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Rivendell, OSV-0007758, 03 November 2021

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

Issued by the Chief Inspector

Name of designated centre:	Rivendell
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	03 November 2021
Centre ID:	OSV-0007758
Fieldwork ID:	MON-0034556

About the designated centre

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

Rivendell provides 24-hour care for up to four adult residents, both male and female from 18 years of age onwards. The designated centre provides care for adults whom require support with autism, intellectual disabilities, borderline personality disorder and or individuals who exhibit behaviours that challenge.The centre is a two storey building comprising of four individual self contained apartments located in a rural area of Co.Carlow. Amongst the local amenities are hairdressers, a library, local parks, a community centre, horse riding centre, GAA clubs, and a selection of restaurants and social groups. The staff team consists of social care workers and support workers. There is a full time person in charge of the centre, along with one team leader and four deputy team leaders. The provider, Nua Healthcare, also provide the services of the Multidisciplinary Team. These services include; Psychiatrist, Psychologist, Occupational Therapist, Speech and language Therapist and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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 3 November 2021	09:00hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with two of the four residents on the day of inspection. On arrival at the centre, the inspector requested to meet with all residents. The staff member who was present, discussed the importance of completing a short key working session with each resident to ascertain their consent. Some residents were on their way out for the day. As some residents had not returned at the end of the inspection the inspector did not get to meet with them. The following day, the inspector arranged a phone call with one resident who was not available on the day of inspection. Speaking with residents and observing practices were utilised to gather a sense of what it was like to live in the centre. In addition to this, the inspector spent time speaking with staff and reviewing documentation. Overall, the findings of the inspection indicated that the registered provider and person in charge were striving to provide a good level of care to each individual. However, improvements across a number of regulations were required to ensure consistent levels of care and support were provided at all times.

Each resident had their own self-contained apartment, located off a main house. Each resident had their own individual enclosed garden. Each resident lived separately and did not meet in the communal areas of the centre due to identified risks. A number of restrictive practices were in place in this centre. The majority of restrictive practices were in place due to an identified risk or specific assessed need. Although residents did not meet in person, a number of peer to peer verbal incidents of abuse took place in the centre. The number of these incidents had decreased since the previous inspection, however, continually keeping residents safe from verbal abuse was an ongoing concern. Due to safeguarding concerns and other identified risks residents could not access all areas of the home, specifically the main kitchen in the main house. This had also been identified in the previous inspection in January 2021.

On arrival at the centre the inspector was brought through a resident's enclosed garden to access the main house. It was noted that the garden had not been cleaned. There were a number of discarded soft drink cans on the ground. Three overfilling ashtrays were on a picnic table. The garden, at the moment in time, did not present as an inviting space. The inspector also was shown around the three other enclosed garden areas, these were well maintained.

The inspector also noted that the general standard of cleanliness was poor in some areas of the centre. The main hallway and stair case was noted to have some dirt and debris on the floor, with some dust accumulating in areas. One apartment had a number of cleanliness issues, including the floor covered in a layer of dust with stains evident on the floor, stains noted on furniture and also other dust accumulations in other areas of the apartment.

The residents who met with the inspector, were supported by two staff. This was in line with their specific assessed needs. Their apartments were individually decorated

and appeared clean and well kept. One resident, showed the inspector their room and told the inspector they had picked the paint colour. They were completing some laundry at this time and were eager to continue with this routine. The resident required support of staff to leave their apartment and access the laundry facilities off the kitchen in the main house. The resident was observed to tell staff that they wanted the washing machine and dryer that was located in their apartment to be fixed as it was important for them to develop independent skills. The person in charge later explained that this was in the process of being addressed.

The second resident the inspector met was relaxing in their living room with their personal tablet. Two staff were with the resident at this time. The resident's living space was decorated for Christmas.The resident had different countdown calendars on display with dates marked indicating important events, such as watching a specific program and Christmas shopping. The resident was noted to request specific staff to support them for some important events coming up. As much as possible, these requests were being met for the resident and where they could not be met the person in charge patiently explained the reasons.

The resident that spoke with the inspector on the phone described their previous day. They had gone to restaurants, coffee shops and completed some personal shopping. They described that they were doing very well at the moment and were happy with the level of support being provided by staff. They discussed how some restrictions had been removed and they were very happy with this.

Each resident was supported to pursue their own routine and activities for the day. In addition to having a designated team of staff, there were a sufficient number of vehicles available in the centre for residents to go into the community or on trips without interrupting the routine of their peers. Some interests that residents enjoyed included going shopping, going to the beach, going to the cinema, and joining exercise classes to name a few. The residents wishes and preferences were taken into consideration when planning meaningful days and goals.

Documentation review, indicated good examples of the residents being involved and having their voice heard in care and support strategies. Keyworking sessions with residents and staff occurred on a regular basis. Residents' were facilitated to make complaints and express any dissatisfaction with elements of their care and support. Compliments were also noted and these had been made by family and other significant support people in residents' lives.

At times, some residents did express some dissatisfaction at aspects of their lived experience in the centre. For example, there were complaints made by one resident following an incidents of peer to peer verbal abuse. They stated in these reports that they did not like when these incidents occurred and that incidents such as these really upset them.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the centre was adequately resourced with governance and management systems in place. Despite these measures, at times, insufficient oversight was in place to continually drive service improvements. Although the provider had put in considerable efforts into keeping all residents safe, peer to peer verbal incidents were still occurring. A number of improvements were required across regulations to ensure that the service provided was continually having a positive impact on residents' quality of life.

There was a clear management structure and lines of accountability in the centre. There was a full time person in charge in place who had the skills, experience and qualifications necessary to manage the designated centre. The person in charge was supported by one team leader and four deputy team leaders. A regional director of operations, who was senior to the centres staff team, also supported the person in charge when required and attended the centre on a regular basis.

There was regular audits and reviews of the service provided with clear actions identified and persons responsible. These audits and reviews were submitted to senior management on a weekly basis. These identified events including incidents, complaints, allegations and accidents occurring in the designated centre. These reports trended and analysed events to identify where developments or strategy changes were required to maintain a safe and effective service which suitably supported residents' assessed needs. Annual reviews and six monthly unannounced provider visits were also occurring in line with the remit of regulation.

Although systems were in place for oversight, due to the findings of this inspection, further review of the providers systems were required to ensure they were accurately identifying areas of improvement and driving quality. For example, cleaning schedules and infection control audits were in place. Cleaning schedules noted that the apartment described in the previous section had been cleaned on a regular basis. The level of cleanliness observed, such as dusty and stained floors and furniture, indicated that cleaning was not being completed as indicated. Further oversight of cleaning procedures were required to ensure they were being completed as required. The evidence observed on the day of inspection did not provide assurances that infection control practices were in line with best practice.

A large body of staff was employed and available in this centre and each resident had a minimum of two staff supporting them during the day and night. Staff spoken with were found to be knowledgeable on the residents' support needs, routines, interests, personalities and how to most effectively support them. There were a small number of staff vacancies for which the provider was actively recruiting for.

The staff team was led by a person in charge and a team leader who worked full-time in this designated centre. They had suitable deputation and on-call arrangements in place so that the team was appropriately led at all times. The

inspector reviewed a small sample of supervision records and found that one-to-one meetings and performance management sessions were occurring in line with provider time frames. The content of these discussions included competency assessments, identifying objectives for development within the role, and outlining how the staff member could be supported by their respective line manager to achieve relevant goals. Staff were suitably trained for their respective roles.

Regulation 15: Staffing

There were high levels of staff support in place in the centre, with all residents supported by two staff at all times. Actual and planned rosters were in place which were well maintained. Staff spoken with were able to describe the supports residents required. They were knowledgeable about individual preferences of residents. Residents expressed that they were satisfied with the support staff were providing.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided in areas in including fire safety, medication management, hand hygiene, behaviour management and manual handling. All staff had received up-to-date mandatory training on the day of inspection.

Supervision structures were in place to support staff to fulfil their roles to the best of their ability and to raise any concerns or support requests in their roles.

Judgment: Compliant

Regulation 23: Governance and management

The service provider, for the most part, maintained regular oversight of the operation of the designated centre and the quality of care and support offered to service users. The designed centre was subject to regular audits and incident analysis including trending of many important aspects of service provision.

The were clear lines of accountability with well defined management and reporting structure.

Although good systems were observed to be in place, further oversight was required to ensure the systems were accurately identifying areas of improvement. As

discussed above some areas of infection prevention and control required improvements. In addition to this, the use of restrictive practices for some residents required further review. For example, an environmental assessment had been completed in relation to one of the apartments.This process was completed prior to a new admission to the designate centre. This assessment had failed to identity the use of some restrictive practices in the resident's environment.

Although the provider had put considerable efforts to keeping all residents safe, peer to peer incidents were ongoing. The potential impact of this for residents had been recognised by the provider and there was a plan in place to possibly relocate one resident to another part of the designated centre to further mitigate this risk.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that this was a service which strived to support the assessed needs of residents.This support was subject ot robust oversight by a multidisciplinary team. The provider had aimed to provide a safe and effective service which supported complex assessed needs of residents. Improvements were required across a number of regulations to enable continual safe and effective services and promote best possible outcomes for the residents living in the centre.

There had been a a number of incidents, adverse events, some allegations of poor care, and use of restrictive interventions recorded in this service and in the delivery of care and support for complex resident needs. The inspector was assured that the provider and local management took all alleged or suspected safeguarding incidents and allegations seriously and all allegations and incidents were progressed and investigated in accordance with organisational and national policy. Referrals were made to the safeguarding designated officer for all incidents, and where relevant, incidents were notified to the Chief Inspector of Social Services. If grounds for concern were identified following the preliminary screening process, safeguarding plans were put into effect and communicated to support staff. Investigation into safeguarding matters were carried out promptly, with actions and learning taken for future reference and ongoing resident support. Staff were trained in the protection of vulnerable adults and in de-escalation strategies, and were clear on how to identify and respond to potential or actual episodes of abuse. Regular review of safeguarding plans was completed to ensure they were relevant.There had been a significant decrease in the number of incidents since the last inspection. Despite considerable efforts by the provider, peer to peer verbal incidents of abuse were occurring. These incidents were having a negative impact on residents lived experience within the centre.

In order for staff to support residents appropriately there were detailed multi-element behaviour support plans in place for each resident that required them.

These described detailed guidance on proactive and reactive strategies to decrease the potential of any harm occurring and de-escalate incidents. Triggers of potential incidents were described and well as hypothesis of the potential function of behaviours of concern. Evidence based practice was fundamental to delivery of effective positive behaviour support in this service. Strategies were discussed with the multidisciplinary team and staff team, and there was evidence of discussion between the resident and the behavioural specialist to agree upon plans. Trending of events linked to the behaviour support plan were evaluated on a regular basis to ensure plans were effective.

There was a large number of restrictive practices in effect in the living environment including secured doors, security devices, equipment and belongings being stored securely, and controlled access to items which may be used to cause harm. For these practices, there was regular review to ensure that each of these measures was appropriate to address the relevant risk, and done in agreement with the resident. Some of these practices were implemented alongside a proposed plan to ease or remove them where an objective was met or a certain amount of time passed without occurrence of specified incidents. Although, for the most part, restrictive practices were in line with evidence based practice, the inspector noted some restrictive practices in place for one resident that did not have a clear rationale or evidenced the least restrictive measures in place. For example, one resident had a key pad lock to their apartment. There were no identified risks in place that required the use of this practice for this resident.

Guidance in relation to the management of COVID-19 was readily available to staff and staff were observed wearing Personal Protective Equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day. All staff had received up-to-date training in infection control and the donning and doffing of PPE. Although measures were in place for the protection against infection and the management of COVID-19, some areas of the designated centre were not suitably cleaned. Although cleaning schedules were in place the findings on the day of inspection did not provide assurances that a good standard of cleanliness was consistently maintained. One resident's apartment and the communal hall had visible dirt on floors and furniture. There was rubbish and overfilling ashtrays in one resident's outside area.

Regulation 13: General welfare and development

Residents were afforded with the opportunity to partake in a range of meaningful recreational activities. The personal planning process was an integral part of identifying residents preferences in terms of community participation, meaningful activities and development of independent skills. Family links were supported. Residents that spoke with the inspector indicated they spent time doing activities they liked.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose. Overall, many parts of premises were kept in good decorative repair and the residents' apartments were individualised. However, improvements were required to ensure each residents apartment was individualised to their relevant preferences. Areas of some apartments required painting. Window furnishings were missing or inappropriate to the residents' specific needs.

Some residents had insufficient storage for items in their bathrooms. Personal items were being stored on top of radiator covers. The provider had identified this and was awaiting suitable storage.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider had ensured that systems were in place for the assessment, management and ongoing review of actual and potential risks in the designated centre. All residents had individual risk management plans in place.

Judgment: Compliant

Regulation 27: Protection against infection

There was some good practices in relation to protection against infection in this centre, such as adequate hand washing facilities, hand sanitiser in place and staff wore masks in line with relevant guidance.

However, some areas of the designated centre were visibly dirty on the day of inspection. A garden area, a resident's apartment and communal hall areas required review to ensure they were being cleaned on a regular basis. Cleaning schedules required required further oversight to ensure the cleanliness of the centre was being maintained at all times.

Judgment: Not compliant

Regulation 28: Fire precautions

Overall, there were effective fire management systems in place. There were adequate arrangements for detecting, and extinguishing fires. There were adequate means of escape and emergency lighting in the centre. Regular fire drills were occurring.

Some fire doors were wedged open on the day of inspection. One automatic closure device was not working effectively in a kitchen area of an apartment. This door had been wedged open. In addition to this a bedroom door was being wedged open by a piece of furniture. These were immediately removed on the day of inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Overall, appropriate supports were in place in the form of multi-element behaviour support plans for the residents. These plans are reviewed on a continual basis and were informed by evidence based practices.

Although the majority of restrictive practices in place had a clear rationale, associated risk assessments, were subject to regular review and were in place in line with national practice and evidence based practices. A small number of restrictive practices were in place that had not been subject to the same rigorous process. These restrictions were not evidently in place as the least restrictive measure for some residents. For example, a resident had a key pad lock on their apartment door. There was no clear rationale or associated assessed risk to indicate why this may be required.

Judgment: Substantially compliant

Regulation 8: Protection

Although the provider had taken significant actions to safeguard all residents from abuse a number incidents where continuing to occur. The number of incidents had decreased in recent months. While residents never met in person, a number of peer to peer verbal incidents continued to take place with residents shouting abusive language at each other when in shared gardens. It was noted that at times, residents' lived experience was negatively impacted by these incidents. Residents had indicated that they were 'upset' following these incidents and stated that they did not want to live in a home were negative statements were being made about

them.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Although the provider had ensured as much as possible each residents rights were appropriately upheld and respected, at times resident choice and control was at times impacted by potential risks of being in close proximity of their peers living in the centre. For example, residents could not access the communal areas of the house such as the kitchen. This was identified in the previous inspection and continued to be ongoing concern at the current inspection.

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 (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	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rivendell OSV-0007758

Inspection ID: MON-0034556

Date of inspection: 03/11/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. The Person in Charge (PIC) shall conduct a review of the management systems in place regarding Infection Control Practices in the Designated Centre so as to ensure that;
a) All daily hygiene tasks and standard operating procedures in regards infection control are appropriate to the residents' needs.
b) Following the review, the PIC shall ensure that hygiene tasks and standard operating procedures regarding infection control are effectively monitored daily by the Designated Centre's management team.
c) Staff receive additional refresher training on the Designated Policy and Procedure [PL-C-031] on Infection, Prevention Control Practices
d) The above points to be discussed with the staff team at the next monthly team meeting on 20/12/2021.

2. The Person in Charge (PIC) shall conduct a review of all restrictive practices in conjunction with the Behavioural Specialist and in line with the Centre's Policy and Procedure on Restrictive Procedures [PL-C-005] to ensure such practices are applied, adopted, and recorded in the least restrictive manner for the shortest duration of time.

3. Following an environmental review, in consultation with the Service User, an alternative living space within the Designated Centre has been identified to be conducive to meeting the residents change in assessed needs and the PIC will ensure that;
a) All relevant Care Plans, Comprehensive Needs Assessments and associated risk assessments shall be reviewed and updated as required.
b) All Staff are briefed on any updates through the Centre's daily handovers and monthly team meetings.
c) A transition plan is developed in conjunction with the resident and any such change to the Service User's environment is completed in a safe and timely manner.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The Person in Charge (PIC) shall conduct a review of the systems in place regarding the management / overview of maintaining Premises in the Designated Centre so as to ensure that.
a) A full review of Service User's apartments to ensure each apartment is personalized to the Service User's individual assessed needs.
b) Personal plans are updated as required to reflect changes to Service User's environment.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
1. The Person in Charge (PIC) shall conduct a review of the management systems in place regarding Infection Control Practices in the Designated Centre so as to ensure that;
a) All daily hygiene tasks and standard operating procedures in regards infection control are appropriate to the residents' needs.
b) Following the review, the PIC shall ensure that hygiene tasks and standard operating procedures regarding infection control are effectively monitored daily by the Designated Centre's management team.
c) Staff receive additional refresher training on the Designated Policy and Procedure [PL-C-031] on Infection, Prevention Control Practices
d) The above points are to be discussed with the staff team at the next monthly team meeting on 20/12/2021

2. The PIC shall ensure that the Centre's management team complete an e-Learning Module 'National Standards for Infection prevention and control in community services: Putting the standards into practice'

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. The Person in Charge (PIC) shall conduct a review of the fire precautions systems in place the Designated Centre so as to ensure that.
a) Following the review, the PIC shall ensure that all fire systems are effectively monitored daily by the Designated Centre's management team,
(To note the automatic closure device which was not working effectively on the day of the inspection has since been repaired)
b) All staff shall complete a refresher training on Fire Safety Awareness.
c) The above points are to be discussed with the staff team at the next monthly team meeting on 20/12/2021

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
1. The Person in Charge (PIC) shall conduct a review of Positive Behaviour support in the Designated Centre so as to ensure that.
a) Restrictive practices are reviewed in line with Policy and Procedure on Restrictive Practices [PL-C-005] and are recorded in a detailed manner whereby the rationale, justification for the restriction and exploration of alternatives are explored and trialed where identified and deemed safe to do so in line with the identified risk associated.
b) Environmental restrictions in the Designated Centre are appropriate to the resident's individual assessed needs.
c) The above points to be discussed with the staff team at the next monthly team meeting on 20/12/2021

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1. The Person in Charge (PIC) shall conduct a review of safeguarding systems in the Designated Centre so as to ensure that;
a) A full review of the Designated Centre's Centre Specific Safeguarding Plan is to be completed by the Person in Charge with the Designated Officer, to ensure all additional control measures are in place and strategies are clearly outlined to support Residents.
b) Proposed changes for two Service User's to swap apartments are now in progress with modifications to the environment required in advance of this swap now scheduled to commence on the 13.12.21. This will reduce the overall risk of peer-to-peer abuse occurring in the Centre.
c) The above points to be discussed with the staff team at the next monthly team

meeting on 20/12/2021	
Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. The Person in Charge (PIC) shall conduct a review of Service User's rights in the Designated Centre so as to ensure that;
a) Where restrictive practices are implemented in the Designated Centre which necessitates from the Service User's identified risks, the Person in Charge will ensure that key working sessions are completed with the Service User prior to their implementation so that the Service User can participate and consent with supports where necessary.
b) Service User's will and preference to access the kitchen area will be respected. To facilitate this safely, an internal move in the Centre will be completed whereby a resident will transition to another ground floor apartment.
c) HIQA's four eLearning Modules on a Human Rights Based Approach to be completed by all Centre Management.

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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	15/12/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	15/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Not Compliant	Orange	31/12/2021

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021
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	31/12/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice	Substantially Compliant	Yellow	31/12/2021

	and control in his or her daily life.			