



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

Issued by the Chief Inspector

Name of designated centre:	Blackberry Lodge
Name of provider:	Praxis Care
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	15 May 2023
Centre ID:	OSV-0007965
Fieldwork ID:	MON-0039746

About the designated centre

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

Blackberry lodge provides a full time residential service for a maximum of five adults, male and female, with intellectual disability, mental illness, autism, behaviours that challenge, additional communication needs and/or other health needs as required. The premises is a two storey building situated in a rural area in Co.Wexford on a large site with garden to the back and side of the residence. The centre has a self contained unit on the ground floor for one resident which comprises a kitchen/dining/living room, a sun room and en-suite bedroom. The rest of the premises comprises a large kitchen/dining room, a utility room, one large sitting room, one lounge, five bedrooms all en-suite and one downstairs bathroom. The staff team comprises of a social care workers and support staff. Further therapeutic supports are available to residents through HSE referrals. The team is supported by a person in charge and social care team leader. Local amenities to the centre include beaches, shops, cafe's, cinema's and sports facilities

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Monday 15 May 2023	08:30hrs to 14:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This inspection was the second of this centre since it was first registered. This was an unannounced inspection, completed in part to inform a decision against applications made by the registered provider to vary two conditions of their registration. In addition, to review the levels of compliance against the Regulations. The centre is currently registered for a maximum of five residents and the provider has applied to reduce the maximum occupation to four individuals.

This designated centre comprises a large two storey property set in it's own grounds close to the beach in a small town in Co. Wexford. Currently four individuals live in this centre and the inspector had the opportunity to meet and spend time with all four residents over the course of the inspection. On arrival the inspector met with two residents initially who were in their kitchen. A third resident was relaxing in a smaller lounge area and the fourth resident was in their self contained apartment to the rear of the premises.

In the kitchen, two residents welcomed the inspector to their home. They had supported staff in opening the gate to allow the inspector enter the grounds when they arrived. The inspector joined them at the table as they shared a drink and prepared for their day in day services. The residents told the inspector about their families, that they liked the centre and one resident explained with staff support that they had made a lemon cake and indicated to it on the kitchen counter. The residents were happy for the inspector to move through their home and to take a look in the rooms. When time came for the residents to leave they were observed supporting each other to gather their belongings and to hurry one another out to the vehicle. One resident commented that they were always very busy and that they especially liked bingo and dancing.

Another resident was relaxing in a lounge area beside the kitchen. The resident had their headphones on and the staff explained that they had not slept well and so were taking time to relax. Another resident said 'sh' to the inspector to indicate that they supported their peer in having quiet time. Residents were seen to be familiar with each other and to engage in a friendly and relaxed manner. Residents were familiar with each others preferences and their home had a relaxed and comfortable atmosphere. This resident later following their rest, was observed supported by staff to leave the centre. They used a centre vehicle to attend activities in a day service operated by another provider. Staff were observed giving clear directions and following routines and procedures that supported the resident in anticipating what came next and in maintaining a calm environment.

The premises contained a self-contained apartment to the rear and one resident lived here. They greeted the inspector and were supported by a member of staff in their apartment. The resident had access to activities they enjoyed and jigsaw puzzles and other games were in the living room and had been in use when the inspector arrived. The resident can freely access the garden and also the rest of the

house if they wish to and the staff supported them in moving between locations if they wished to. The inspector observed the resident accessing the main part of the house with staff support and all residents appeared familiar and happy with this arrangement. The resident was observed greeting staff members as they came on duty and indicated they were happy when familiar staff arrived. The inspector observed that the resident opened and closed windows and moved items in their home to obtain an atmosphere they found pleasing. Staff used clear language to describe activities and to outline what was about to happen and this was seen to support resident understanding. Later this resident was supported by staff to leave the centre and to attend activities that they enjoy.

The inspector observed the residents move freely throughout their home. Residents used their kitchen to prepare drinks and snacks and staff explained that residents were developing independence skills that they had identified as important, for example baking or loading the dishwasher. There was a warm and welcoming atmosphere in the house. All residents who spoke with the inspector were comfortable in their home, and with the levels of support offered by staff. They were observed to seek out staff support as they needed it during the inspection, and staff were observed to respond in a kind and caring manner. Staff who spoke with the inspector were very familiar with residents' care and support needs, and they spoke with the inspector about residents' likes, dislikes, goals, and talents. From what the inspector saw, was told and read, residents were very busy and enjoying a good social life in their local community. Staff also spoke of feeling listened to by the provider and person in charge and felt they could raise any issues using the systems available to them.

There were vehicles available to the residents to support them in attending activities, events or to access the community. Residents were visiting their families and friends regularly. One resident spoke with the inspector about their family and staff explained that residents enjoyed going out to meet others or for a cup of tea. Social stories and information in an easy-to-read format were available for residents on areas such as fire safety, residents' rights, finances, complaints, the availability of independent advocacy services, and infection prevention and control.

Overall, the inspector found that the provider was recognising areas where further improvements were required and putting actions plans in place. They were aware that improvements were required for example, in relation to premises maintenance or fire containment and these had been reviewed before the inspection. Residents were busy doing things they enjoyed and were keeping in touch with their family and friends.

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

Capacity and capability

Overall, this inspection found that following the registration of this premises as a designated centre and its initial inspection that residents had been in receipt of good quality care and support. This had resulted in positive outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

There were systems to ensure that staff were recruited and trained, to ensure they were aware of and competent to, carry out their roles and responsibilities in supporting residents in the centre. Residents in this centre were supported by a core team of consistent staff members. Residents were complimentary towards the staff team. Staff were described as lovely, helpful, and kind. During the inspection, the inspector observed caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required.

In addition, staff took the opportunity to talk with the inspector about residents' strengths and talents. They spoke about how important it was to them to ensure that residents lived in a comfortable home where they were happy, safe and engaging in activities they enjoyed. The person in charge and the team leader with additional responsibilities facilitated the inspection. They were found to be familiar with residents' care and support needs and motivated to ensure they were happy and felt safe living in the centre. They were available to residents and staff both in person or on the phone during the week, and there was an on call manager available in their absence.

Registration Regulation 8 (1)

The provider had submitted Applications to Vary the conditions of registration of this designated centre as required by the Regulation. These applications sought to reduce the number of registered beds in the centre. These applications were reviewed in advance of the inspection and the information contained was verified during the inspection.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured a consistent staff team was in place in the centre to support residents and to deliver person-centred care and support. There were no current vacancies on the staff team with new staff having been appointed over the previous couple of months. The core team were familiar with the residents' assessed needs and were committed to the provision of good quality care and support.

Staff who spoke to the inspector stated that they were happy in the centre and enjoyed their work. They stated that they were supported to carry out their role by the person in charge and the provider. The inspector reviewed samples of actual and planned rotas for the centre and found these to be well maintained and accurately reflecting the service provided.

Clear guidance and procedures were in place for the staff on how to work on days where there may only be safe minimum staffing levels available although, from review this did not appear to be the case other than on occasion. The inspector reviewed a sample of staff personnel files and found they contained all information as required in Schedule 2.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge had systems in place to ensure that staff could access mandatory training in addition to training that supported residents' individual assessed needs. There were systems in place to ensure that refresher training was scheduled as required and oversight of this was maintained by the person in charge. Training provided for staff included human rights training, first aid training and safeguarding. The inspector found that a small number of staff required refresher training in some areas however, this had been scheduled in all instances.

Staff were supported to carry out their role by the provision of formal support and supervision. The inspector reviewed a sample of these and found that these had not been completed to date in line with the frequency as outlined by the provider's policy. The person in charge and team leader with additional responsibility had identified this and were working to ensure that supervisions were completed as required going forward.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The person in charge was supported in their role by a team leader who had specific delegated additional responsibilities. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with the inspector were aware of their roles and responsibilities.

The quality of care and experience of the residents was being monitored on an ongoing basis. The person in charge had systems in place to complete audits and reviews, and to ensure the actions from these reviews were followed up on and completed. The person in charge and the team leader met on a regular basis and reviewed actions and audits that were delegated to staff members for completion. In addition there was a system of daily and weekly checks and audits and the person in charge utilised the provider's checklist systems to set, track and monitor identified actions.

The provider had systems in place to complete annual and six-monthly reviews for the designated centre. These had identified actions and completion of these were outlined in a quality improvement plan. Staff team meetings were taking place on a monthly basis and there were clear systems for communication within the staff team and between the provider and the staff team.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints policy and procedure in place that was effective and available in an accessible format for residents and for their representatives to use.

There was a nominated complaints officer and systems to log and show follow ups on complaints made. Residents were encouraged to express any concerns they may have safely and there were reassurances provided by the person in charge and staff team that raising an issue of concern was positive. Residents knew who to talk to if they had a concern or worry and the process was outlined during residents meetings. The provider reports that they see the making of suggestions, complaints and compliments as valuable sources of information and outlined that they use this information to make improvements in the service they provide. This was evident for example, in the logging of phone calls from external agencies as complaints so that the response could be followed through in a formal system and the outcome recorded.

The inspector reviewed the complaints register for the centre and found that to date, complaints received for this centre had been managed in line with the provider's policy and resolved to the satisfaction of the complainant. The inspector

also reviewed multiple compliments received which reflected increased independence and confidence of residents since the centre was registered.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

The centre was warm, clean and homely and residents reported or indicated that they found it comfortable and they liked living here. While some improvements were found to be required in the management of residents' personal possessions as outlined under Regulation 12 below, residents, visitors and staff were protected by the risk management policies, procedures, and practices in the centre.

From speaking with residents and staff, and a review of a sample of residents' assessments and daily records the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside their home. They were attending activities, day services, using local services, and taking part of local groups. In addition, residents had meaningful goals documented in their personal plans that they had an active part in developing.

Regulation 10: Communication

Residents in this centre presented with a complex array of communication skills and each resident used multiple means to get their message across. The person in charge and staff team were observed to use a variety of supports to enhance understanding and to build residents' skills in anticipating what happened next in routine events.

Residents had access to social stories or symbol supported information and staff were in receipt of training on alternative and augmentative communication systems such as Lámh (a manual signing system) or high-tech Apps and electronic systems. The provider ensured that there was Internet access to support residents in their communication or in accessing information. Residents were supported to access health and social care professionals such as Speech and Language Therapists where

required to support them in the development of their communication.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had ensured that the residents had full access to their personal items. Their photographs and personal mementos were displayed in their bedrooms and in communal areas of their home. Residents had access to items of furniture and electronic equipment that were theirs also present in their home and rooms. However, improvement was required in maintaining an inventory of personal possessions in line with the provider's policy. Residents had written inventories of their possessions in place however, these had not been updated annually or when a significant item had been purchased by a resident, as required by the provider's policy. For example a resident's television had not been recorded as having been purchased by them.

In addition, financial oversight systems and in the practices to safeguard resident's finances and the access to their monies required improvement. The inspector acknowledged that this had been identified by the provider and person in charge as requiring action however, on the day of inspection these systems were not in place and three residents did not have full access to their finances.

In addition to the difficulty in freely accessing their monies the inspector found that the residents are not safeguarded by the financial oversight practices in place. The inspector found that while daily checks and monthly audits and oversights were completed for all residents as required by the provider's policy, these took the form of cash and receipt checks only. There was no clear guidance for staff and direction on accessing and checking bank statements or balances to ensure that these overall balances were reconciled and that oversight of spending was happening. This was as a result of the residents and the provider not having access to bank statements nor any oversight regarding financial reviews.

Judgment: Not compliant

Regulation 17: Premises

This centre comprises a large standalone two storey premises on it's own site close to the coast in a small town in Co.Wexford. There are large communal areas in the main area of the house including a kitchen/dining room, utility room, sitting rooms and staff office. To the rear of the premises a self contained apartment has been configured containing an en-suite bedroom, kitchen/dining/living room and a sun-room. Upstairs there are large bedrooms all en-suite, a sensory room and a staff

area.

The design and layout of the premises was in line with the statement of purpose with adequate communal and private space. Residents present in the house showed the inspector their home and pointed out pieces of furniture and items that were personal to them and were important. The premises was well maintained and had recently been painted, while some small areas required a touch-up of paint due to pictures having been moved, this had been identified by the person in charge and was scheduled. Some of the furniture showed signs of wear and tear however, these were subjected to regular checks and were closely monitored for damage or tearing.

Residents' bedrooms were personalised and decorated in line with their taste and preferences. The inspector observed comfortable seating, warm, soft blankets, ornaments and photographs that were important to residents on display. The inspector also observed items that were in line with residents' interests such as electronic games or particular toys and hobby materials available and on display.

The external area of the centre was also important to the residents and work had been completed planting flowers and shrubs and installing picnic tables and seating in areas for relaxation.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained the information as required by the Regulation. The provider and person in charge were, in this centre identifying safety issues and putting risk assessments and appropriate control measures in place. Risk assessments considered each individual's needs and the need to promote their safety, while promoting their independence and autonomy. The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed. The inspector found that there was positive risk taking also in evidence that supported the rights of residents, such as use of kitchen equipment, going out into the community and use of electronic equipment.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. Where restrictive practices were in use in the centre these had been risk assessed and were subject to review.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, residents, staff and visitors were protected by the infection prevention and control policies, procedures, and practices in the centre. The physical environment was found to be very clean and there were systems in place to minimise the risk of the spread of infection. The documentation of cleaning and the detail in the cleaning schedules was seen to provide clear guidance to staff. Staff had completed a number of infection prevention and control related trainings.

There were risk assessments and contingency plans in place. There were stocks of PPE available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management and staff present explained the procedures in place to the inspector.

Staff were observed to adhere to standard precautions such as hand hygiene throughout the inspection. Staff had completed a number of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe. The staff team discussed the cleaning procedures they used and were familiar with the providers systems.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had systems in place to ensure there was a range of precautions in place in the centre to protect residents from the risk of fire. Systems were in place for the assessment and detection of fire. Additionally there were fire containment measures in place in the centre including fire doors and self-closing mechanisms. There were systems to ensure fire equipment was serviced and maintained. Daily, weekly and monthly inspections of all fire safety systems were taking place. The centre was reviewed on an annual basis by a suitably qualified person appointed by the provider and there was evidence that recent reviews of door closing systems and possible requirements to increase containment areas were currently under review.

Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. Fire drills were occurring regularly. The provider and person in charge had identified that the drills to demonstrate that each resident could evacuate the centre when the least number of staff are on duty required review following the last drill. The time line for this was above the time as set by the provider's expert at five minutes 40 seconds when residents were in bed. This was reviewed as a priority for the person

in charge and was discussed with residents in their meetings as well as reviewed by the provider.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had assessments of need completed which clearly identified their care and support needs. These were being updated in line with their changing needs. The outcomes of the assessment of need were being used to inform residents' personal plans. The sample of personal plans reviewed were found to be person-centred. They focused on residents' abilities and talents, the supports they may require, and their goals.

Each resident had a person-centred-plan with their goals and aspirations for 2023. These included residents' goals and the steps and supports they needed to achieve them. A monthly review of goals in place was completed and adjustments or changes required noted and responded to. Multi-disciplinary team meetings were also held that considered the residents' wishes and the supports that may be required to achieve a goal was considered and included into all aspects of care and support.

Judgment: Compliant

Regulation 6: Health care

The health and wellbeing of residents was promoted through diet, nutrition, and recreation. They were in receipt of person-centred care and had access to health and social care professionals in line with their assessed needs. Care plans were developed and reviewed as required and the guidance was informed by up-to-date assessments of what an individual may need. Residents hospital appointments and admissions were logged, as were their consultations with health care professionals.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the provider was promoting a positive approach in responding to behaviours that challenge, and ensuring that specialist and therapeutic interventions were being implemented. Residents had access to medical and health and social care professionals in line with their assessed needs. Residents were encouraged and supported to express their feelings and provided with the required supports to deal with any issues that were impacting on their emotional wellbeing.

Those who required them, had support plans in place which were detailed in nature and guiding staff in relation to supports they may require to manage their responsive behaviours. Where changes or updates were made to a residents support plan these were clearly indicated and communicated to the staff team. Positive behaviour support plans were supported with clear communication protocols and supports to aid residents in understanding situations they may find themselves in. Staff who spoke with the inspector were aware of how to support residents in line with these plans, and plans were in place to ensure staff accessed the relevant training and refresher training as required.

There were a small number of restrictive practices in the centre and these were being reviewed regularly to ensure they were the least restrictive for the shortest duration. Residents were involved in decision making relating to the use of restrictive practices, and their consent was being sought in relation to their use. The impact of restrictions was considered for each resident living in the centre.

Judgment: Compliant

Regulation 8: Protection

The inspector found that notwithstanding the areas identified under Regulation 12 that residents in this centre were protected by the safeguarding policies and procedures in place.

Residents' safeguarding plans where required were current and had been reviewed in line with national guidance. The inspector found that following review plans were closed or updated in a timely manner as required.

Residents had up-to-date intimate and personal care plans and guidance for staff was detailed and clear. The inspector found for example, that in response to an incident of concern the person in charge reviewed guidance for staff in relation to the provision of staff support for residents and the location of the picnic bench and consideration of areas where residents relaxed outside.

Following a review of safeguarding incidents the provider also instigated prompt investigations and actions identified as required were seen to have been completed or to be underway, this included a review on the management of resident's access to vehicles and where they sat in relation to one another.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents were being respected and promoted in the centre. Residents' personal plans, keyworker meetings and their goals were reflective of their likes, dislikes, wishes and preferences.

Residents themselves were observed making choices and the staff were observed respecting their wishes and listening to what resident's had to say. The resident's wishes were central to the day-to-day running of the centre and in how they spent their time and who they spent time with. The resident's daily and weekly planners and schedules had recently been reviewed and the staff talked about their awareness of their use of language in describing everyday activities to enhance the resident's position in the centre of their day. For example, moving from writing 'put away laundry' to 'support resident to put away their laundry' on staff task lists for the day.

Some residents had accessed independent advocates to support them in dealing with professionals outside of the provider and in making choices. There was information available and on display in relation to independent advocacy services and the confidential recipient.

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	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blackberry Lodge OSV-0007965

Inspection ID: MON-0039746

Date of inspection: 15/05/2023

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The Person in Charge has arranged that the required refresher training is scheduled and will be completed by 30.06.2023. • The Person in Charge has devised and implemented a supervision schedule within the service which identifies staff members requiring supervision each month. This has been implemented since 22.05.2023. • The Person in Charge will ensure that the supervision schedule will be reviewed by the Team Leader with Additional Responsibilities on a weekly basis to ensure that supervisions are being scheduled and completed in line with organisational policy. • The Registered Provider will ensure that supervision compliance will be monitored during monthly monitoring visits. 30/06/2023 	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • The Person in Charge has ensured that all service users' personal inventories have been reviewed and updated. Date: 01.06.2023. • The Person in Charge will ensure that a service user file matrix will be developed to include a review of personal inventories for all service users and to ensure this is completed annually or when a significant purchase is made in line with the Company Policy. Date: 16.06.2023 • The Person in Charge will continue to liaise with service user family members, social 	

worker and advocacy services as required to support residents to access their finances.

- The Person in Charge has arranged meetings with family members, social worker and advocate where required in order to seek full access to the relevant resident's finances. Date: 14.07.2023.

- Following meetings with families, social worker and advocate where required, individual plans will be devised by the Person in Charge to ensure that residents are supported to access their finances. Date: 30.09.2023

- The Person in Charge will ensure that plans for service users to access finances will include that the service user and Person in Charge will have access to bank statements for appropriate reconciliation and oversight of expenditure. Date: 30.09.2023

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2023