about it. They talked to the inspector about their experiences during the current health pandemic and appeared to be very aware and up to date on all matters relating to COVID-19 and in particular, about social distancing and wearing masks when out in the community.

There was evidence to show that residents were consulted during the centre's annual review and six monthly review of the care and support provided in this centre. For the most part, residents had advised that they enjoyed living in the centre and were happy with the support they received from staff. However, the inspector saw a number of complaints made by residents about the noise levels in the centre at night and how it had disturbed their sleep and made them unhappy.

On review of the complaints log the inspector saw that residents were encouraged and supported to make a complaint if they so wished and overall, the log demonstrated that complaints were followed up appropriately.

On the day of inspection, the inspector observed that the residents

appeared relaxed and content in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions.

Capacity and capability

This risk-based inspection was completed following receipt of information of concern submitted by the provider through a high number of statutory notifications. Due to the increased number of behavioural incidents occurring in the centre over the last six months the primary objectives of this inspection was to review the systems in place to ensure residents safety and to ascertain the lived experience of the residents. In addition, government and management systems were reviewed to ensure that the service provided was safe and appropriate to all residents' needs. Prior to this inspection (late December 2019), the provider was required to submit a provider assurance report and a twenty day follow up report to provide assurances that there were appropriate systems and measures in place to decrease the level of behavioural incidents occurring in the centre. The provider submitted satisfactory assurances at the time however, between March 2020 and early September 2020 the level of incidents occurring in the centre significantly increased again.

On the day of the inspection, actions from the previous inspection were reviewed and all actions were found to be completed. For the most part the inspector found that there were satisfactory governance and management systems in place in this centre. There was evidence to demonstrate that the lines of accountability at individual, centre and organisational level were clear and that all staff working in the centre were aware of their responsibilities and who they were accountable to. The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. An annual review of the quality and safety of care and support provided in the centre had taken place and there was evidence to show that the residents were consulted in this review. Furthermore, a six monthly unannounced visit had taken place in 2020 and a written report on the safety and quality of care and support provided in the centre. There was an action plan and timelines in place to address issues identified in the report.

However, due to the continued non-compliance of Regulation 8. Protection, the inspector found that the governance and management systems in place in this centre did not ensure, at all times, that the service provided was safe or appropriate to all residents' needs.

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. The inspector reviewed the staff roster and saw that where agency staff were required, the same staff members were included on the roster. The inspector observed that staff were familiar with

residents' assessed needs and were observed engaging in safe practices related to reducing the risks related to COVID-19 when delivering this support.

Overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of good quality and effective services for the residents. The inspector found evidence to demonstrate that staff had received mandatory training such as safeguarding, manual handling and fire safety training and that this was up-to-date. Furthermore, all staff had been provided with training specific to COVID-19, including how to prevent infection and minimise the risk of getting the disease as advised by the Health Service Executive (HSE) and Health Protection Surveillance Centre (HPSC).

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For the most part, the person in charge ensured that incidents were notified in the required format and within the specified timeframes. However, the inspector found that improvements were required to ensure all quarterly notifications provided sufficient detail to ensure clarity and assurances of appropriate follow up.

The complaints procedure was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. This procedure was monitored for effectiveness, including outcomes for residents and ensured residents continued to receive a good quality services. The inspector found that where complaints were made, they had been dealt with in an appropriate and timely manner with actions follow up and overall, satisfaction levels noted.

Regulation 15: Staffing

The inspector reviewed the centre's actual and planned roster and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents. Staff who spoke with the inspector demonstrated good knowledge of the residents' needs and the support in place to meet those needs.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, training and refresher training in line with residents' assessed needs was available to staff. Furthermore, staff were provided with up-to-date training specific to COVID-19, including how to prevent infection and minimise the risk of getting the disease as advised by the Health Service Executive (HSE) and Health Protection

Surveillance Centre (HPSC).

Staff were in receipt of formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were a number of good governance and management systems in place in the designated centre. The annual report and six monthly review of the quality and safety of care and support provided in the centre had been completed and residents had been consulted in both. However, due to continued non-compliance of Regulation 8 Protection, the inspector found that the management systems in place in the centre did not ensure, at all times, that the service provided was safe or appropriate to all residents' needs.

Judgment: Not compliant

Regulation 31: Notification of incidents

The provider had systems in place to record and follow up on incidents in the centre and to notify them to the Chief inspector in line with the requirements of the Regulations. However, the recording of some notifications required reviewing to ensure that they included sufficient information to ensure clarity and assurances of appropriate follow up.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. The inspector reviewed the complaints log and found that where complaints were made, they had been dealt with in an appropriate and timely manner with actions followed up and overall, satisfaction levels noted.

Judgment: Compliant

Quality and safety

The inspector found that the person in charge and staff were aware of each of the resident's needs and knowledgeable in the person-centred care practices required to meet those needs. Overall, care and support provided to residents was of good quality. However, the inspector found that the continuous high level of behavioural incidents occurring in this centre had negative impacts on the lived experience of the residents and in particular their safety.

The provider ensured that the centre's safeguarding policy was adhered to. All incidents at the centre were investigated in accordance with the centre's policy. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

The inspector reviewed the centre's incident and accident log and found that there had been a high number of behavioural incidents between the months of March 2020 and early September 2020. Complaints and concerns regarding some of the incidents had been raised by residents, families and staff members. For example, there were complaints made by residents in May 2020 about the noise levels in the house at night time which had impacted on their sleep. Family members had also raised concerns and had requested assurances that their family member was safe. Some of the staff who spoke with the inspector advised of compatibility issues between a number of residents and that this had impacted negatively on the residents.

Numerous control measures and safety systems had been put in place by the registered provider in an attempt to decrease the level of incidents occurring in the centre. These included multi-disciplinary reviews, additional staff training and compatibility assessments. However, the inspector found that overall, the risk of further incidents occurring in this centre remained high.

The inspector found that the provider and person in charge promoted a positive approach in responding to behaviours that challenge. The inspector found that where appropriate, residents were supported through positive behaviour support plans. There had been improvements made to the plans since the last inspection; For example, the current plans provided clearer guidance to staff on how to support and meet the residents' needs before, during and post an incident. In addition, staff had been provided with bespoke behavioural support training that was specific to the residents living in this centre.

However, the inspector found that the review of residents' behavioural support plans, and in particular during periods of increased behavioural incidents, was not timely enough to ensure their continued effectiveness. As a result the least restrictive procedure was not ensured at all times. For example, on more than one occasion where PRN medicine, (a medicine only taken as required), was

administered to support a resident manage their behaviour, the ineffectiveness of the positive behaviour support plan was recorded by staff. Furthermore, the inspector found that where therapeutic interventions were implemented there was insufficient evidence to adequately demonstrate that informed consent was attained from all residents and/or their representatives.

Appropriate healthcare was made available to residents having regard to their personal plan. The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and where appropriate, take responsibility for their health. Residents who spoke with the inspector talked about their healthy eating plans and what they entailed, including having a balance between healthy options and treats.

From a sample of residents' healthcare plans the inspector found that each resident had access to allied health professionals including access to their general practitioner (GP). When required residents were supported to attend appointments with their psychologist, occupational therapist, chiropodist, social worker and speech and language therapist. Where appropriate, residents were provided with a mental health care plan and this was reviewed regularly by the organisation's multi-disciplinary team.

Residents were provided with a hospital passport to support them if they needed to receive care or undergo treatment in the hospital. Furthermore, the inspectors found that where residents required specific clinical procedures, there were clear and detailed plans in place for the procedures including information and guidance for staff to support the resident's understanding of the procedure. However, in relation to health screening, the inspector found that not all residents had been supported to attend the services and where they had refused to attend, it was not always followed up appropriately with their GP.

The inspector found that overall, there were comprehensive contingency arrangements in place for the centre during the current health pandemic. Each resident was provided with a specific COVID-19 care plan in their personal plan. The plan provided information about the virus, how residents can protect themselves and how staff support and work to protect the residents. In addition there was information on what happens if a resident contracts the virus, about the use of personal protective equipment (PPE) and what supports are provided if the resident needs to go to the hospital.

Staff had completed specific training in relation to the prevention and control of COVID-19 such as hand hygiene, breaking the chain of infection, infection prevention control and the use of personal protective equipment. Staff who spoke with the inspector demonstrated good knowledge on how to protect and support residents keep safe during the current health pandemic.

Infection control procedures in place in the centre included daily cleaning of touch surface four times a day, from morning into late evening. Staff and resident temperatures were taken and recorded twice daily.

A risk management policy was in place, up-to-date and contained all required information. The provider had updated their risk register to account for risks related to COVID-19. Individual and location risk assessments had been put in place relating to the care and support provided to the residents during the current health pandemic. Residents were provided with individualised risk assessments which included appropriate control measures and was presented in a clear and prioritised format to guide staff practice.

Regulation 26: Risk management procedures

The provider had updated their risk register to account for risks relating to COVID-19 including the risk of transmission to residents, staff and visitors. There were individual care plans and risk assessments specific to COVID-19 in place to support residents during the current health pandemic.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had adopted infection prevention and control measures specific to COVID-19 which were effective and efficiently managed. Satisfactory control measures and contingency arrangements were found to be in place in case of infection. Each resident was provided with a specific COVID-19 care plan to support their health wellbeing during the current health pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, residents' personal evacuation and emergency plans were up-to-date and included all the required information however, the inspector found that not all plans included sufficient information to ensure all residents safe evacuation. However, by the end of the inspection the person in charge had completed the necessary updates.

For the most part, day time and simulated fire drills were taking place at suitable intervals however, the inspector found that the fire drills taking place did not include all possible scenarios. Post inspection the inspector was informed that a fire drill had taken place in the centre that evening which covered all possible scenarios.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, the health and wellbeing of the residents was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were supported to live healthily and where appropriate, take responsibility for their health. However, on the day of inspection the inspector found that not all residents had been provided with the required health screening and where residents had refused health screening, this was not always followed up appropriately.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Overall, the provider and person in charge promoted a positive approach in responding to behaviours that challenge.

The inspector found that the review of residents behaviour support plans, and in particular during periods of increased behavioural incidents, was not timely enough to ensure their continued effectiveness. As a result the least restrictive procedure was not ensured at all times. For example, on more than one occasion where PRN medicine, (a medicine only taken as required), was administered to support a resident manage their behaviour, the ineffectiveness of the positive behaviour support plan was recorded by staff.

Furthermore, the inspector found that where therapeutic interventions were implemented there was insufficient evidence to adequately demonstrate that informed consent was attained from all residents and/or their representatives.

Judgment: Not compliant

Regulation 8: Protection

During a period of six months there was a high number of behavioural incidents in the centre which had negative impacts on the lived experience of the residents and in particular their safety.

Numerous control measures and safety systems had been put in place by the

registered provider in an attempt to decrease the level of incidents occurring in the centre. However, the inspector found that overall, the risk of further incidents occurring in this centre remained high.

A compatibility assessment relating to the attitudes and opinions of residents living in the centre had occurred in 2019 however, there was no evidence of a compatibility assessment relating to the environment or health (including mental health) needs of all residents.

Record keeping associated with documents relating to safeguarding plans required improvement. For example the inspector found that there were numerous safeguarding plans in each resident's personal plan and it was not always clear which plan was currently in place. The inspector found that the effectiveness of the incident and accident audit required reviewing. For example, the audit included sections on learning outcomes from incidents and sections on the person responsible for actions and timelines however, these sections were not always completed.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Avalon House OSV-0003694

Inspection ID: MON-0027911

Date of inspection: 16/09/2020

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As part of monthly scheduled Senior Management Quality and Safety meetings, a review of residential placements is discussed by all PICS within the service to explore options that may be available for internal transfers between services.</p> <p>Ongoing communication between CNM2/Person in Charge (PIC), Assistant Director of Nursing (ADON), Director of Nursing (DON) and Registered Provider in order to explore alternative placements for one resident in the centre which may be more conducive to their needs.</p> <p>DON and ADONs are on duty from Monday – Friday and prioritise both announced and unannounced site visits to the centre and are available to the PIC and the staff team.</p> <p>A Psychologist has commenced in post as of 27/09/2020 and is monitoring and reviewing Positive Behaviour Support plans on an ongoing basis and as the need arises. Psychologist will work in collaboration with a Clinical Nurse Specialist in Behaviour Support to ensure that all incidents are promptly reviewed with PIC. All Positive Behaviour Support Plans will be updated as required and treated as live document.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

Going forward the PIC will ensure that all notifications including NF39s will have sufficient detailed information.

PIC will complete a log of incidents on a monthly basis and audit same. The audit log will capture in detail how incidents are reviewed and provide information on required follow up. This will ensure that detailed and comprehensive information is submitted on all notifications so to ensure clarity and assurance of appropriate follow up being carried out.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Personal Evacuation and Emergency Plans (PEEPs) were updated to reflect all required information at time of inspection. The update of same ensured that all risks were evident on the PEEPs which fully supports each resident's safe evacuation from centre should the need arise. Monthly Fire Evacuations for 2020 now specifies day and night drills and same will be reflected in all annual schedules. All possible scenarios have now been explored and detailed within the schedule so to ensure that staffing levels at night reflect a night time drill with the minimum staffing levels that will be on duty. Post inspection a fire drill had taken place in the centre which covered all possible scenarios.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care: Going forward Health Screening will be implemented as a live care plan for all residents which will capture screenings applicable to each resident with a plan of action in place as to how screenings are monitored. The service will support residents to avail of all screenings applicable to each individual.

If a resident declines a recommended screening, it will be noted in their clinical notes and the respective clinician will be informed. The PIC and staff team will provide all relevant information in an accessible format. The importance of screenings will be discussed with each resident and/or a family representative if required. Information will be provided in a format suitable to the needs of each individual.

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Going forward all incidents as they arise will be forwarded onto the Psychologist & Clinical Nurse Specialist in Behaviour for review, advice and support. PIC and staff team will ensure that following incidents all Positive Behaviour Support Plans will be updated to reflect any learning and update plans with Psychologist and CNS. Behaviour support will reflect what the most appropriate strategy is, while ensuring the least restrictive practice is used in the first instance.</p> <p>Staff will have access to all Positive Behavior Support plans and will be provided with all required education to ensure they understand and demonstrate how to implement plans in a person centred approach. Ongoing education piece is occurring with staff team and CNS in Behavior Support to promote awareness that in some instances PRN medication at a particular time within the Positive Behaviour Support Plan may be conducive to resident's needs. All staff will implement Positive Behaviour Support Plans in place and ensure that they understand and demonstrate how to utilise supports that are detailed within each plan.</p> <p>PIC/Staff Nurse in PIC's absence will ensure that PRN medications are discussed at each mental health review and PIC/ Staff Nurse to ensure that informed consent regarding therapeutic interventions is completed at this review. Minutes from Mental Health review will also reflect the discussion which has taken place to support the need for prescribed PRN. Prescribed PRN medications will be reflected in respective Positive Behaviour Support Plans.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>As part of ongoing Senior Management Quality and Safety meetings held monthly a review of residential placements is discussed by all PICS within the service to explore options that may be available for internal transfers between services.</p> <p>Clinical psychologist in post as of 27/09/2020 providing ongoing support. Systems in place to ensure psychology and CNS Input is coordinated in a MDT context. The unique and complex presentation and needs of all residents living in the centre will be assessed from a compatibility perspective. Service response in place to address Protection issues also include the sourcing of significant funding which will be used to adapt the environment and to address resident's psychological and mental wellbeing.</p> <p>Going forward the PIC will ensure that one live safeguarding plan with all relevant</p>	

supports for each resident is in operation with reference made within same to detailed Positive Behaviour Support Plans in use. Positive Behaviour Support Plans in use will reflect current safeguarding plans in place which are in use.

All PICs within the service will become Designated Officers and when training is complete PIC/ Designated Officer from another centre will be the nominated Designated Officer for this centre.

The clinical governance and review of all incidents within the centre has been agreed as the following: All incident reports will be reviewed with staff, PIC, residents and Psychologist ensuring that any issues which arise form the basis of an update to current Positive Behaviour Support Plan in use.

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 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	31/10/2020
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	02/10/2020
Regulation 31(3)(d)	The person in charge shall	Substantially Compliant	Yellow	31/10/2020

	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 paragraph (1)(d).			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	16/10/2020
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	16/10/2020
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	Not Compliant	Orange	20/11/2020

	support residents to manage their behaviour.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	20/11/2020
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	20/11/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Red	19/10/2020