



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

## Issued by the Chief Inspector

Name of designated centre:	White Lodge Accommodation Service
Name of provider:	RehabCare
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	11 December 2019
Centre ID:	OSV-0005591
Fieldwork ID:	MON-0022650

## About the designated centre

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

The provider had produced as required by the regulations a record called the statement of purpose; that record describes the centre and the service provided. A full-time residential service is provided to four male residents with moderate to high support needs. The provider aims to provide each resident with a safe environment that is home and where they are valued and respected. Person centred planning aims to promote residents goals and aspirations and encourage and support residents to achieve their potential and develop new relationships and skills through integration with the local community. A staff team of social care staff support residents on a 24 hour basis; ordinarily there is a minimum of two staff on duty at all times. The centre is located in a rural but populated area and is a short commute from all of the amenities offered in the busy local town; transport is provided. The premises is a detached single storey house on its own spacious site.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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 11 December 2019	09:15hrs to 17:00hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

Residents living in this house present with a diverse range of needs including how they communicate; much communication is non-verbal and therefore the inspector noted how residents presented and how they engaged with staff. Residents had on the day of inspection a planned community based social event to celebrate Christmas; this meant that residents spent a large part of the day out of the centre. Residents were clearly looking forward to this event and Christmas was a happy time for them all. One resident went with staff to the local butcher to place the Christmas food order and the house was pleasantly decorated for the festive season.

A resident discussed how their physical needs had changed but confirmed that they were feeling fine, had made a good recovery and were enjoying life. The inspector noted that there was a very ordinary, relaxed atmosphere in the house and there was evidence of trust, comfort and genuine warmth towards staff as residents smiled broadly when approached or spoken to by staff.

Staff spoken with had good knowledge of each resident, their needs and general welfare and development; staff said that they very much enjoyed supporting this group of residents and observing how they continued to transition well to community living.

Records seen of feedback provided at intervals by residents representatives was positive as to the quality of the support provided and its positive impact on their family member. If it was felt that something could be improved this was also reported and acknowledged.

## Capacity and capability

While this inspection identified areas that required corrective actions overall the inspector found that this was a well managed service the objective of which was to provide residents with safe, quality supports and opportunities for ongoing development of their skills and abilities. This objective was met and in addition to effective management, meeting this objective was supported by adequate resourcing.

For example staffing levels and staffing arrangements were suited to the number and assessed needs of the residents. The staffing levels reported were as observed by the inspector and as seen on the staff rota. There was a reported low turnover of staff; this was correct as the staff on duty had been met with on previous

inspections of this centre. This regularity meant that residents received consistent care and support for a staff team known and familiar to them.

Through a programme of training and education the provider supported staff to maintain their knowledge and skills. The staff training records seen indicated that all staff had up-to-date mandatory, required and desired training such as safeguarding, medicines management, food safety, first-aid and record keeping. The date by which refresher training was due was monitored. The inspector saw that copies of the regulations and guidance issued by HIQA (Health Information and Quality Authority) such as recent guidance on adopting a rights based approach to care were available in the centre. Staff advised that such information was used to inform and guide their own practice.

The inspector met with all staff currently engaged in the management of this centre and found them to be clear on the scope of their own role and responsibilities and the overall working of the governance structure. There was evident commitment to the provision of a safe quality service to each resident and knowledge as to how this was achieved, for example by referencing the regulations as mentioned above, regular monitoring and appropriate reporting. The provider had taken action to ensure that its governance arrangements were effective. For example the person in charge currently has responsibility for three designated centres though this is not planned to continue; management support additional to the support provided by the team leader had been put in place by the provider to ensure that the person in charge had the capacity to effectively fulfil the role.

Consistent effective oversight and how it informed the quality and safety of the service was understood. For example the team leader completed weekly checks of for example the management of medicines, resident's personal plans and health and safety; any matters of concern were escalated to the person in charge who also reviewed the findings each month. In addition the provider was also completing the reviews required by Regulation 23; the objective of these reviews is that the provider self-identifies both good practice and where improvement is needed. These reviews were seen to actively seek feedback from staff, residents and resident's representatives; this feedback was positive as were the overall findings though improvement plans did issue. The provider monitored how these reviews led to improvement as it formally followed up on and verified the implementation of the quality improvement plan.

Further evidence of the provider's commitment to provide each resident with a safe, quality service that was appropriate to their needs was the decision to reduce with this application for renewal of registration the maximum number of residents that could be accommodated. These inspection findings would support this decision; for example one resident now required the use of a mobility aid in the house and currently had the space to do so safely. Residents though they were compatible also liked and needed at times their own personal space and boundaries; currently the design and layout of the premises and the number of residents living in the house supported this.

The provider had policy and procedure for managing any complaints received. Staff

described how they promoted their accessibility to residents by discussion and the use of social stories (the use of visual or written cues to promote understanding of a specific situation and how to respond to it). Staff said that residents would say or demonstrate to staff when they were not happy. From the complaints log the inspector saw that residents knew when they were not happy about something and expressed their unhappiness to staff. Staff recorded the actions taken to resolve these issues and to prevent a reoccurrence such as discussion at staff meetings and supervisions and alterations to the staff rota. The daily handover report monitored the receipt of complaints; provider reviews monitored the adequacy of complaints management procedures.

#### Registration Regulation 5: Application for registration or renewal of registration

While there were minor points for clarification the provider submitted a complete and valid application seeking renewal of the registration of this centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge was aware of their role and responsibilities under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The person in charge had the autonomy and the support needed from the provider to effectively manage the centre. The person in charge was satisfied with the support provided.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and the deployment of staff reflected the stated purpose and function of the service and the number and assessed needs of the residents. A planned and actual staff rota was maintained.

Residents received continuity of care and support from a regular staff team.

Nursing care was accessed as needed from community based nursing resources.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with training that supported them to provide a safe and effective service to residents. Staff had training in safeguarding of adults, safe administration of medication, fire safety and manual-people handling. Attendance at refresher training was monitored. Supervision to support staff in their work was implemented informally and formally. The inspector saw that staff accessed and used guidance issued by HIQA to inform and evaluate the provision of care and support.

Judgment: Compliant

### Regulation 21: Records

The inspector found that any of the requested records as listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013) were in place. The records were well maintained.

Judgment: Compliant

### Regulation 22: Insurance

There was documentary evidence that the provider was insured against injury to residents and against other risks in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were in place that supported and promoted the delivery of safe, quality support and services.

The centre was monitored and audited appropriately so as to bring about



improvement where needed.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The sample of contracts for the provision of services seen by the inspector did not accurately reflect the fees charged. The contracts had not been signed by a representative of the provider. The contracts required further amendment once the provider had reviewed its charges.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all of the required information; for example a statement as to the aims and objectives of the centre and the facilities and services to be provided to residents. The record was reviewed and amended to reflect changes, for example changes in the management structure; the record was an accurate description of the service provided.

Judgment: Compliant

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

The provider was aware of and had notified the Chief Inspector of the arrangements for the management of the designated centre during the planned absence of the person in charge. These arrangements satisfied regulatory requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

Through discussion the provider ensured that residents were aware of its complaint policy and procedures, how to access and use them as needed.

Judgment: Compliant

## Quality and safety

Overall the inspector found that residents received an individualised safe, quality service where the support provided aimed to maximise resident's skills and abilities; this was evidenced in the positive outcomes achieved for residents since their transition to this service. Areas were identified that needed to improve so as to regularise and optimise the service provided; for example a review was required of the charges that residents paid and the manner in which these charges were applied; further action was needed to ensure that the provider had effective procedures for evacuating residents if this was necessary.

The provision of support and care was based on the assessment of each resident's needs, abilities, wishes and preferences. This information was set out in the personal plan; the plans seen by the inspector presented in a simple but effective manner each resident, their daily life, their support needs, their hopes and goals. The information was presented in a way that made the personal plan accessible and practicable for everyday use. Residents and their representatives were consulted with and participated in decisions about the care and support to be provided; it was evident that the information gathered informed the plan.

For example the person plan included the plan for agreeing and pursuing each resident's personal goals and objectives. The agreed goals reflected resident interests and choices and the information gathered as mentioned above. The inspector saw evidence of the ongoing meaningful opportunities that all residents had in line with their ability and wishes to experience engaged and fulfilling lives. For example staff had arranged for residents to fly to Dublin, residents had reconnected with family and with their places of origin and were looking forward to a further trip planned over Christmas. The different skills and strengths of the staff team were recognised and used to progress resident's personal objectives. In addition the team leader had introduced a supportive forum for staff that simply asked and monitored what had been achieved, what needed follow-up and what was the next goal. This process ensured that the progression of goals did not drift and that they impacted positively on resident quality of life.

The inspector saw that there was a process for assessing resident needs prior to admission to the centre and that this assessment was completed by an appropriate and experienced person. Staff described the process of transition. The assessment had identified needs that were potentially not suited to the centre or that could perhaps impact on the needs of the existing residents. It was not robustly demonstrated how the provider satisfied itself and reconciled prior to admission the arrangements in place in the designated centre and the needs as assessed so as to establish that the service was suited to the needs as assessed.

There was strong evidence of community integration, maintaining and developing friendships and relationships in a very ordinary way. For example residents' regularly accessed community based services and amenities such as the day service, going to the shops or attending Mass if they wished. Residents supported by staff had as appropriate regular ongoing access to family and home; this was important to both parties and the feedback received from family was seen to be positive and complimentary of the support provided and its positive impact on their family member. Residents maintained contact with their peers by visiting other designated centres in the locality, attending celebrations such as birthdays or receiving visits in their own home.

Residents were consulted with in a very informal way (as they were reported not to like meetings) about the daily routines and the general operation of the centre. Staff described how they used tools such as social stories to support resident understanding of matters such as staying safe or making a complaint.

Generally residents enjoyed good health; staff assessed, monitored and took action to ensure this. Residents had, based on records seen access to the healthcare services that they needed such as a General Practitioner (GP), psychiatry, dental and optical care. Following an accidental fall the inspector saw that recovery and regaining independence was achieved for the resident with input from physiotherapy and occupational therapy. Staff were aware of the requirement to promote health by encouraging residents to make healthy lifestyle choices; these were integrated into daily routines so as not to appear burdensome, for example parking the car a little away from the day service so that a walk was achieved in getting there.

An assessment was completed to establish resident capacity to safely manage their own medicines; based on the assessment findings staff were providing support to all of the residents. Overall the evidence was of practice that promoted and protected resident safety and well-being. For example staff had completed training; medicines were supplied by a local community based pharmacy, the pharmacist called to the house. There was a low incidence of medicines related errors and procedures for their review and management.

There were occasions when staff had to respond to a behaviour related incident; overall residents lived compatibly together. Staff spoken with had a clear understanding of what these behaviours were and records seen indicated a pattern of improvement. The premises was designed and laid out to give residents the personal space and quietness that they needed at times of personal challenge. Practice was advised and overseen by the behaviour therapist who had access to and monitored reports of behaviour related incidents. Staff had completed training in responding to behaviour of concern or risk but advised that reactive strategies were never needed. There were no reported or evidenced restrictive practices with residents seen to enjoy unrestricted access to all areas of their home while respecting each other's boundaries. The inspector found that the personal plan clearly set out the behaviour of concern and the preventative strategies to be used by staff for equipping residents with the skills to respond in particular situations in a more appropriate manner. However, based on these inspection findings further guidance was needed for staff on how to respond, explore and work with residents

when the behaviour was actually exhibited. This guidance was needed so as to work towards further reducing the frequency of the behaviour and thereby promoting resident safety and better outcomes for the resident.

Overall however practice in understanding behaviour of concern was good and therapeutic. Staff were currently exploring resident's communication differences and the role that behaviour played in communication. Staff with support from the behaviour therapist had introduced the use of a visual schedule to explain routines, activities and choices in the hope that these cues would enable more effective communication and replace the use of behaviour in communicating needs and wants.

Staff spoken with were assured that residents were safe in this centre and reported that there were no safeguarding concerns. There were systems that supported safeguarding of residents; staff had completed safeguarding training, the provider had safeguarding policy and procedure, there was a management presence on site for most of the week, the designated safeguarding officer was readily accessible. Residents attended off-site day services and were visible in their community. Residents presented as confident, relaxed and content in their home and with the staff on duty.

Overall the inspector found that review, discussion and clarity were required to ensure and assure the correct management of residents' personal possessions. There were consistent systems of oversight such as daily balance checks by staff, weekly checks by the team leader and monthly oversight by the person in charge as all residents required support from staff in the management of their personal monies. There was evidence of receipts to validate purchases made by staff or with staff support; residents had access to their monies and one resident participated in the weekly checks mentioned above as he knew it was his money. However, the issue that arose was the accuracy of the three charges that were paid each week by each resident for the service provided. It was agreed at verbal feedback that these may not be correct, did require review and if reimbursement was due that it would be paid. In addition the inspector found that charges though diligently overseen by staff were not administered in line with the providers own procedures, for example the weekly contributions to groceries. In addition based on the records of resident's personal possessions seen, review was needed to ensure that there was clarity on what residents had to be provided with and items they were personally liable to finance.

Overall there was evidence of good fire safety practice but improvement was needed in simulated evacuation drills. The inspector saw that the premises were fitted with a fire detection and alarm system, emergency lighting and measures to contain fire and its products such as fire resistant door-sets. Staff had completed fire safety training and all staff and residents participated in regular simulated evacuation drills. However, records seen indicated and staff spoken with confirmed that no drill had been completed to simulate and test the ability of minimum staffing levels to evacuate all of the residents.

Risk identification and management further promoted the safety of the service and

resident safety. The risk assessments reviewed by the inspector were centre and resident specific; the latter reflected the assessed needs of the residents as seen in the personal plans. There was evidence that risk assessment and management was understood in practice, for example the environmental and equipment reviews completed following a fall. Controls to reduce risks while keeping residents safe from harm did not impact negatively on resident's daily lives.

The premises was well maintained and presented as comfortable and welcoming while safe and secure; however, external works to the rear of the house so that it was accessible and of use to residents were still not complete. The provider explained that this work would be completed and the delay was due to the requirement for structural and stability reviews of the area by a competent person; these were now complete.

### Regulation 10: Communication

Communication differences were assessed and residents were supported and assisted to communicate in accordance to their needs and wishes. How each resident communicated and expressed their wishes and choices was detailed in the personal plan. Staff spoken with described to the inspector how by gesture, facial expression and general demeanour residents told staff how they were feeling or what it was they wanted or did not want. Work was ongoing in developing communication ability and effective communication with evidence that residents were engaging and benefiting from this work. The role of behaviour in communicating a need or want was recognised.

Judgment: Compliant

### Regulation 12: Personal possessions

Review, discussion and clarity were required to ensure and assure the correct management of residents' personal possessions. This was required in relation to the charges that were paid each week by each resident for the service provided, the application of these charges in line with the providers procedures and the maintenance of accurate inventories of personal possessions.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

There was strong evidence of community inclusion and participation and of maintaining and developing friendships and relationships in a very ordinary way. Residents' accessed community based services and amenities on an almost daily basis. Residents had opportunities to enjoy new experiences. Residents had ongoing access to family and home and were supported to maintain their relationships with their peers that they had previously lived with for many years.

Judgment: Compliant

### Regulation 17: Premises

External works to the rear of the house so that it was accessible and of use to residents were not as yet complete.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been compromised. The approach to risk management was seen to be individualised and reflected residents assessed needs.

Judgment: Compliant

### Regulation 28: Fire precautions

No drill had been completed to simulate and test the ability of minimum staffing levels to evacuate all of the residents.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The provider had policy and systems that sought to ensure that resident health and well-being was promoted and protected by safe medicines management practice.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

It was not robustly demonstrated how the provider satisfied itself and reconciled prior to admission the arrangements in place in the designated centre and the needs as assessed so that it was established that the service was suited to those assessed needs.

Judgment: Substantially compliant

## Regulation 6: Health care

Staff assessed, planned for and monitored residents healthcare needs. Staff sought to promote general well-being and supported recovery when health had been compromised. Each resident had access to the range of healthcare services that they required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Further guidance was needed for staff on how to respond, explore and work with residents when a behaviour of concern was exhibited so as to work towards further reducing the frequency of the behaviour and thereby protecting and achieving better outcomes for the resident.

Judgment: Substantially compliant

## Regulation 8: Protection

The provider had policies, procedures and arrangements that sought to protect residents from all forms of abuse and harm.

Judgment: Compliant

## Regulation 9: Residents' rights

This inspection findings reflected a service where the individuality, privacy, dignity, rights and diversity of each resident were seen to be respected and promoted. Residents and their representatives were regularly consulted with; attending mass was important to some residents and was facilitated; disability did not limit opportunities. Different levels of support and routines were provided in accordance with individual needs and choices such as having a lie in or having 1:1 social and community access in line with expressed preferences.

Judgment: 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

**Inspection ID: MON-0022650**

**Date of inspection: 11/12/2019**

### **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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: <ul style="list-style-type: none"><li>• The provider will ensure that contracts of care reflect the agreed charges and are signed by a representative of the provider. This will be completed by 28th February 2020.</li></ul>	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: <ul style="list-style-type: none"><li>• The provider will ensure that an inventory of each resident's personal belongings and service contents is kept and reviewed as per organisational policy. Service users will be charged the appropriate amount for food, rent and utilities as stated in the contract of care.</li><li>• Each service user will be supported to apply for any supplementary welfare entitlement towards their rent as is specific to their personal situation.</li></ul> The above will be completed by 28th February 2020	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The provider will complete the ground works as required in the garden by 1st May 2020.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Fire drill took place to stimulate minimum staffing within the center on the 15th January 2020. Evacuation times on this date were within organisational guidelines.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• A transition pack will be developed to ensure a consistent approach for all new service users transitioning to the designated centre. This pack will include needs assessments, compatibility assessments, relevant external assessments, and transition plans for healthcare needs, social, education and family supports. This will be completed by the 1st April 2020.</li> </ul>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In consultation with the Behaviour Therapist staff will be provided with further guidance in terms of the application of reactive strategies to support one resident. This will be completed by 28th February 2020.</p>	



## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	28/02/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/05/2020
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative	Substantially Compliant	Yellow	28/02/2020

	where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	15/01/2020
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).	Substantially Compliant	Yellow	01/04/2020
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 support residents to manage their behaviour.	Substantially Compliant	Yellow	28/02/2020