



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

Issued by the Chief Inspector

Name of designated centre:	Primrose Lodge
Name of provider:	Terra Glen Residential Care Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	25 June 2024
Centre ID:	OSV-0008629
Fieldwork ID:	MON-0042201

About the designated centre

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

This centre is a two storey house located outside of a small village. The centre can support up to three children with an intellectual disability and or Autism. The centre can accommodate either male or female children aged between six to 18 years of age. Each child will have their own bedroom. They will be supported by a staff team that consists of healthcare assistants, social care workers, a team leader, a deputy manager with oversight from the centre manager who is the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 25 June 2024	10:10hrs to 18:30hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of inspection, the findings were positive. Residents were observed to be happy and content in their home and they enjoyed a good quality of life, supported by the centres management and the staff team.

However, some areas were identified for improvement. These included, positive behavioural support, communication, training and staff development, and fire precautions. These areas will be discussed in more detail later in the report.

The inspector had the opportunity to meet the two residents that were living in the centre. During the course of the inspection, the two residents attended school and then returned at different times later in the day.

Residents, with alternative communication methods, did not share their views with the inspector, and were observed at different times during the course of the inspection in their home.

On the day of the inspection residents' activities varied. One resident went for a drive to a lake and they went for a walk and fed the ducks. Staff spoken with stated that the resident appeared to enjoy the activity as they were observed smiling. The other resident went to a soft play centre directly after school and returned to the centre afterwards. They had their dinner upon their return.

Over the course of the inspection, the inspector observed staff members on duty, the deputy manager and the person in charge to use relaxed and calm communication when speaking with the residents. Different staff members were observed to smile fondly when they spoke about the residents to the inspector. One staff member commented that they loved working with the children.

Residents were observed to appear very relaxed and comfortable in their home and in the presence of staff. For example, the inspector observed one resident look for a high five gesture from two staff to which staff responded promptly and with a big smile to the resident's communication cue.

The provider had arranged for the majority of staff to have training in human rights. One staff member spoken with said that they felt that rights were 'drilled' into them through their work and education. They felt that the human rights training reaffirmed what they already knew and practiced. They felt that they wanted to do what was best for the children and give them choices in life. They said that they used visuals to help the children make choices.

The inspector observed the house to be very tidy. Each resident had their own bedroom and there was adequate storage facilities for personal belongings. They were individually decorated to suit the preferences of each resident. For example, both residents picked their bed linen. One resident did not like too many items in

their bedroom and their preference was to have their preferred items in the sun room. That choice was observed to be respected. The person in charge did communicate to the inspector that further exploration was going to be completed with the residents as to their preferences towards how they wanted their rooms to look.

There was a large front and back garden accessible to the residents. There was a trampoline available in the back garden along with a sand pit and a garden table and benches. The front garden had a climbing frame with a slide and swings.

The inspector also had the opportunity to speak to one family representative on the phone. They communicated that they were happy with the service. They said that it was a very good place for children. They said they knew how to raise a concern or complaint if they needed to and would be happy to report it to the manager if needed. They said that the staff were very good and that they had nothing bad to say about the staff or the centre.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires was positive and was returned by two residents by way of staff representatives on behalf of the residents. One of the questionnaires was completed by staff in the presence of one resident. The resident made a comment to say "a happy home".

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

Capacity and capability

This inspection was announced and it was the first inspection of this centre since it was registered in December 2023. This inspection was undertaken in order to assess compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. For example, there was a full-time person in charge. The provider also arranged for a number of audits to be completed in order to assess compliance levels in different areas, for example medication management.

There were systems in place to monitor and facilitate staff training and development. For example, staff were receiving formal supervision and had access to training, such as first aid. However, some improvements were required with regard to staff competency assessments and ensuring all staff had required training

which included agency staff.

The inspector reviewed a sample of rosters and they demonstrated that there were adequate staff on duty to meet the needs of the residents.

From a review of a sample of two residents' transition plans, the inspector noted that, the residents were observed to be involved in the move. Additionally, from two contracts of care reviewed, the inspector saw that the services provided and fees to be charged were included in the document as required by regulations.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to fulfil the requirements of the role. They were a qualified social care professional and they had a qualification in art therapy. They were employed in a full-time capacity within this centre. They demonstrated that they were familiar with the residents' care and support needs. For example, they discussed the support strategies that one resident required around their intimate care.

A family member spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 15: Staffing

A sample of rosters were reviewed over a three month period from April to June 2024. They demonstrated that there was sufficient staff in place at the time of the inspection to meet the needs of the residents. There was a planned and actual roster in place maintained by the person in charge.

On the day of inspection, there was a full complement of staff in place which ensured continuity of care and support to residents. While the provider was completing on-going recruitment, some agency staff had been employed in the centre since it opened. The inspector reviewed the files for four agency staff. The files demonstrated that the provider had assured themselves that the agency staff were Garda vetted, had appropriate qualifications for the role and had some mandatory training completed, for example children first safeguarding. Agency staff training will be discussed further under Regulation 16: Training and staff

development.

From speaking with three staff, the deputy manager and the person in charge, the inspector found that they were familiar with the residents' care and support needs. The residents appeared comfortable in their company, for example a resident was observed smiling at their support staff and responding to any questions the staff member asked them.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the training matrix and a sample of training certification, staff for the most part received training in order for them to carry out their roles effectively. For example, staff were trained in areas, such as fire safety, first aid, medicines management, and hand hygiene.

Staff had received additional training to support residents, for example the majority of staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

However, from a review of four agency staff files, it was not evident that all agency staff that were working in the centre had training in fire safety or positive behaviour support in order to ensure that they could appropriately support the assessed needs of the residents.

Two staff had not received training in respiratory hygiene and cough etiquette, however, one had only recently been employed by the provider. It was not evident if one staff had training in personal protective equipment (PPE). Additionally, staff did not have training provided in the area of Autism. Due to the assessed needs of the residents, that training would provide staff with additional knowledge to more effectively support the residents.

Staff were receiving competency assessments in areas such as medicines management from the person in charge or the deputy manager. However, the person in charge or the deputy manager did not have any additional training to provide them with the knowledge or expertise to carry out those assessments. This was required in order to assure the provider that they were appropriately trained in order to sign staff off as competent in that area.

The inspector also reviewed supervision files for three staff that worked in the centre. For the most part, the files demonstrated that supervision arrangements, which facilitated staff development, were occurring in line with the provider's policy. The person in charge had introduced a supervision schedule in order to support with the arranging and oversight of staff supervision. In addition, after having received training in supervision, the deputy manager had recently been given responsibility to

undertake some staff supervision in order to ensure supervisions would be completed within time frames.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there were suitable governance and management systems in place. There was a defined management structure in the centre which consisted of a team leader, a deputy manager, a person in charge, the operations manager and the director of disability services who was the person participating in management for the centre.

The provider had arrangements for unannounced visits to be completed as per the regulations and the inspector was able to review one which was completed in March 2024.

There were a number of audits completed or due to be completed within the centre in order to assess the quality and safety of care and support provided to residents in the centre. An example of areas included were, an annual infection prevention and control (IPC) and premises audit, Quarterly peer to peer audits which involved a manager from another centre reviewing the systems in this centre. The inspector observed one of those reviews that was completed in March 2024. The review included areas, such as rights, consultation, complaints, safeguarding, training, records.

There were monthly audits, for example:

- medicines audits completed of which the inspector reviewed the ones completed for May and June 2024
- residents' files of which the inspector reviewed the ones completed for March to June 2024. IPC, and environmental audits which included fire safety and general health and safety. This was to ensure that any identified issues would be rectified or escalated within in a timely manner.

The inspector reviewed the team meeting minutes of meetings carried out since February 2024, and found that meetings were taking place approximately every two weeks and incidents were reviewed for shared learning with the staff team.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed the arrangements for residents to transition to this centre

and to other providers when applicable. Residents were supported with their transitions through an individual transition plan. The inspector reviewed the transition plans for two residents, one of which had recently moved out of this centre. The resident that recently moved out was given the opportunity to visit their proposed new house with another provider. In the case of a resident that moved into this centre, they did not have the opportunity to visit due to time restraints and distance. Notwithstanding that, the person in charge visited them and showed them videos and pictures of the centre. The inspector observed social stories that were completed for the residents to help support their understanding of what was happening or due to happen with regard to their moves.

The inspector also reviewed the two current residents' contracts of care. They laid out the services and conditions of their service and fees to be charged to the residents and they were signed by a representative of the residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had adequate arrangements in place for the management of complaints. For example, there was a complaints policy, and associated procedures in place along with a nominated complaints officer for the centre.

There had been one complaint since the centre opened and it had been suitably reviewed, resolved and it was documented. As previously stated, a family member spoken with was aware how to make a complaint if required. The centre had also received one recent compliment from the same parent that had previously made a complaint, stating that they were so happy with the house and all the staff. They said that all the staff were so nice when they spoke with them and that they could see their family member was happy.

Judgment: Compliant

Quality and safety

Overall, the inspection found that the residents were receiving a good standard of care that was meeting their needs. However, as previously stated some improvements were required in relation to positive behavioural support, communication and fire precautions.

For the most part, there were suitable fire safety management systems in place, which were kept under ongoing review. However, more assurance and clarification was required with regard to the fire detection and alert system coverage to ensure it

was appropriate for the centre.

The inspector reviewed restrictive practices in use in the centre, for example the chemical press was kept locked. However, improvements were required with regard to the rationale and consent for restrictive practices in place.

The inspector found that, residents were being supported with their emotional needs. For example, residents had positive behaviour support plans in place as required.

While communication was being supported in the centre, further improvement was required to ensure staff were adequately guided to residents' support requirements which would in turn facilitate residents to communicate effectively.

From a review of the residents' healthcare needs, they were found to be known to staff and they had access to allied health professionals if and when needed. For example, residents had access to their general practitioner (GP) when required.

The inspector found that there were suitable safeguarding arrangements in place in order to protect residents from the risk of abuse. For example, staff had received training in child safeguarding.

The person in charge had ensured that residents had access to opportunities for leisure and recreation. For example, the inspector observed that, the children had visited soft play centres on many occasions.

The inspector observed the premises was tidy and for the most part, in a good state of repair and clean. Any identified areas for cleaning were rectified on the day of the inspection.

There were systems were in place to manage and mitigate risk and keep residents safe in the centre. For example, there was an organisational risk management policy in place.

Regulation 10: Communication

The inspector observed that there were picture activity boards displayed in the centre to facilitate the residents' understanding of what their routine would be for the day. The inspector also observed a picture exchange system available for use for one resident and a number of visual picture cards available to support both residents' communication.

The operations manager communicated to the inspector that they were working on further developing the organisation's communication policy in place and showed a draft version to the inspector. They explained that the provider wanted to enhance communication within the organisation.

From a review of the two residents' files, the inspector observed that there was some documented information in residents' personal plans on their communication styles and how best to communicate with them. However, the plans did not elaborate on information. For example, one plan stated that a resident may repeat some words or phrases throughout the day; however, it did not provide any examples as to what they might be. This meant that the communication needs were, potentially, not familiar to all staff, to ensure that the children could communicate appropriately. Notwithstanding that, from speaking with the person in charge and two staff, they were familiar with how best to communicate with the residents.

A resident's communication plan did make reference to supporting them with a picture exchange programme and using a 'first and then' approach. However, staff were found not to be trained in the use of that picture system. In addition, the children had not received input from a speech and language therapist (SALT) in order to assess their communication needs and supports that they may require. This was in order to assure the provider that supports were being provided in the right manner to adequately support the children's communication. Therefore, the inspector was not assured that the children's communication needs were being appropriately addressed.

The inspector observed that the residents had access to televisions, phones and Internet within the centre.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported by the centre staff to attend school. One resident had recently joined a new school since admission to the centre and staff were supporting them to participate in the school timetable on a phased basis so as not to overwhelm them.

Residents were supported to develop independence and life skills, For example, from a review of two residents' goals, they were both working on being more independent with regard to different aspects of intimate care, for example hand washing after using the bathroom.

The inspector reviewed the logs of activities that the two residents participated in from 27 May 2024 to 17 June 2024. From the sample reviewed, residents were observed to participate in activities based on their interests, for example attending playgrounds, soft play centres, going for walks to forests, attending to the library, visiting pet farms, bowling, and the cinema.

Residents were encouraged and facilitated to keep in contact with their family through visits. For example, one resident was supported to go on weekly visits to

their family.

Judgment: Compliant

Regulation 17: Premises

The premises was observed to be tidy and for the most part clean. On the day of this inspection, the house was observed to be well maintained and decorated to a nice standard. There was adequate space for the residents, for example there were multiple communal areas and each had lots of toys and other play items for use. Each resident had their own bedroom. Residents had access to cooking and laundry facilities.

The inspector observed that some areas required further cleaning, for example there was a hand print on the staff bedroom wall and the surface of the kitchen table was worn in a few places which would prevent it from being cleaned effectively. The person in charge arranged for any additional identified cleaning requirements to be cleaned on the day of the inspection and the evidence shown to the inspector. The senior manager for the organisation confirmed in writing that the table would be repaired or replaced within three weeks.

Judgment: Compliant

Regulation 26: Risk management procedures

There were adequate systems in place to manage and mitigate risk and keep residents safe in the centre. For example, there was a policy on risk management available that was reviewed in February 2022.

A risk register was maintained for the designated centre which was reflective of the presenting risks. There were risk assessments completed for identified risks, for example, fire safety and residents going missing while in care.

Risks specific to individuals, such as behaviours of concern had also been assessed and control measures identified, for example that staff were trained in first aid. The inspector observed that staff were trained in first aid which demonstrated that control measures listed were in place as described.

The inspector reviewed a sample of the incidents that occurred in the centre since the centre opened. They were found to be suitably recorded, escalated if required and responded to. Learning from incidents was shared with the staff team were appropriate. For example, the staff team and the operations manager met periodically to review incidents in what they called a significant event review

meeting.

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed that from a sample of one of the centre's vehicles that it was taxed, insured and serviced. It was not due for a national car test (NCT) yet due to its age.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including fire containment doors, emergency lighting and firefighting equipment, each of which was regularly serviced. While there was a fire alarm detection system present in the centre, the inspector queried with the provider if the alarm type and cover that was provided by the alarm met the requirements of national guidance. Subsequent to the inspection, the provider consulted with an external professional in the area of fire and they submitted some information in order to answer the inspector's questions. The response did not provide sufficient clarification that the alarm type provided an adequate level of cover for the premises as required.

The inspector reviewed the two residents' personal emergency evacuation plans (PEEP), which provided guidance to staff as to the evacuation supports the residents required for safe evacuation in the case of an emergency. Regular fire evacuation drills were taking place in order for the provider to assure themselves that they could evacuate all residents to safety. The inspector reviewed the documentation of the last four drills. They contained details of scenarios used that recorded the possible source of the fire.

Judgment: Substantially compliant

Regulation 6: Health care

From a review of the two residents' files, they demonstrated that residents had health assessments completed which identified their healthcare needs.

Once their healthcare needs were known, there were healthcare plans in place for identified supports required. Healthcare plans outlined what supports the residents required to experience the best possible health and in the case of the residents in this centre minimal supports were required. From a review of the two residents' files, it was evident that residents were facilitated to attend appointments with health and social care professionals as required, for example a dentist and GP.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents presented with behaviour that may cause distress to themselves or others, the provider had arrangements in place to ensure those residents were supported. For example, residents had access to a behaviour therapist. From a review of two residents' files, the inspector observed that there were positive behaviour support plans in place to guide staff as to how to support the residents. A staff spoken with was clear as to how to best support a resident when they were feeling distressed.

Restrictive practices were logged and reviewed periodically. However, the rationale for all restrictive practices used in the centre was not always clear. It was communicated to the inspector that some were in place due to instruction from the provider as an organisational protocol rather than based on the residents' assessed needs. They included, a locked chemical press and sharps locked away. Clear rationale is required in order to assure the provider that the least restrictive procedure, for the shortest duration necessary, is used.

In addition, it was not evident if the restrictions had been communicated to the residents and there was no consent on file from the residents' representatives. The inspector observed one email that demonstrated consent was sought from one parent in the days prior to this inspection and the provider was awaiting a response.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents. For example, there was an organisational child safeguarding policy in place and it was last reviewed in February 2022. Staff were trained in children first safeguarding training including agency staff that worked in the centre. One staff spoken with was clear on what to do in the event of a safeguarding concern. There were two safeguarding risks that occurred in the centre since it opened. The safeguarding risks were reported to the relevant statutory agency and there were safeguarding plans put in place.

From a sample of one resident's intimate care plan, the inspector observed that there was guidance provided to staff as to how best to support them with regard to the provision of intimate care.

The person in charge had a qualification in managing service quality and safeguarding. In addition, the operations manager who was the designated liaison person was in the process of completing a module on positive safeguarding culture

with all staff the organisation. The inspector observed that seven of the 11 centre staff had already completed the module.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Primrose Lodge OSV-0008629

Inspection ID: MON-0042201

Date of inspection: 25/06/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • Regular agency staff to complete training for introduction to positive behaviour support and essential trainings. • Autism Specific training to be booked for inhouse with the staff team. • Training schedule to be introduced with tiered trainings in order of importance to ensure the IPC and safety modules are completed within the first tier. • Managers who assess competency to complete additional training in the related field. 	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: <ul style="list-style-type: none"> • The files for individuals we support to have a comprehensive review of communication and this to include examples throughout the document. • The individual supported to have a SALT referral to support with communication needs. 	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Source additional information which was not available on the day or follow up; in relation to providing clarification relating to the alarm type and the assurance from a qualified fire officer that this provides adequate level of cover for the premises and it's needs. 	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:	

- Rationale to be included in the restrictive practice document and evident to each individual.
- Each restrictive practice to be linked clearly to the consultation for the individual.
- All restrictive practices to have consent from their representative.

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	15/08/2024
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	15/08/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional	Substantially Compliant	Yellow	20/08/2024

	development programme.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	20/08/2024
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	20/08/2024
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	20/08/2024