



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

## Issued by the Chief Inspector

Name of designated centre:	Blossom Hill
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	29 April 2021
Centre ID:	OSV-0007921
Fieldwork ID:	MON-0032760

## About the designated centre

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

Blossom Hill consists of a single unit detached bungalow located near Kilkenny City and close to all local amenities. This designated centre offers a full time residential service, open all year with no closure. Blossom Hill provides a home from home environment for up to four adults with a severe/profound intellectual disability and who may also have a co-existing physical disability, mental health diagnosis or exhibit behaviours that challenge. People supported availing of services in this home present with many related diagnoses ie. visual and hearing impairments, epilepsy, and autism.

Three people currently reside in this home and this centre can cater for adults over eighteen years of age, male and female. This is a high support home staffed by a person in charge, a team leader, nursing staff and healthcare assistants. The staffing requirement is two staff during the day with an additional third staff at peak times and one staff on night duty. The total WTE is 8.2.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 29 April 2021	10:00hrs to 16:00hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

From what the inspector observed, residents enjoyed a good quality of life in this centre and were offered a person centred service, tailored to their individual needs and preferences. There was a plan in place to address some deficits in oversight identified prior to this inspection taking place to ensure a safe and effective service was being provided and residents assessed needs were being met. The inspector saw that residents were offered choices and consulted with about decisions in their daily lives.

The centre comprised a large newly built bungalow that could accommodate four residents on its own grounds in a rural location near a large town. The centre was well presented externally, with colourful flower boxes on display and a large garden area to the rear. The centre was surrounded by a high wall and additional security measures, including monitored outdoor closed circuit television (CCTV) and an electric gate had been put in place following some incidents of property damage while the building was being constructed. There were two residents living in the centre, with two vacancies that had, to date, never been occupied. This centre had been registered as a new designated centre in December 2020 and the residents in this centre had transferred from a congregated campus setting into this purpose built home, which offered a much improved physical environment for residents. The residents had lived with each other prior to moving into this centre and the inspector observed they were familiar with each other and comfortable in the company of each other.

Residents' bedrooms were nicely presented and personalised in line with their own interests and preferences and the centre was homely and inviting and nicely decorated. There was ample light and space and communal areas were designed to be relaxing and comfortable for residents. All areas of the centre were accessible to both of the residents living there and residents had access to a large, pleasant garden area that contained appropriate garden furniture for their use, including an accessible garden bench. The person in charge told the inspector that funding had recently been granted to install a sensory garden. This work had not yet commenced.

The inspector had an opportunity to meet with both residents and some of the staff members that supported them. This inspection took place during the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place in adherence with public health guidance. Residents communicated in a variety of ways including through vocalisations, use of pictures and tactile interaction with familiar staff. The residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service. However, the inspector saw that residents appeared contented and relaxed in the centre and were comfortable in the presence of the staff supporting them. Staff were observed to be aware of the communication styles of residents. Due to restrictions in place during the COVID-19 pandemic it was not possible for the inspector to meet with

family members on the day of this inspection. The person in charge told the inspector about efforts to maintain contact with family members, and some family members had been invited to visit the centre prior to residents moving in.

Residents received a house call from their general practitioner (GP) on the day of the inspection. Residents were observed to move freely about the centre and appeared comfortable in their home. One resident did require staff assistance to mobilise and the inspector observed that staff were attentive to this and responsive to vocalisations that indicated this resident wished to cease an activity or change location, for instance. Staff were seen to interact positively with residents and to respond appropriately to residents throughout the day.

On the day of the inspection both residents were observed to leave the centre supported by staff to take part in activities such as countryside walks and shopping for personal effects. Staff were mindful of residents preferences. For example, staff had noted that one resident appeared to find spending time observing nature relaxing, and facilitated this by supporting the resident to maintain bird feeders outside that could be viewed from the patio door of the residents bedroom, and also by supporting this resident to go for walks in quiet parklands and woodlands.

Residents were seen relaxing watching tv and interacting with staff and staff were observed supporting some residents to get ready to go out. A resident was observed to take part in a baking activity. Staff told the inspector that one resident used to enjoy a male relative reading to them in the past. This resident had been supported to join the local library online and was accessing audio books on a regular basis. The inspector observed that this had a calming effect on the resident and staff were aware of the residents preferences such as a male narrator and the types of books that the resident appeared to enjoy the most.

The inspector observed and overheard the residents being offered fresh, home cooked foods and drinks regularly throughout the day. Residents dietary needs were catered for including specific requirements regarding modified diets. One resident was risk fed and guidance was available to staff in relation to this.

Staffing levels on the day of the inspection were seen to be in line with the residents assessed needs and afforded residents opportunities for activity and recreation. However, the inspector found that on some occasions staffing levels were reduced and this was having an impact on residents quality of life. One staff member had not completed some important training following return from a period of leave and not all staff had taken part in formal supervision since the centre had opened. The inspector saw that these formal supervision meetings had commenced in the previous month and there was an appropriate schedule in place to ensure that regular supervision was provided to staff going forward.

Staff members spoke about goals that were in place for residents including personalising their home further, exploring a recently discovered love of nature, and supporting a resident to decorate an outdoor trellis to enhance the view from their bedroom window. While the documentation around the ongoing review of goals required some updating, the inspector viewed photographic evidence of residents

achieving goals on a tablet device and observed residents carrying out activities on the day of the inspection that were in line with their goals. The inspector saw that the residents were supported to make choices about how they would spend their day and were facilitated to access the community in line with government guidelines during the COVID-19 pandemic.

Residents had access to transport to facilitate community access and on the day of the inspection both residents were seen to spend time outside of the centre. Where restrictions associated with COVID-19 presented challenges to residents carrying out their usual activities, alternatives were put in place, such as access to local walking areas and the online library.

There were some restrictions in place in the centre. There was a restrictive practice log in place in the centre and these restrictions were seen to be in place appropriately to protect residents and had been appropriately risk assessed.

Overall, this inspection found that there was a high level of compliance with the regulations and that this meant that residents were being afforded safe and person centred services that met their assessed needs. 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 on the quality and safety of the service being delivered.

## Capacity and capability

At the time of this inspection, plans had been put in place to ensure that there were management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. There was a defined management structure present and this centre was found to be providing a responsive and good quality service to the residents living there. Some deficits in oversight in recent months were identified by the provider prior to this inspection and the provider had recently put a plan in place to manage this.

The person in charge was present on the day of the inspection. This individual was very knowledgeable about the residents and their specific support needs and this enabled them to direct a high quality service for the residents living in the centre. The person in charge had remit over two designated centres. However, they also held the role of acting community services manager and had responsibility for the oversight of five other designated centres in that capacity. The person in charge reported directly to the Director of Services and at the time of this inspection there was no other named individual appointed to participate in the management of this centre. The centre had been without the support of a team leader on the staff team for a period of two months from January to March 2021 and shortcomings in oversight during that period were evident in the documentation reviewed. For example, some staff had not received formal supervision since the centre had opened and some documentation had not been reviewed or updated. The provider

had self-identified that this was having an impact on the oversight of this centre and had put a plan in place to address this. There was a new person in charge identified to take over the role in July 2021, and in the interim a team leader had been appointed from within the staff team to provide additional supports to the person in charge. Also, a new role had been created within the organisation in the months previous to provide administrative support to designated centres operated by the provider. The inspector was assured that these arrangements would allow for appropriate oversight of this centre going forward and that the person in charge appointed at the time of this inspection had the capacity, experience and skills to maintain oversight on an interim basis until the appointment of a new person in charge.

Overall, the centre was adequately resourced to provide for a good quality service for the individuals living there. The centre was purpose built for the residents, appropriately maintained, and there was a vehicle available for the use of the residents. On a day-to-day basis staffing levels were appropriate and a dedicated consistent staff team provided supports to the residents in this centre. During the day there were usually two staff on duty, and at night a waking staff member was available to residents if required. The staff team present on the day of the inspection were familiar with the residents and some of them had worked with the residents for a number of years in their previous placement. This provided the residents with continuity of care and consistency in their daily lives. From speaking to staff and management and viewing the rosters and daily notes of the residents, the inspector saw that on occasion staff were redeployed from this centre to other centres if staffing levels were reduced in those centres. This was impacting on residents, in that it meant that sometimes they could not carry out their planned activities, particularly if the staff member that remained in the centre was not authorised to drive the service vehicle. One resident in particular appeared to find the restrictions this posed challenging.

Staff had taken part in mandatory training as required and records viewed showed that there was good oversight of staff training needs. One staff member had recently returned from a period of long term leave and had not yet completed some online training in important areas such as the donning and doffing of personal protective equipment (PPE) and breaking the chain of infection. The person in charge committed to ensuring that this staff member immediately received on-the-job instruction in these areas until all training courses had been completed. In the days following the inspection, the person in charge provided the inspector with assurances that this training had since been completed. A supervision schedule was in place and some staff had received formal supervision in the weeks leading up to the inspection as per the schedule that had been put in place by the person in charge. However, not all staff had taken part in formal supervision every six weeks as outlined in the providers policy. Supervision records viewed indicated that some staff had taken part in supervision only once in the previous year and not at all since this centre had opened. This had been identified by the person in charge and the provider and there was an appropriate plan in place to address this at the time of the inspection.

The 'Preparedness planning and infection prevention and control assurance

framework for registered providers' self-assessment tool had been completed and contingency planning in respect of the COVID-19 pandemic was ongoing at provider level, with regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. This meant that in the event of an outbreak of COVID-19 occurring there were plans in place that would protect the residents, and support continuity of care for them. Audit schedules were in place and taking place regularly. Although the centre was operational just over four months at the time of this inspection an annual review had been completed that incorporated elements of the transition from the residents previous placement and actions identified were being addressed. The timely identification and management of any issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

As mentioned previously, there were CCTV cameras installed outside this centre. These monitored the entrance and side of the building and were in place for security reasons. There was clear signage in place to indicate the use of CCTV. The person in charge told the inspector that there were plans to review the use of this monitoring system and that it was not planned to be in place long-term in the centre. The provider had a draft CCTV policy developed at the time of the inspection and this was awaiting review and signing off by the relevant parties. The inspector noted that this document did not make any reference to informing or consulting with residents and their representatives. The person in charge subsequently confirmed that residents had been informed of the use of CCTV through the forum of a residents meeting.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

#### Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The person in charge had the required qualifications, skills and experience necessary for the role and demonstrated good oversight of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

Overall, staffing levels were adequate to meet the needs of the residents and this centre was staffed by a suitably skilled, consistent staff team. Nursing supports were available to residents from within the staff team and continuity of care was provided. There was a trend for staff to be redeployed to other areas in the

organisation on occasion and this was having an impact on the residents. The inspector viewed records indicating that a resident had become distressed as a direct result of this redeployment of staff, when they were unable to go out as planned due to the unavailability of a staff member that could drive the centre vehicle.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had taken part in mandatory training as required and there was evidence of good oversight of staff training needs in this centre. One staff member had not completed some online training following return from a period of leave. This was addressed in the days following the inspection. A supervision schedule was in place and some staff had received formal supervision in the weeks leading up to the inspection. However, not all staff had taken part in formal supervision every six weeks as outlined in the providers policy. There was an appropriate plan in place to address this at the time of the inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a defined management structure in place. The person in charge had a large remit in their capacity as person in charge and acting community services manager. The provider had self-identified that this was having an impact on the oversight of this centre and had put a plan in place to address this and this was seen to be effective at the time of this inspection in addressing deficits. There was a new person in charge identified to take over the role in July 2021 and in the interim a team leader had been appointed from within the staff team to provide additional supports to the person in charge. An annual review had been completed in respect of the centre and there was evidence that members of the providers management team were visiting the centre regularly and reviewing practice in the centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A up-to-date statement of purpose was in place that contained all of the required information such as the organisational structure for the centre, the arrangements

made for dealing with complaints and the arrangements for consultation with residents. This important document was present in the centre on the day of the inspection and contained all of the required information as per the regulations.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider had not adopted all policies and procedures on the matters set out in Schedule 5. A CCTV policy was in draft format. CCTV was in use in this centre since prior to residents moving in.

Judgment: Substantially compliant

#### Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. Safe and good quality supports were provided to the two residents that lived in this centre.

Infection control procedures in place in this centre to protect residents and staff were found to be in line with national guidance during the COVID-19 pandemic. The premises was visibly clean and appropriate hand washing and hand sanitisation facilities were available. Cleaning records indicated that there was a regular cleaning schedule taking place. The person in charge and staff had a strong awareness of infection control measures to take to protect the resident, staff and visitors to the centre, including appropriate use of PPE. The staff spoken to took their responsibilities in this regard very seriously and demonstrated this throughout the time inspectors spent at the centre. Staff had undertaken training in recent months on infection control measures including training about hand hygiene and the appropriate donning and doffing of PPE. One staff member required some training in this area as discussed in the previous section.

There was a 'Health Safety and Risk Management Policy' in place and this had been reviewed within the required time lines. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. This identified the control measures in place to deal with a number of risks within the designated centre. There was an organisational plan and risk assessment in place in relation to COVID-19. Where incidents occurred these were seen to be appropriately recorded on an online system and reviewed by the person in charge. Fire safety precautions in this centre were good. Evacuation plans were in place for residents, fire drills were taking place, and there were good detection and containment systems in place in

the centre to ensure that residents would be protected in the event of an outbreak of fire in the centre.

Individualised plans were in place that contained detailed information to guide staff in supporting residents on an ongoing basis. There were seen to be comprehensive and detailed goals that were set in consultation with residents. The statement of purpose for this centre and the providers own policy set out that goals should be reviewed on at least a monthly basis and the inspector saw that some of the documentation around the review of personal plans required updating. However, there was evidence available to the inspector to demonstrate that residents goals were being considered and completed. Goals were found to be relevant to residents interests and capacities and there was evidence of residents taking part in activities and achieving goals. On the day of this inspection, the inspector observed practices occurring in the centre that were consistent with supporting residents to achieve set goals as outlined in their personal plans, such as going shopping for items required for a decorating project, and a resident listening to a preferred audio book. Appropriate plans were in place to guide staff on the day-to-day supports that residents required and transition plans were in place to support residents to successfully transfer into this centre from their previous placements.

Residents living in this centre were facilitated and supported to access medical supports and care as required and there were plans in place to support residents to achieve the best possible health outcomes. There was evidence that the person in charge was maintaining contact with appropriate health and social care professionals, and residents were receiving regular input from the GP and other health and social care professionals such as an occupational therapist, speech and language therapist and psychiatrist as appropriate. Nursing input was available to residents from within the staff team if required.

### Regulation 17: Premises

The premises was purpose built to suit the assessed and future needs of the residents that lived there. The centre was seen to be clean and adequately maintained and was decorated in a manner that suited the residents' preferences. Efforts had been made to personalise the decor in the centre for the residents that lived there and there was a homely environment present in the centre. Residents had access to a large, pleasant garden area that contained suitable furniture for the enjoyment of residents, if desired. Consideration had been given to the residents preferences in planning for the future development of this area.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents were supported to transition appropriately into this centre. Continuity of staff was maintained and residents were consulted with and informed about their transfer into this centre. Transition plans were in place.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. Individual risks had been appropriately considered and reviewed since residents had transitioned into the centre. Risks were appropriately considered. For example, additional security measures had been implemented following some incidents of concern that occurred while the building was under construction and these were maintained following residents transition into the centre to ensure that residents were adequately protected.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA. The centre was clean and well maintained and there was appropriate PPE and hand sanitisation facilities available. Appropriate cleaning schedules were in place and staff were observed to regularly clean high contact areas.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place including fire detection and containment measures such as a suitable fire alarm system, fire doors, emergency lighting and fire-fighting equipment. Equipment was regularly serviced and plans were in place for the safe evacuation of the centre in the event of an outbreak of fire.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents that reflected their assessed needs. These were comprehensive and person centred and had been developed in conjunction with residents and updated at the time that they transitioned into the centre to reflect changing circumstances. The inspector saw that progress was ongoing in relation to achieving set goals and residents quality of life and future goals had improved following their transfer to this centre.

Judgment: Compliant

### Regulation 6: Health care

Appropriate healthcare was provided in this centre. The person in charge had ensured that residents had access to an appropriate medical practitioner and recommended medical treatment and access to health and social care professionals was facilitated as appropriate. There was clear guidance available to staff to guide them in ensuring that the day to day medical needs of the residents were being met.

Judgment: Compliant

### Regulation 8: Protection

The residents in this centre were protected from abuse. Suitable intimate care plans were in place to guide staff. Staff had received appropriate training in the safeguarding of vulnerable adults and staff members spoken to and the person in charge demonstrated a very good understanding and commitment to their responsibilities in this area.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents living in the centre were supported to exercise choice and control over their daily lives and participate in meaningful activities that they enjoyed. Staff were

observed to speak to and interact respectfully with resident. Residents meetings were occurring and there was access to a variety of information in an accessible format. There were arrangements in place for access to external advocacy services if required.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Blossom Hill OSV-0007921

Inspection ID: MON-0032760

Date of inspection: 29/04/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing levels have improved in Blossom Hill since the inspection took place. One employee has returned from maternity leave on the 28/03/2021 and SPC has further developed their relief panel to ensure sufficient staffing levels within all designated centres.</p> <p>The PIC has ensured sufficient staff is available to the people supported in Blossom Hill in case of re-deployment. A floating staff from another designated centre in close proximity to Blossom Hill can be requested to ensure support needs are met for the people living in Blossom Hill.</p>	
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> <p>As outlined in the report the employee who returned from leave has now completed all mandatory training.</p> <p>The PIC and Acting Team Leader have followed through on their management workplan and have now completed all outstanding Quality Conversations. A schedule for completion of Quality Conversations is in place and the Acting Team Leader is completing same with the staff team. The PIC is completing Quality Conversations with the Acting Team Leader and also following up on actions of the workplan through weekly management meetings.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The inspector outlined in the report that the big remit of the PIC, acting as Community Service Manager and a change of Team Leader within the team earlier in the year 2021 had an impact on the oversight within Blossom Hill. Although it was identified that some actions were behind schedule, such as e.g. Quality Conversations, the PIC had full oversight over the person supported's needs at all time in Blossom Hill. An experienced staff nurse has taken on the role of Acting Team Leader in Blossom Hill on the 26/03/2021 and is now supporting the PIC in the management of the designated centre. The PIC and Acting Team Leader are meeting on a weekly basis for management meetings to ensure support needs and all other relevant areas within Blossom Hill are discussed, actions identified and follow up on same documented. Minutes of the management meetings were available on the day of the inspection to evidence the areas of discussion and progression of actions.</p> <p>The Acting Team Leader is now completing Quality Conversations with all employees in Blossom Hill to ensure to ongoing supervision and development of the staff team. Any necessary actions are being discussed with the PIC and followed through in their management meetings.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>At the time of inspection SPC CCTV Policy was in draft and awaiting to be signed off by all relevant parties as outlined in SPC Policy Pathway. Since the inspection took place the CCTV policy has been signed off on the 13/05/2021 and is available to all employees on SPC Q drive.</p> <p>An Easy Read document has been developed for the CCTV policy to ensure people supported are informed adequately about CCTV being in place on the outside of their home in Blossom Hill. This Easy Read document has been signed off by the staff team at the team meeting on 11/06/2021.</p>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	10/06/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	10/06/2021
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	Substantially Compliant	Yellow	10/06/2021

	and effectively monitored.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	11/06/2021