



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

Issued by the Chief Inspector

Name of designated centre:	Fuchsia
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	10 July 2019
Centre ID:	OSV-0005822
Fieldwork ID:	MON-0025961

About the designated centre

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

Fuchsia is a residential home located in Co. Kilkenny. The service can provide supports for four residents over the age of eighteen with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by staff members at all times. The level of staffing present is dependent on the planned activities of residents with three staff present at day time hours and two at night. A person in charge is appointed to ensure effective governance of the centre is maintained. The premises consists of a detached bungalow. Each resident has a private bedroom and free access to the shared living area and large kitchen/dining room.

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 - 2015 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
10 July 2019	09:00hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet and interact with three residents on the day of inspection. One resident had already left for a day trip with a local community group. The centre was busy and a hive of activity on the inspectors arrival with residents preparing for their day. Residents had an agreed plan of activities and tasks to be completed during the day. One resident was supported to have a cup of tea and their breakfast at the table with the inspector whilst another was supported to have a drink by staff members.

One resident was sitting in their wheelchair in their favourite position inside the front door to watch 'the world go by' outside the main window. They were supported by staff to participate in their local tidy towns role during the day of watering the plants in the roadside. This resident expressed their interest in participation and enjoyment very clearly to staff, with staff reacting positively to all interactions.

Two residents were supported to be out and about throughout the day following their morning routine. Whilst one resident had a personal appointment another was planning to go shopping with the residents meeting for lunch and afternoon activities.

All residents were supported to communicate their plan for the day through support from staff members. Residents appeared very comfortable in the company of staff, smiling and maintaining eye contact with them throughout their interactions. Staff were knowledgeable to the needs of the residents. All information relating to the individual needs of the residents was presented in a respectful dignified manner.

Capacity and capability

The inspector reviewed the capacity and capability of the registered provider and it was evident that there were effective measures in place to ensure a good quality and safe service was afforded to residents. Through a clear governance structure and effective monitoring systems Fuchsia presented as a service which strived for improvement. However, improvements were required to ensure adherence to all regulations and to ensure that all identified actions were addressed in a timely manner.

The registered provider had appointed a person in charge to the centre. This person was suitable qualified and possessed the necessary experience to fulfil their governance role within the centre. They possessed a clear understanding of their regulatory requirements. They reported directly to the person participating in management of the centre. Whilst a board of management was in place within the

organisation and actively engaging in the operation of the centre and organisation, notification had been received by the authority of their withdrawal by December 2019.

The registered provider had ensured the implementation of organisational level monitoring systems such as the annual review of service provision by a delegated person. These reviews were comprehensive and incorporated the views of the service users. Areas of non-compliances had been identified through these monitoring systems with consultation between members of the governance to address these issues. For example, full review of restrictive practices. At centre level the person in charge ensured monitoring systems were utilised to drive service improvements and to be alerted to concerns/issues in a timely manner. Improvements were required to ensure that this occurred and that all issues were addressed in accordance with set time frames.

The registered provider allocated a number, skill mix and qualifications of staff which they deemed appropriate to the number and assessed needs of the residents. Staff were supported to express their concerns or raise issues through a number of avenues, such as monthly team meetings. The person in charge had however, not ensured that supervision of staff had been completed in accordance with local policy. This was acknowledged by the person in charge and a plan had been devised to ensure this was amended.

The registered provider had identified training they deemed as mandatory to ensure the residents were afforded supports in a safe and effective manner. The person in charge had not ensured that staff were supported and facilitated to attend relevant training including refresher training.

The registered provider had ensured the development of an effective complaints procedure. Through an organisational policy residents and staff were provided with guidance on procedures to adhere to should a complaint arise. Through review of the complaints log it was evident that residents are supported and facilitated to submit a complaint should they wish. The process in place ensured that all complaints were addressed in a timely manner with the satisfaction of the complainant achieved. Details of the complaints officer were visible throughout the centre.

The registered provider had ensured a clear admission process was in place within the centre, including compatibility and consultation with the current residents. A comprehensive contract of care had been developed which incorporated the service to be provided and any fees to be incurred. Improvements were required to ensure that contracts of care were reviewed to reflect current living arrangements and the supports provided within this designated centre.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably qualified and

experienced individual to the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

The registered provider allocated a number, skill mix and qualifications of staff which they deemed appropriate to the number and assessed needs of the residents. Nursing care was assigned to the centre as required.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured staff members were appropriately supervised.

All staff members had not been facilitated and supported to receive training including refresher.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents within the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

A clear governance structure had been appointed to the centre, however notification had received by the authority of the withdrawal of the board of management of the organisation by December 2019.

Measures were in place at a centre level to ensure adherence to the regulations and an ongoing drive for service improvement. Areas of non-compliance had been identified by person in charge. However, improvements were required to

ensure that non compliances were addressed in a timely manner.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that the admission process to the designated centre was clearly dictated within the statement of purpose.

The registered provider had not ensured that each resident had agreed in writing the terms on which the resident shall reside in the designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that notice was given to the chief inspector at the end of each quarter.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had ensured that an effective complaints procedure was in place for residents, their representatives and staff. There was evidence of adherence to local policy, with satisfaction of the complainant ensured.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the Fuchsia and overall residents were afforded with a good quality of life. Social activities, menu planners and safeguarding are examples of what are discussed at weekly resident's meetings. Participation in meaningful individualised activities was supported and facilitated by staff members. Since the centre became operational residents had been supported to become valued members of the local community and continued to enjoy a range of new activities.

The person in charge had ensured the development of a comprehensive individual personal plan for each resident. These plans incorporated multi-disciplinary recommendations and guidance. A number of support needs were addressed and regularly reviewed through monthly review meetings. However, visioning meetings were not occurring yearly to ensure the participation in goals was progressing and reviewed. Whilst residents were supported to engage in wide range of activities such as local ladies groups, "tidy towns" and social activities, these were not always further enhanced through visioning or social role goals.

The registered provider had ensured that residents had access to appropriate facilities for occupation and recreation which they chose. Opportunities for meaningful activities were facilitated in accordance with their unique and individual interests and hobbies. On the day of inspection the home was a hive of activity. One resident was in Cork on a social day with their local community group. Two residents were out for lunch and other residents carried out their "tidy town" role of watering the flowers on the pathway outside of the house. Since moving into the home residents had been supported to participate in a range of new activities with their participation steadily increasing over time.

An organisational policy with regard to safeguarding vulnerable adults from abuse was in place which guided staff on procedures to keep residents safe. In conjunction to this, staffs was facilitated to attend training in the area of safeguarding. The registered provider had ensured a risk management policy was in place incorporating the regulatory required information. An environmental risk register was in place which incorporated a plethora of identified risks including fire, lone workers and slips trips and falls. These risk assessments incorporated existing controls in place to reduce the likelihood and impact of the risk. However, some identified risk required further review to ensure that current control measures in place were effective and correct. For example, at night one staff afforded support in a neighbouring centre, this was not reflected in a number of risk assessments such as fire evacuation and manual handling. This process was also incorporated in to individualised personal risk assessments.

Whilst the registered provider had ensured effective fire safety measures were in place such as containment measures and fire fighting equipment improvements were required to ensure that all staff and residents were familiar with the correct evacuation procedures for a range of

scenarios. For example times of reduced staffing, night time hours when residents are in bed. Whilst a centre specific evacuation plan and personal emergency evacuation plans had been developed for each resident it was imperative for drills to be implemented to ensure that actions set out were effective in a the safe evacuation of all.

The person in charge had ensured that staff had up to date guidance to support residents through behaviours which may be challenging, however all staff had not been facilitated to receive training in the management of behaviours that are challenging. Where behaviour of concern had been identified clear guidance was available for staff with regular review to ensure the plan in place was effective. Where a restrictive practice was utilised this was done so to promote the safety and well-being of the residents. However, as the use of all restrictive practices was not documented it was not evidenced that these practices were utilised in the least restrictive manner and for the shortest duration necessary. This area of non-compliance had been identified by the governance team and an action plan was in development to address same.

Regulation 13: General welfare and development

The registered provider had ensured that each resident was provided with appropriate care and support in accordance with their assessed needs and wishes.

Residents were provided with access to facilities for recreation and opportunities for participation in activities in accordance with their unique interests and hobbies.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises of the designated centre was designed and laid out to meet the aims and objectives of the service. Each resident was supported to decorate their personal space in accordance with their unique interests and hobbies.

All required equipment and facilities were present and in correct working order.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured the preparation of a guide in respect to the designated centre and ensured a copy was provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured the risk management policy contained the regulatory required information.

Whilst systems were in place in the centre for the assessment and management of risk; improvements were required to ensure that all control measures in place were utilised and review were implemented in accordance with allocated dates. These improvements were actively being addressed by the governance team allocated to the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety systems were in place. Adequate precautions against the risk of fire were in place including fire fighting equipment, containment measures and staff training.

Improvements were required to ensure adherence to identified actions required following fire evacuation drills.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured the development of individualised personal plans for each resident. The support needs of residents were clearly laid out to ensure all staff were aware of procedures to adhere to. These plans contained a large amount of historic information which did not always reflect the current needs of residents.

Whilst goals had been identified through a visioning meeting, there was limited evidence of progression of these goals.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had ensured that residents were supported to achieve the best possible physical and mental health.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date guidance to support residents through behaviours which may be challenging, however all staff had not been facilitated to receive training in the management of behaviours that are challenging

Where a restrictive practice was utilised this was done so to promote the safety and wellbeing of the residents. However, as the use of all restrictive practices was not documented it was not evidenced that these practices were utilised in the least restrictive manner and for the shortest duration necessary

Judgment: Not compliant

Regulation 8: Protection

Through an organisational policy and staff training the registered provider had ensured that all residents were protected from abuse.

The intimate care needs of residents was presented in a respectful and dignified manner.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured the centre was operated in a manner that was respectful of all residents. Where possible residents were consulted in the day to day

operations of the centre.

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 - 2015 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	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Fuchsia OSV-0005822

Inspection ID: MON-0025961

Date of inspection: 10/07/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All employees are supported to attend mandatory and mandated training. It is also the responsibility of employees to propose training that would enhance and support their role within St. Patrick's Centre (Kilkenny).</p> <p>A centre specific training profile, individual employee training profiles and a training schedule are distributed monthly to the PIC and CSM of the centre by the Training Department. Employee training is on the agenda of the monthly team meetings and also discussed individually through Quality Conversations.</p> <p>Training Update for Fuchsia:</p> <ul style="list-style-type: none"> • All employees have completed Manual & Patient Handling Training. • Five employees have completed Studio 3. • All employees have completed Fire Training 1 and 2. One staff member is due a refresher course. The PIC is awaiting a date for Fire Training 2. • All employees have completed their medication management training. • All employees apart from one have completed the Dysphagia cooking training. The PIC is awaiting the next training date to book employees. <p>As discussed at the inspection Studio 3 training was taken off the mandatory training list for the Fuchsia staff team. A more suitable training regarding behaviour support and low arousal approach ("developing crisis support plans") was identified and has been added to the list of house specific training needs. Four staff members have already completed the training. Staff members were booked to attend the training on 04/11/2019, which had to be cancelled due to the trainer being sick. The PIC is currently awaiting a new training date to book staff in.</p> <p>SPC has a Quality Conversations policy in place. The policy outlines a standardised organizational framework for the implementation, continuing development and</p>	

maintenance of a system of Quality Conversations for employees. These conversations aim to support employees and ensure their work practices and development are supported and overseen in a positive way.

The PIC has currently scheduled Quality Conversations with the staff team until the end of 2019.

On the 07/11/19 a working group met in SPC to discuss capacity building around Quality Conversations and Coaching as a leadership style. A Quality Training Session is scheduled for the 06/02/2019 for all PIC's and Team Leaders to attend.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Governance:

SPC BOM intends withdrawing from the future governance of service provision (to include Fuchsia) and therefore, in addition to submission by SPC, of NF35's to the regulator, SPC BOM has issued the HSE with formal written three (3) month's-notice, of its termination of the Agreement between it and the HSE, to expire on December 31st, 2019.

SPC would hope that if the HSE delivers on the identified outstanding issues, this Notice can be withdrawn. The BOM and SPC executive will work collaboratively with the HSE and all other stakeholders in the intervening period to ensure as seamless a transition as possible.

Quality Conversations:

The PIC has scheduled Quality Conversations with all staff members in Fuchsia until the end of 2019 to ensure completion of same. The PIC is focusing in the Quality Conversations currently on delegated duties, keyworker duties, actions arising of those and training needs for the staff member.

The CSM and PIC have monthly to 6 weekly Quality Conversations and also attend the Team Leader and Cluster meetings.

Monthly PIC reports:

The Quality Department and Community Service Managers within St. Patrick's Centre (Kilkenny) have developed a monthly report template which supports and ensures the management and governance between the CSM and PIC.

The monthly report template is completed by the PIC on the last Friday of the month and is basis for the Quality Conversations between CSM and PIC.

Action planning:

The PIC is introducing an action plan folder for staff members in Fuchsia. This folder will help staff members to have an overlook over their identified actions from Quality Conversations and delegated duties and follow up on actions can be documented and followed by the staff member and PIC.

Provider audits:

Annual and 6 monthly provider audits were completed as per schedule in 2019. The next

6 monthly provider audit is due for completion in November 2019. Identified actions from the audits are part of the PIC's action plans for completion.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Provision of Service documents are now in place for all people supported in Fuchsia. Keyworkers have explained the documents to the people living in Fuchsia which is documented on each person's Easy Read Provision of Service document.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC submitted the outstanding quarterly return via HIQA Portal on the 14/07/2019. Quarterly returns for the quarter 2 and 3 were submitted via HIQA Portal within the timeframes.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The SPC Risk Management Policy was reviewed and updated in September 2019. The following changes were implemented within the policy: <ul style="list-style-type: none"> • Review of risk assessments • A new risk assessment form • New risk register template Also 2 Quality training sessions for risk management were held on the 11/07/2019 and 18/09/2019. PIC's, Team Leaders and identified staff members attended to build capacity around risk management and the new forms. The PIC and staff team are currently in the process of reviewing the risk register for Fuchsia to ensure all risk assessments are relevant to the people supported, reviewed as necessary and updated within the new template. The PIC and a delegated staff member have scheduled a meeting for the 20/11/2019 with the Quality Department to review the risk register and all necessary risk assessments to get support regarding the review process. The review of the risk register will be completed by 30/12/2019. The PIC and staff team have reviewed the lone working risk assessment day/night for Fuchsia. Also a Standard Operating Procedure was developed to guide staff in the event of a e.g. fire or any other emergency situation with only one staff present in Fuchsia.	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Since the inspection took place in Fuchsia, a number of fire drills (day and night time) were carried out with different scenarios (e.g. 2 staff present, car not available, 1 staff member awaiting the second staff member to come back from another SPC house,...).</p> <p>The PIC and staff team have trialed and discussed the various scenarios for evacuation and also the equipment being used to build competence within the staff team and ensure a safe fire evacuation.</p> <p>All drills have been documented and are available in the fire folder.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Personal Plan:</p> <p>The Quality Department and Community Transition Coordinators have developed a new Personal Plan folder system for St. Patrick's Centre (Kilkenny). This personal plan is outcomes based and will ensure that person centred documentation evidences progress of goals and roles.</p> <p>The new Personal Plan folder system was rolled out within St. Patrick's Centre (Kilkenny). Workshops for CSM's, PIC's and keyworkers were delivered on the 4th, 5th and 11th September to ensure transfer from the older filing system to the new Personal Plan folder.</p> <p>Each person supported's documentation is now available in the new Personal Plan folder, additional daily logs are also available in a daily working file.</p> <p>The old personal plan template will be replaced in January 2020 by the new "My Profile". Workshops for keyworkers of all people supported will be rolled out end between 23rd and 30th January 2020 to ensure the development of "My Profile" and also build capacity for keyworkers around the SRV model.</p> <p>Visioning/Roles/Goals:</p> <p>A new visioning documentation toolkit (roles based planning toolkit) has been developed within St. Patrick's Centre (Kilkenny) and was rolled by the Community Inclusion Coordinator through workshops in July 2019, which the PIC and a staff member attended.</p> <p>The staff team in Fuchsia is currently in the process of transferring documentation relating to people's roles and goals on to the new progress/action plan templates. Progress of goals is also being kept on the individual I-pads.</p> <p>The PIC has scheduled reviews of visioning meetings until the end of December 2019 for the people supported in Fuchsia, using the new roles based planning toolkit. This will ensure that developed roles and goals can be reviewed and the introduction of</p>	

new roles and goals can be agreed.

Regulation 7: Positive behavioural support

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Five staff members have completed Studio 3 training to date. As discussed at the inspection, Studio 3 training was taken off the mandatory training list for the Fuchsia staff team.

A more suitable training regarding behaviour support and low arousal approach ("developing crisis support plans") was identified and has been added to the list of house specific training needs. Four staff members have already completed the training. Staff members were booked to attend the training on 04/11/2019, which had to be cancelled due to the trainer being sick. The PIC is currently awaiting a new training date to book staff in.

The PIC is in the process of updating the restrictive practice documentation for Fuchsia. Since the inspection took place assessments for all four people supported were completed and referrals sent to the Human Rights committee.

The PIC is currently completing the HIQA restrictive practice assessment tool to further develop the assessment of restriction in Fuchsia and also to prepare for the next Quality Training Session in early 2020, where restrictive practices will be discussed.

The restrictive practice working group has met on the 15/10/2019 to start the review and of the restrictive practice policy. Restrictive practice assessments are currently being carried out in SPC houses to receive feedback for the review of the policy. Review of the restrictive practice policy will be completed by the 15/01/2020.

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 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 development programme.	Not Compliant	Orange	30/12/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/12/2019
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	30/12/2019
Regulation 24(3)	The registered	Substantially	Yellow	30/07/2019

	provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Compliant		
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.	Substantially Compliant	Yellow	30/12/2019
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/10/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	30/10/2019

	aware of the procedure to be followed in the case of fire.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	30/11/2019
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/12/2019
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-	Substantially Compliant	Yellow	30/12/2019

	escalation and intervention techniques.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	10/11/2019
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.	Not Compliant	Orange	10/11/2019
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.	Not Compliant	Orange	10/11/2019