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Delta Oaks, OSV-0004712, 06 September 2022

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

Issued by the Chief Inspector

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| Name of designated centre: | Delta Oaks |
| Name of provider: | Delta Centre Company Limited by Guarantee |
| Address of centre: | Carlow |
| Type of inspection: | Announced |
| Date of inspection: | 06 September 2022 |
| Centre ID: | OSV-0004712 |
| Fieldwork ID: | MON-0028880 |

About the designated centre

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

Delta Oaks is a designated centre located close to the town of Carlow. The centre provides residential care for 11 adults, male and female, with intellectual disabilities aged 18 years and upwards. The centre comprises of three buildings; Tintean Dara, Tintean Eala and Tintean Rua. Residents have individual bedrooms in all three houses with shared kitchen and living areas. All three houses have access to open garden areas. Local amenities in Carlow include shops, café's, restaurants, a bowling alley, salons, GAA clubs and a cinema. Delta Centre day services and sensory gardens are also located close by. The staffing team consist of social care workers and support workers. Residents also have access to a staff nurse in the Delta centre if needed.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 10 |
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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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------------|-------------------------|---------------|---------|
| Tuesday 6 September 2022 | 08:30hrs to 14:30hrs | Sarah Mockler | Lead |
| Tuesday 6 September 2022 | 08:30hrs to 14:30hrs | Tanya Brady | Support |

What residents told us and what inspectors observed

This was an announced inspection to assess the centre's ongoing compliance with regulations and standards and completed to make a decision regarding renewing the centre registration. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE).

Prior to this inspection the registered provider had submitted an application to renew the registration of the designated centre; Delta Oaks. As part of this application the provider proposes that two of the homes associated with the current registration of this designated centre would now be registered under a separate designated centre. This inspection therefore refers to the findings associated with the one home that will continue to be registered under the Delta Oaks designated centre only.

Two inspectors carried out the inspection. The proposed changes are for a designated centre that comprises one house in a residential area near Carlow town. This house is currently registered for a maximum of three residents and the inspectors met and spent time with all three individuals. On arrival at the house the inspectors were greeted by a staff member and resident. Relevant COVID-19 checks were completed prior to entering the building. The resident waited patiently while this task was being completed. The resident showed both inspectors into their home and brought them to the kitchen. On walking through the building, it was noted that one resident was sleeping comfortably in an arm chair in the sitting room. One other resident was completing their morning routine in their bedroom.

The resident chatted with the inspectors and answered direct questions. For example, when asked what was their plan for their day they responded that they were not quite sure. The resident appeared relaxed and requested a cup of coffee from a staff member. When this was presented the resident informed the staff member that they wanted tea instead. The staff member supported the resident in a kind and caring manner and was sensitive to the resident's specific assessed needs.

As the morning progressed the other two residents came into the kitchen at different times. They were observed to request hot drinks and request assistance from staff as needed. It was a busy home at this time, as both inspectors, the person in charge and day service staff were all present. Residents were however, familiar with the routines and the staff present and were seen to call them by their names and were comfortable requesting assistance as needed. Staff presented as professional and very respectful to the residents at all times.

The inspectors observed that noise levels in the home were increased at times. This was due to a resident that engaged in loud vocalisations on a frequent basis. On the day of inspection this resident was in the sitting room during this time. The

vocalisations were not directed at anyone in particular. This was very much part of this resident's normal presentation. Previous inspection observations and statutory notifications as submitted by the provider, identified the ongoing impact of the noise level within the home had on other residents within the home. The provider was very much aware of this matter and had put in a number of measures in to help address this. These measures are discussed in more detail throughout the report.

The inspectors had the opportunity to speak and observe all three residents. All residents used verbal means to communicate. Some residents only responded to direct questions, or spoke to get answers to their immediate questions. For example, one resident directed some repetitive questioning towards the inspector. This was in line with their assessed needs. Staff interactions during this time were patient and kind and the staff were clearly familiar with all residents specific likes, dislikes and preferred routines. Staff were seen to reassure residents as appropriate and support them to complete their morning routine and leave the house for their day service.

Two resident's sat with one inspector for a time at the kitchen table and told the inspector that they had had their nails painted recently. One resident told the inspector they had also had their hair done and that they really liked it. The residents offered to show the inspector their personal rooms and explained how they had chosen the colours of the walls. One resident showed the inspector photographs of family that were framed and on display and they were observed later selecting accessories to wear to their day service. The two residents were supported by staff who were present at all times over the course of the morning.

As part of the inspection the inspectors completed a walk around of the premises. Inspectors observed that the designated centre was decorated in a homely manner. Two residents each had access to their own en-suite bedroom which was decorated according to their personal tastes. The third resident again had access to their own individual bedroom and used the main bathroom within the home. The designated centre was observed to be clean and tidy. Due to general wear and tear, some parts of the premises required maintenance work to ensure best practice could be adhered to in relation to Infection Prevention and Control (IPC) measures. This is discussed in further detail under Regulation 27.

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

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the Regulations and to inform the decision on renewal of the centre registration. Inspectors found that this centre met the requirements of the Regulations in many areas of service provision. Following previous inspections of this centre a number of areas of concern had been identified in particular relating to safeguarding of

residents. Following these previous inspections the provider had completed a significant piece of work over the last 12 months to ensure the needs of all residents could be best met within this centre. Inspectors found that while a number of minor improvements were still required in a small number of regulations the provider had for the most part self-identified these and had a plan in place. This is discussed in more detail in the relevant sections of the report. To ensure a safe service could be consistently provided to all residents ongoing monitoring and referral onto relevant health and social care professions would be required. Again the provider was aware of the requirement for this level of monitoring.

There was a suitably qualified and experienced person in charge who had oversight of this designated centre. This person in charge was employed in a full-time capacity. Their role had recently become supernumerary to the dedicated staff team which would further strengthen the governance structure within the centre. The provider had put a clearly defined management structure in place which identified lines of authority and accountability. The person in charge was supported in their role by a Residential Services Manager who fulfilled the role of person participating in management for the centre and both were met as part of this inspection.

Following a review of residents' assessed needs the staffing compliment had been increased in the centre. The provider had been successful in securing additional funding to increase resources, including staffing hours within the centre. Specifically 52.5 of additional staffing hours were dedicated to this home at the time of inspection. In addition to this, the provider was completing a review of night time staffing to ensure additional resources could be allocated as needed. This ensured that there was a minimum of two staff present for the majority of the day. This provided assurance that the needs of all residents within the home could be supported appropriately. A planned and actual roster was well maintained. For the most part, the roster reflected the actual staff that were on duty.

An up-to-date statement of purpose was in place in the designated centre. The statement of purpose was found to contain much of the information as required by Schedule 1 of the Regulation. However, inspectors found that the statement of purpose did not accurately reflect the dedicated hours provided by the person in charge to the centre when it reconfigured.

Staff in the designated centre had access to regular formal supervision, the frequency of which was found to be in line with the provider's policy. A review of supervision records found that the content of supervision was appropriate to the needs of staff.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted the required information in relation to the renewal and re-configuration of this centre.

Judgment: Compliant

Regulation 15: Staffing

Due to the increased staffing levels, inspectors found that staffing support was now aligned to the assessed support needs of residents within this home. Additional hours of staffing were in place for this home on the day of inspection. Staff spoken with during inspection expressed that the increased staffing levels had made a significant difference to the support that was available to residents within the home. This was also observed during the inspection as residents were supported in different locations and at the same time within their home. Due to the changing needs of residents within the home the registered provider was also assessing the needs of all residents during the night time period to ensure correct supports would be put in place as needed. Additional staffing hours were to be allocated accordingly following this review.

Some minor adjustments to the roster were required. At times, when residents did not attend day service, the staff from the day service supported residents within the home. This arrangement was not always reflected in the roster. From discussion with the person in charge and residential manager this arrangement had minimally occurred to date. The provider acknowledged that this would be reflected accurately on the roster going forward.

Staff and resident interactions were observed to be friendly, patient and kind. Staff were observed engaging in casual and familiar conversations with residents. Staff were also observed to communicate with residents in a manner which respected residents' individual communication needs, dignity and autonomy. For example, staff were observed asking residents if it was okay to assist them before doing so.

Judgment: Compliant

Regulation 22: Insurance

The centre was appropriately insured in the event of an accident or incident occurring.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had completed a number of pertinent actions to ensure

good levels of regulatory compliance and that the lived experience of all residents was enhanced. There was sufficient resources in place, in the form of staffing, to ensure that residents' current assessed needs could be met while acknowledging these continued to change. Although, some identified risks remained in place in relation to safeguarding, the introduction of a number of mitigating measures reduced this risk. Continuous assessment and monitoring of the service provided was required in an ongoing capacity to ensure the relevant improvements had time to embed and ensure that improvements were sustainable.

The centre had a clearly defined management structure with clear lines of accountability and responsibilities identified. A number of audits and reviews of the centre both by the provider and at a local level occurred on a regular basis and were driving quality improvement within the centre. Six monthly unannounced visits, as required by the Regulation were occurring with action plans arising from the findings of these. The local audits were completed on a regular basis to ensure that sufficient oversight was in place and actions were also identified as an outcome from these.

Staff meetings were occurring and inspectors found that there was clear communication systems in place to ensure the staff were informed and received guidance to support them in carrying out their roles.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was submitted as part of the re-registration process. This statement of purpose contained much of the required information as set out in Schedule 1 of the Regulation. Improvements were needed in the detailing the whole time equivalent hours dedicated to this centre by the person in charge.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that the day-to-day practice within this centre ensured that residents were for the most part safe and were receiving a quality service. Residents were seen to be treated with dignity and respect and the care provided was appropriate to the residents' needs. A consistent staff team worked at the centre and those spoken with were knowledgeable of residents' needs and the local policies and procedures. Areas for improvement were identified such as fire safety, infection prevention and control and residents rights. Improvements were noted in safeguarding arrangements, however, as mitigating measures had only recently

been introduced additional time was required to fully review the impact of these measures.

The inspectors found the premises to be nicely decorated and homely. Each resident had their own bedroom which facilitated the storage of their personal belongings. Two bedrooms also had an en-suite bathroom. One resident used the main bathroom in the home. Residents' bedrooms were personalised to reflect the things and people that were most important to them and residents reported they had given input into the colours of the decor. There was a well maintained garden to the rear of the centre. Due to general wear and tear a number of areas of the home required some maintenance works to ensure it could be cleaned effectively and that best practice in relation to IPC measures was in place. For example, some of the shower trays had small amounts of mould present, there were gaps in floor boards where debris could gather and peeling and chipped paint was present on some of the fixtures and furnishings.

The inspectors reviewed the arrangements in place to safeguard residents. The registered provider had notified the office of the chief inspector of a number of safeguarding incidents that had occurred in the previous nine month period. The inspection process found that all required reporting measures had been taken and relevant safeguarding plans were found in place for all three residents within the home. To mitigate the identified safeguarding risks the registered provider had sought and put in place additional staffing, staff received training in the areas of positive behaviour support and safeguarding, positive behaviour support plans were in place for residents that required them and in-depth involvement from an independent advocate had been sought for two of the residents within the home. The implementation of these measures had resulted in improved outcomes for all residents within the home. However, the sustainability of these measures requires ongoing review to ensure their continued effectiveness.

Arrangements were in place for the management of risk at the centre. There was a policy in place that met the requirements of regulations and guided staff practice accordingly. A risk register was maintained as too were individual and centre risks. These were reviewed and updated regularly.

The provider endeavoured to protect residents, staff and visitors from the risk of fire. On this inspection an area of concern was noted in relation to the containment of fire however, the provider had addressed this before the inspectors finished the inspection. One area was also identified in relation to the materials used on the ceiling of one room and the provider gave inspectors assurances that this would be reviewed.

Inspectors saw evidence that the designated centre was striving to operate in manner that respected the rights of each individual resident. An independent advocate had been allocated to two residents to determine their will and preference in relation to their living arrangements. This was an action the provider had taken following the noted and documented impact of safeguarding incidents within the centre. Detailed elements of the advocate visits and recommendations were reviewed by inspectors. The registered provider had taken the recommended steps

to ensure the residents' views were well considered. However, on review of a positive behaviour support plan for one resident, one recommendation did not consider the right for the other residents to have choice and control over aspects of their daily routine.

Regulation 20: Information for residents

The required information in the residents guide was present as determined by the Regulation. One small amendment was needed to ensure the information provided in the guide was relevant when the centre reconfigured.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider had, as part of their continuous quality improvement measures, consulted with residents living in the centre regarding their choice on where they wished to live. The provider completed up-to-date assessments of residents' current needs and supported their decision making by ensuring residents had access to independent advocacy services. The inspectors found that consultation had occurred with residents and their families or support systems.

Alternative possible living arrangements were identified and all residents were provided with support while potential changes were explored. The inspectors reviewed the plans that were put in place and the details of all consultation processes. The residents supported by independent advocate chose to remain in their current home and the provider has responded by respecting that choice. As outlined throughout the report the provider has put other measures in place to ensure residents assessed needs were supported.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted safety of residents and were subject to regular review. There was an up to date risk register for the centre and individualised risk assessments in place which were also updated regularly to ensure risks were identified and assessed. There was

an effective system in place for recording adverse incidents and accidents.

The centre had up to date risk management policy in place which was also subject to regular review and contained all the information as required by the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Inspectors found that improvement was required regarding some of the infection prevention and control practices in the centre. There were a number of good practices in place such as temperature check of staff and visitors on arrival to the centre . There was adequate supply of hand hygiene gel and personal protective equipment (PPE).The provider had an outbreak contingency plan in place that was reviewed on a regular basis.

There was information relation to infection prevention and control practices that was in line with national guidance available to staff and residents. Staff on duty were seen to wear face masks. Arrangements were in place for PPE to be disposed of, however, improvements were needed in this area to ensure effective IPC measures were in place at all times in relation to this including that pedal operated bins would be available.

As stated previously the condition of some areas of the premises did not assure the inspectors that effective cleaning could take place at all times. On surface level the premises was visibly very clean and tidy. However, gaps in floor boards, presence of mould, small holes in flooring areas, chipped and peeling paint on storage presses, missing and or damaged laminate on bedroom lockers were barriers to effective IPC measures. The registered provider had identified a number of these areas that required improvement through the use of targeted audits. On the day of inspection these works remained outstanding.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors as part of their walk through of the premises observed a number of areas that required review to ensure containment of fire within the centre. These included two fire doors that did not close fully and a door frame where the door hardware had been removed reducing the integrity of the frames. The provider and person in charge responded to these on the day of inspection and inspectors reviewed the repairs by maintenance prior to the end of the inspection day. The necessary works had been completed.

In one area of the centre which was part of an escape route the provider was to review the integrity of a covering on a ceiling and to provide an assurance when this review was completed and the outcomes of same to inspectors. This information was submitted following the inspection and the relevant safety measures were found to be in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to relevant health and social care professionals to ensure that up-to-date and relevant behaviour support plans were in place as required. Staff spoken with on the day of inspection were very familiar with different elements of the plans and were able to discuss relevant supports that were required as needed. The behaviour support specialist had provided bespoke training in relation to this plan and there was evidence of good support to staff as required to ensure the plan was adhered to.

However, staff training did not evidence a component of de-escalation measures which is required by the Regulation. The inspectors recognised that the provider was in the process of rolling out positive behaviour support training at the time of this inspection. Due to the needs of all residents within the home this was an area that required formal training.

Judgment: Substantially compliant

Regulation 8: Protection

A number of safeguarding actions continued to be undertaken by the registered provider on an on-going basis. Some of the measures had only recently been introduced such as the use of additional staffing. This had been in place since mid-June of this year.

The ongoing compatibility of residents within the home remained an area of concern. Although the number of safeguarding incidents had reduced, residents' specific assessed needs remained and continued to have a potential impact the lived experience of residents within the home. There were a number of factors to relation to this, across all residents living in this home.

Inspectors acknowledge that in reducing the safeguarding concerns the provider has taken resident's choices into account and has engaged fully with them, in addition to implementing other measures as discussed earlier in the report. The measures in place however, require additional time to embed to determine the sustainability and

continued positive impact on the lived experience of all residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were many positive practices observed and documented in relation to ensuring residents' rights were respected and considered on an ongoing basis. On the day of inspection it was noted that all staff spoke with residents in a kind and respectful way. Staff were observed to give choices around care and support. As previously discussed the use of an independent advocate was sought and obtained to ensure the will and preference of two residents was considered in terms of their current living arrangements.

However, on review of a behaviour support plan for one individual, a recommendation had been made in relation to a specific routine for the other two residents within the home. This recommendation did not appropriately consider or ensure the right of these residents to have choice and control over this aspect of their routine. This required review to ensure that all residents' rights were appropriately considered.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Quality and safety | |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Delta Oaks OSV-0004712

Inspection ID: MON-0028880

Date of inspection: 06/09/2022

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 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Amendment has been completed and the updated statement of purpose has been returned to HIQA by 30.9.22.</p> | |
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The provider has a plan in place to ensure the organisation will come into compliance with regulation 27 by completing the below actions.</p> <ul style="list-style-type: none"> • Swing bin in the entrance hallway was replaced with peddle bin on 10.9.22. • Residents bedroom locker with chipped laminate will be replaced by 31.10.22. • All bathrooms in the designated centre are scheduled to be renovated and upgraded by 31.12.22. • Storage presses that were chipped will be replaced by 31.11.22. • All gaps in floorboards will be fixed by 14.11.22. | |
| Regulation 7: Positive behavioural support | Substantially Compliant |

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| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The provider is currently completing a review of the behavioural support training in place for staff, adjustments will be made to the current roll out of training to include a component of de-escalation measures which is required by the Regulation. Staff will have completed the training in de-escalation techniques by January 31st 2023.</p> | |
| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection: The provider will continue to review any safeguarding instances in the designated centre. The provider will continue to complete debrief forms with all individuals after any instances of safeguarding to ensure residents are supported to voice how they feel or if there is any impact as a result of any safeguarding instances.</p> <p>The level of safeguarding within the designated centre and the impacts on the individuals will be monitored and the provider will continue to ascertain the will and preference of all individuals living in the designated centre.</p> <p>Timeline: Ongoing.</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The behavioural support plan for one resident in the designated centre has been reviewed and amended to ensure all residents rights are upheld. Completed: 12.9.22</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 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 31/12/2022 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1. | Substantially Compliant | Yellow | 07/10/2022 |
| Regulation 07(2) | The person in charge shall ensure that staff receive training in the management | Substantially Compliant | Yellow | 31/01/2023 |

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| | of behaviour that is challenging including de-escalation and intervention techniques. | | | |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Substantially Compliant | Yellow | 07/10/2022 |
| 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 and control in his or her daily life. | Substantially Compliant | Yellow | 07/10/2022 |