



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

## Issued by the Chief Inspector

Name of designated centre:	Ballard House
Name of provider:	The Rehab Group
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	11 April 2024
Centre ID:	OSV-0002667
Fieldwork ID:	MON-0043357

## About the designated centre

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

Ballard House is a designated centre operated by RehabCare. It provides a community residential service to up to four adults with a disability. The designated centre is a large two storey house which comprises of four individualised resident bedrooms, an office, a staff bedroom, a sitting room, living room, sun room and kitchen. The designated centre is located in a busy town in County Offaly with access to local amenities and facilities. The staff team consists of residential care workers. The staff team are supported by the person in charge.

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

Number of residents on the date of inspection:

4

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
Thursday 11 April 2024	08:00hrs to 13:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This inspection was conducted following the receipt of information which raised concerns in regards to the oversight of care and also the safety and safeguarding of residents. The inspection was unannounced and conducted over one day.

The inspection commenced in the early morning and the inspector met with the four residents who used this service as they had their breakfast and got ready for the day. The inspector also met with two staff members who had supported residents overnight. The inspection was facilitated by the centre's person in charge and also the centre's team leader who attended the centre in the late morning. A manager who also participated in the oversight of care met with the inspector at the conclusion of the inspection.

The centre was large, spacious and each resident had their own bedroom. The centre catered for residents with intellectual disabilities, mental health concerns and also those who had a history of placing themselves at risk.

The inspector found that this centre required significant improvements in regards to the oversight of care and also the safeguarding of residents. On the day of inspection, although there were many pleasant interactions observed, the inspector also observed a safeguarding incident which was not responded to or addressed by the staff on duty. In addition, a resident informed the inspector of a planned admission to this centre and how they feared for their safety, and the safety of others. Furthermore, a senior staff member also informed the inspector of their safeguarding concerns, but no action had been taken to report or respond to these concerns. As a result of observations and interactions with residents and staff, the inspector issued two immediate actions in regards to safeguarding and one urgent action in relation to the planned admission to this centre. These issues and the provider's response will be discussed in the subsequent sections of this report.

There were some pleasant interactions observed on the morning of inspection. Residents went about their own affairs, had their breakfast, chatted with staff, each other and also the inspector. The inspector observed that residents went to staff members for assurance and also to discuss their plans for the day ahead. However, the inspector also observed that interactions were not always pleasant between all residents. One resident was observed to continually involve themselves in other resident's individual affairs which affected their choices and lived experience in the centre. In addition, the inspector also observed both a verbal and physical incident, which staff did not respond to, or report to the person in charge. When the inspector discussed care within the centre, the inspector was informed that these interactions were the norm and there were no safeguarding concerns. However, a senior staff member informed the inspector that negative interactions were also observed with another resident and these could be considered a safeguarding concern, but these had not been reported as required to ensure that all residents

were safeguarded.

As discussed above, the centre had fundamental issues in regards to identification, response and management of safeguarding. As will be discussed below, a resident also had a history of making allegations; however, there were no protocols or oversight arrangements in place to ensure that this resident was safeguarded. In addition, a planned admission had a profound impact on a resident who feared for their safety should this admission occur. Furthermore, a resident had a history of placing themselves at risk and the provider had not responded appropriately to ensure that their safety was promoted and that they were safeguarded from their own behaviours.

Based on the above stated findings, the inspector found that significant improvements were required to safeguard and improve the safety arrangements for residents in this centre. Considerable adjustments in regards to governance and oversight were also required to bring this centre back into compliance with the regulations and improve the standard of care which was provided to residents.

## Capacity and capability

The oversight of care and the provision of a safe service are fundamental aspects in the operation of designated centres for residents with disabilities. Although, this centre had oversight arrangements in place, they did not ensure that residents were safeguarded and that all residents' safety was promoted.

The provider had recently appointed a new person in charge who facilitated this inspection. They were supported in their role by a team leader, who attended the centre daily. A senior manager also provided additional oversight of care. The person in charge was new to this role; however, they had a good understanding of the residents' needs as they were also the manager of two day services which residents from this centre attended. This centre was part of services which operated in a large town in the midlands.

The person in charge explained that the provider had opened a new designated centre, and as a result there would be planned changes in regards to the staff team in this centre. In addition, there would also be a planned discharge from this centre and also a planned admission. The person in charge discussed that residents were informed two days before this inspection of the planned admission and transition plans were already in place for the resident identified to move in. On the surface, all actions taken by the provider appeared reasonable; however, the inspector discussed the new admission with current residents, with one resident becoming emotional and clearly described their fear and anxiety in regards to the resident who was to move into their home. They explained that they had previously experienced physical aggression from this resident and they feared for their safety and the safety of others. Although the resident had not brought this to the attention of the provider prior to the inspection, they made their concerns and fears known to the person in

charge on the morning of inspection. The inspector observed that the person in charge was kind and considerate when the resident spoke to them and they took this information seriously. Following this meeting the person in charge explained to the inspector that there was incidents in the past, but both residents crossed paths in their day service and there had not been any recent incidents. The inspector found that although consideration had been given to the centre's new admission, the words spoken to the inspector by the current resident, was a clear indication of their fear and anxiety. The inspector issued an urgent action to the provider, prior to the conclusion of the inspection to review this admission to this centre.

As mentioned earlier, two immediate actions were also issued to the provider in response to safeguarding concerns which were identified on the morning of inspection. These actions were issued in response to a failure in the provision of care to identify and responding accordingly to safeguard residents. These two immediate actions alongside the issued urgent action were a clear indication of the failures in terms of oversight of care in this centre. The provider had completed the required six monthly audit two months prior to this inspection and although the audit was thorough in examining the delivery of care, it failed to identify ongoing safeguarding concerns in this centre. It did highlight an issue in regards to a resident who frequently reported allegations of abuse. The audit recommended that a protocol was implemented to safeguard this resident, and an external oversight agency also recommended that each allegation was investigated. The person in charge was well aware of this issue and was seeking to resolve it; however, it had not been addressed on the day of inspection.

The inspector found that there were significant issues in regards to safeguarding residents in this centre. Basic fundamental elements of the safeguarding of residents were not adhered to, with concerns not reported and therefore not acted upon. The responsibility with regards to the safeguarding of residents rests solely with the provider of care. In this centre the provider failed to demonstrate that residents were safeguarded at all times and this was having a negative impact on their day-to-day lives.

## Regulation 23: Governance and management

Robust oversight arrangements are fundamental to the provision of care. The inspector found that the governance and management arrangements in this centre required significant improvements and to ensure that residents were safeguarded and that safety was promoted.

The provider failed to identify the issues and concerns within the centre. The inspector observed one safeguarding incident which was not reported or responded to by staff. In addition, a senior staff member raised safeguarding concerns; however, these had not been previously reported. As a result, two immediate actions were issued to the provider in regards to safeguarding residents. In response the provider made referrals to the centre's assigned designated officer and

interim safeguarding arrangements were implemented to safeguard residents.

The provider had completed the required six monthly audit which identified that action was required in order to safeguard a resident who frequently made allegations. An external agency also recommended that each allegation made was investigated; however, at the time of inspection this issue had not been addressed by the provider.

The provider had a planned admission for this centre and transition planning and visits to the centre were scheduled. A resident who was residing in the centre at the time of inspection raised significant concerns in regards to their safety and the safety of others should this admission proceed. As a result of the impact upon this resident, an urgent action was issued to the provider to further examine this admission to the centre. As requested the provider responded within the required timeline and the decision was taken not to proceed with this admission.

The office of the chief inspector received information which highlighted safety concerns for one resident who placed themselves at risk when accessing the community independently. The inspector found that management were aware of these issues and the resident had been accessing the community independently for a number of years. Although independent access was positive in terms of rights, the provider failed to implement suitable risk assessments to promote their safety. In addition, the provider failed to safeguard the resident from their own behaviours which had the potential to place them in abusive situations.

Due to the above issues, the provider failed to demonstrate that suitable oversight of care was in place. As a result, two immediate actions and one urgent action was issued to the provider to ensure that residents were safeguarded.

Judgment: Not compliant

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

The safe and planned admission, transfer and discharge of residents to and from designated centres is an integral aspect in the provision of care. A careful and considered approach is required to ensure that residents are protected from potential harm and are not effected though the actions of the provider.

In this centre there was both a planned discharge of one resident and also the planned admission of another. The person in charge explained the planning which had taken place and involved senior managers and members of the multidisciplinary team. Residents were informed two days prior to the inspection and no issues were foreseen by the provider. The provider was open and transparent in regards to informing residents of the changes and transitions plans were in place for those involved, with an initial overnight stay to occur for the new admission four weeks after this inspection.

However, one resident who met with the inspector stated clearly of their fears in relation to the resident who was moving into their home. They explained that they feared for their safety and also the safety of others should this resident move into their home. It was clear to the inspector that this resident could be adversely effected by this change to their home and further consideration and review of the planned admission was required.

Judgment: Not compliant

## Quality and safety

Maintaining the quality and safety of care to a good standard at all times is a fundamental role of the provider in the running and operation of a designated centre. In general, this centre had a good regulatory history; however, information received indicated that there were recent safeguarding and safety concerns.

This inspection found that key areas of care including safeguarding and risk management were not held to a good standard and that fundamental changes were required to bring this centre back into compliance with the regulations. The safeguarding issues were of significant concern and the provider was issued with two immediate actions on the day of inspection to safeguard two residents from harm.

As mentioned in the opening section of this report, there were some pleasant interactions observed between residents and also between residents and staff. Residents had free access to all communal areas of their home and some residents were seen to get on well with each other. However, the inspector witnessed both a verbal and physical interaction which staff did not respond to, or report, and it was indicated to the inspector that these interactions were a regular occurrence in the centre. In addition, the inspector observed that a resident frequently involved themselves in the affairs and decisions of others and a staff member who met with the inspector felt that this was a safeguarding concern; however, this had not been reported accordingly. Furthermore, recommendations by an external agency to investigate allegations in the centre had not been implemented at the time of inspection.

A resident enjoyed accessing the community independently and they said good bye to the inspector as they walked to their day service by themselves. The person in charge explained that they could access the local town by themselves and they generally did this each day from their day service. They also could access the community from the designated centre in the evenings and at weekends. This resident told the inspector that they liked heading into town by themselves and they generally went to the local shops. The inspector was informed by staff and management that this resident had a history of poor mental health. They also had a history of placing themselves in vulnerable situations and in the past a community

Gardai had discussed their concerns with the provider. However, the inspector found that the provider had not suitable risk assessed this community access in order to promote their safety. In addition, there were no actions taken by the provider in order to safeguard the resident from their own behaviours which had the potential to place them at a risk of harm.

Overall, the inspector found fundamental flaws in the oversight of safeguarding and risk management. Procedures in relation to identification of, and response to safeguarding concerns had not been followed which impacted upon care and residents' lived experience. In addition, the provider failed to safeguard a resident from their own behaviours which had the potential to place them at a risk of harm.

## Regulation 26: Risk management procedures

Robust risk and incident management systems are the cornerstone of providing services which are safe. These systems promote a culture which is proactive when identifying and responding to risk and also have sufficient measures in place to support the delivery of care.

A resident who used this service had a history of placing themselves at a risk of harm. They also had a history of suicidal ideation, petty crime and behaviours of concern. The resident accessed the local town independently but given their vulnerabilities as noted in their assessment, the provider's risk management system was significantly inadequate.

The Chief Inspector had received information pertaining to this resident as being at risk. The inspector spoke with four staff members and the person in charge who described a number of concerning situations whereby the resident could be placed at risk of harm due to their behaviours, including asking members of the public for money and associating with individuals who were known to the Gardai. However, the provider did not have a suitable risk assessment, or safeguards in place, to promote their safety, or to safeguard them from their own behaviours.

Judgment: Not compliant

## Regulation 8: Protection

The safeguarding of residents is fundamental in the delivery of care; however, the inspector found that significant improvements were required in relation to safeguarding in this centre

The inspector found that there was a disconnect between everyday safeguarding practice, and safeguarding policy/procedures which placed residents at risk of harm. With this lack of cohesion in regards to safeguarding, the provider failed to

demonstrate that all safeguarding concerns were reported and acted upon. As a result, the provider was issued with two immediate actions to safeguard two separate residents on the afternoon of the inspection.

The inspector observed a negative verbal and physical interaction which was not immediately reported by staff. The inspector was also informed by a senior staff member of safeguarding concerns between two other residents; however, these had not been reported and responded to. Although, staff were up to date in terms of safeguarding training, this area of care required further review to ensure that this training was put into practice in this centre.

The inspector read a recommendation by an external agency that all allegations made by one resident should be investigated; however, this had not occurred at the time of inspection. In addition, the provider's own six monthly audit highlighted the need for a protocol to support a resident when making allegations of concern, again, this had not been implemented at the time of inspection.

Overall, the inspector found that the lack of cohesion and understanding of safeguarding in this centre placed residents at a significant risk of harm.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Not compliant
Regulation 8: Protection	Not compliant

# Compliance Plan for Ballard House OSV-0002667

Inspection ID: MON-0043357

Date of inspection: 11/04/2024

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The PIC will review actions identified in the previous six-monthly internal review to ensure actions have been completed and ensure that the action tracker on the online reporting system is maintained with updates of progress and details when actions are/were completed.</li> <li>• The Regional Manager will complete a review of incidents for the previous 6 months. Concerns arising will be addressed and the relevant corrective actions will be taken. I.e. complaints, assessments, and or retrospective reporting to HIQA for notifiable incidents. The Regional Manager will ensure that all incidents are reviewed on a regular basis.</li> <li>• The PIC and Team Lead local monitoring systems will be updated to best suit the service and resident’s needs and requirements. This includes regular review of handover document and daily notes to ensure that all health &amp; safety incidents including safeguarding are captured.</li> <li>• Health &amp; Safety, Safeguarding, and Incident Review will remain as standing agenda items at all staff meetings to ensure staff are facilitated to raise concerns about the quality and safety of the care and support provided to residents.</li> <li>• The PIC will ensure that on a day-to-day basis that safeguarding concerns are identified, responded to, reported and managed as per the provider’s policy. This was discussed at meeting with staff team on May 28th.</li> <li>• The PIC will ensure that all staff are aware of agreed escalation procedures for safeguarding issues and ensure that staff are aware of the need to take immediate action when concerns arise in order to ensure all residents are protected from harm. This was discussed at meeting with staff team on May 28th.</li> <li>• The staff supervision schedule for 2024 will be revised and all staff will receive regular supervision as per Rehab Group policy.</li> <li>• The protocol that supports one resident who has a history of making allegations has been replaced with new guidance for staff to ensure that all allegations are reported in line with the provider’s safeguarding policy.</li> </ul>	

- The individual risk assessment for one resident who places themselves at risk when accessing the community will be reviewed. The purpose of the review is to ensure it promotes the resident's safety and includes guidance for staff to protect the resident as far as possible from harm. The guidance will include details on steps to take should the resident leave the service without staff knowledge, is not contactable via phone, how we work with local Gardaí etc. This risk assessments considers the rights of the resident to make their own choices including those that could be viewed as unwise choices.
- The Behavioural Therapist has implemented a money management protocol to support the resident with managing his finances, staff will continue to provide education to the resident in terms of managing his finances.
- Safeguarding Risk Assessment/Plans will be updated to ensure that risks in respect of each individual are assessed, and control measures are put in place to ensure residents are protected from the risk of abuse.
- A Safeguarding Log will be developed to allow effective monitoring by the PIC of multiple screenings or plans. This will also contribute more effective monitoring of safeguarding concerns through the internal audit process.
- A review of daily notes and residents support documentation for the last six-months will be completed to ensure that any reported incidents, complaints, safeguarding concerns etc. found to be documented in daily notes have been addressed.
- The Code of Conduct was reviewed with staff at team meeting on May 28th, all staff will read and sign that they have read and understood the Code of Conduct. The Code of Conduct to be discussed during induction of new staff.
- Boundary Management Training to be provided and undertaken by the entire staff team.
- A Medication Management Review to be carried out and plans put in place to address any actions arising.

Regulation 24: Admissions and contract for the provision of services	Not Compliant
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- Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
- The admission planned at the time of this inspection has been cancelled and the person will not be moving into the service.
  - In consultation with the Behaviour Therapist staff will commence discussions with existing residents on a new referral to the service with a view to ensuring all existing residents are happy for the proposed resident to move in and the new admission have any adverse effects on the current residents.
  - A compatibility review will be completed by the Behaviour Therapist for proposed admission to the service with existing residents to ensure that any new admission to the service does not pose a risk of harm for existing residents.
  - A needs assessment will be completed for the new resident in terms of their suitability for the service in line with admission criteria and taking cognisance of the needs of and compatibility with existing or other proposed residents in the service.

- Individual transition plans and the overarching project plan to be revised and updated to reflect the plans for both the admission and discharge of residents.
- Consultation with current residents to be facilitated prior to the admission of any new residents transitioning to the service and evidence of same will be documented.
- The person in charge will ensure the new resident and their family or representative are provided with an opportunity to visit the Centre. This will be documented in the transition plan.
- As part of the new admission the first stage of the personal plan will be developed within 28 days.
- The new resident will receive a Contract of Care detailing agreements with them in terms of the support and care they will receive.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The Regional Manager will complete a review of incidents for the previous 6 months. Concerns arising will be addressed and the relevant corrective actions will be taken. I.e. complaints, assessments, and or retrospective reporting to HIQA for notifiable incidents. The Regional Manager will ensure that all incidents are reviewed on a regular basis.
- With the support of the Behaviour Therapist, review of residents Positive Behaviour Support Plans and supporting documentation will be carried out.
- Review all residents individualised risk assessments will be completed to ensure that control measures and safeguards are in place to promote their safety.
- Residents support plans will be updated to ensure they are reflective of each persons needs with regards promoting their safety and supporting positive lived experiences e.g. social skills, personal relationships, community inclusion, feeling safe at home, rights and responsibilities, personal safety, and maximising independence.
- The individual risk assessment for one resident who places themselves at risk when accessing the community will be reviewed. The purpose of the review is to ensure it promotes the resident's safety and includes guidance for staff to protect the resident as far as possible from harm. The guidance will include details on steps to take should the resident leave the service without staff knowledge, is not contactable via phone, how we work with local Gardaí etc. This risk assessments considers the rights of the resident to make their own choices including those that could be viewed as unwise choices.
- The Behavioral Therapist has implemented a money management protocol to support the resident with managing his finances, staff will continue to provide education to the resident in terms of managing his finances.
- Workplace Risk assessments and risk register will be reviewed to ensure adequate control measures are in place.
- Reviewed and updated risk assessments and individual plans to be discussed with the staff team to ensure that they understand the support needs of each individual resident.
- All incidents will be reviewed at staff team meetings and during periodic reviews with

the Health & Safety Team to ensure learning from every incident is used to inform practice.

- Financial Audit was carried out by a Senior Project Executive (Operations) on the 21/5/24 to ensure that supports provided to residents are in adherence with the Personal Property, Personal Finances and Possessions Policy.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- The protocol that supports one resident who has a history of making allegations has been replaced with new guidance for staff to ensure that all allegations are reported in line with the provider's safeguarding policy.
- The individual risk assessment for one resident who places themselves at risk when accessing the community will be reviewed. The purpose of the review is to ensure it promotes the resident's safety and includes guidance for staff to protect the resident as far as possible from harm. The guidance will include details on steps to take should the resident leave the service without staff knowledge, is not contactable via phone, how we work with local Gardaí etc. This risk assessments considers the rights of the resident to make their own choices including those that could be viewed as unwise choices.
- The Behavioural Therapist has implemented a money management protocol to support the resident with managing his finances, staff will continue to provide education to the resident in terms of managing his finances.
- The PIC will ensure that on a day-to-day basis that safeguarding concerns are identified, responded to, reported and managed as per the provider's policy. This was discussed at Team Meeting on May 28th.
- The PIC will ensure that all staff are aware of agreed escalation procedures for safeguarding issues and ensure that staff are aware of the need to take immediate action when concerns arise in order to ensure all residents are protected from harm. This was discussed at Team Meeting on May 28th.
- All Staff to complete refresher training in Safeguarding Adults at Risk of Abuse (HSELand)
- All staff to complete refresher training in Introduction to Children First (HSELand)
- All staff to complete training on Communicating with People who have an Intellectual Disability (HSELand)
- The organisation's Safeguarding Policies (Adult and Children) outlines the organisation's position on and procedures for the management of allegations and suspicions of abuse. All staff are to read the policy again and sign that they have read and understood.
- Snr Project Executive (Operations) to facilitate Safeguarding workshop with staff team.
- A review of the Safeguarding Documentation Folder will be completed to ensure it contains the required documents and to ensure that all have been reviewed in the last 12 months, including the list of mandated persons, mandated person's declarations, Rehab Group annual declaration etc.
- Residents are to be supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

- Safeguarding will be discussed with residents individually during key-working meetings and as an agenda item at house meetings, to include topics privacy and dignity, respecting others with who they live.
- Charter of Rights and Responsibilities to be discussed with all residents individually during key-working meetings and as an agenda item at house meetings.
- Keyworkers and the support team are to facilitate residents to understand their right to make a complaint and how to complain.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/06/2024
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the	Not Compliant	Orange	30/06/2024

	need to protect residents from abuse by their peers.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/06/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2024
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	30/06/2024
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	30/06/2024