Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Seacrest Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	18 June 2024
Centre ID:	OSV-0001509
Fieldwork ID:	MON-0043960

About the designated centre

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

Seacrest Services provides full-time residential placement for five individuals and one respite placement to individuals with an intellectual disability, who require a level of support ranging from minimum to high, and which may include co-morbidity. Seacrest is a two-storey house in an urban residential area. The house is centrally located and is close to amenities such as shops, restaurants, public transport, pharmacist and a church. All residents in the centre have their own bedrooms. The physical design of the building renders parts of it unsuitable for use by individuals with complex mobility needs or wheelchair users, although some residents with physical disabilities can be accommodated on the ground floor. Residents are supported by a staff team that includes the person in charge, social care workers and care assistants. Staff are based in the centre whenever residents are present, including at night time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 June 2024	10:00hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with the regulations and following an application to the Chief Inspector of Social Services to renew registration of the centre. The inspection was facilitated by the person in charge and team leader. The inspector also had the opportunity to meet with four staff members who were on duty and with the four residents who were living in the centre.

The findings from this inspection indicated that the provider had largely implemented the compliance plan submitted following the last inspection of 16 August 2023. However, there were substantial issues relating to the premises that were required to be addressed. A recent discovery of an under floor water leak had resulted in extensive damage to floors, walls, skirting and architraves throughout the ground floor of the house. The provider had engaged a surveyor to assess the damage which indicated that required remedial works would require the house to be vacated and works could take 4-6 months to complete.

The centre comprises a large detached house located in a quiet residential area of the city suburbs and close to a range of facilities, amenities and shops. On the day of inspection, there were four residents living in the centre and one resident was in hospital. Some residents had increasing and complex health care needs, including physical, medical, mental health and mobility issues. Three residents were wheelchair users, one resident was assessed as requiring two to one staff support, another resident was assessed as requiring two staff for transfers using a hoist and some residents required a high level of supervision to ensure their safety. Residents had a range of social care needs, some attended a local day service during the weekdays and another resident who had recently retired was provided with a wrap around service from the centre.

On arrival to the centre, three residents had already left to attend their respective day services and one resident was in the process of getting up and being supported with personal care. The house was spacious, bright and comfortably furnished in a homely style. Each resident had their own bedroom. Bedrooms were spacious, had a wash hand basin, television and adequate storage space for personal items. All bedrooms were personalised with residents' own effects, family photographs and other items of significance to them. There was an adequate number of toilets and showers located on each floor. There was a variety of communal day spaces provided including a large sitting room, kitchen with dining area and activity room. A new kitchen table and chairs had recently been provided. There were framed photographs of residents enjoying a variety of activities displayed throughout the communal areas of the house. There was a laundry room which included storage for cleaning equipment, a staff office and staff sleepover bedroom provided. New flooring had recently been provided to the office. Residents had access to a large landscaped garden and patio area at the rear of the house. The ground floor of the house and the external garden areas were accessible for wheelchair users with

suitable ramps and handrails provided. The garden areas were found to be well maintained. The team leader leader advised that new outdoor garden furniture had been ordered and they were waiting on delivery. There were adequate aids and specialised equipment provided to meet the needs of residents.

The inspector met with a resident later in the morning as they were being supported by staff to have breakfast at the dining table. Staff were observed to prepare the meal in line with the recommendations of the speech and language therapist. The resident had recently retired from attending day services, was now supported with wraparound service from the house and assessed as requiring two to one staffing support. Staff informed the inspector that this resident was now enjoying a more relaxed morning routine. The resident was unable to tell the inspector their views of the service but appeared content and relaxed as they interacted with staff. Following breakfast, the resident was supported to get out for a walk in their specialised chair and on return to the centre, had a rest in bed before having lunch in line with their preferred daily routine.

The inspector met with all residents and spoke with some later in the afternoon. One was observed to relax in the sitting room on a recliner arm chair, all were supported to have drinks and snacks, one resident was enjoying sitting outside in the garden, one was completing a table top puzzle activity and another was helping to sweep the floor. They appeared happy and content and told the inspector how they enjoyed living in the centre. They mentioned how they continued to enjoy attending day services and partaking in a variety of activities in the community. Three residents had recently enjoyed a boating trip on Lough Ree and had a meal out on the day. Residents had been out for lunch over the weekend and some had attended church services. Others continued to enjoy going for walks in the local area, going on day trips and for drives, attending the hairdresser, eating out and going shopping. Residents mentioned how they enjoyed the twice weekly music and dance sessions in the house, another stated how they they liked to relax in the house some evenings and some enjoyed helping out with household tasks and grocery shopping. Staff on duty were observed to be very attentive to residents support needs and spoke kindly and respectfully with residents, and responded promptly to requests for information and support. Staff and residents chatted together in a relaxed and familiar way.

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visits to the centre. Residents spoke of regularly visiting their friends and family members. One resident told the inspector how they went home most weekends.

From conversations with staff and residents, observations made while in the centre, and information reviewed during the inspection, it appeared that staff strived to support residents have good quality lives in accordance with their capacities, and were involved in activities that they enjoyed in the community and also in the centre. It had been identified that additional staffing was required in order to better support the increasing and complex needs of some residents. The person in charge confirmed that discussions had taken place with the senior management team, that a business case for additional resources had been submitted to the provider and

that recruitment for additional posts was in progress.

In summary, the inspector observed that residents were treated with dignity and respect by staff. Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format.There was evidence of ongoing consultation with residents. During the inspection, the inspector observed that staff consulted with individual residents regarding all aspects of supports required. There were twice monthly house meetings held and residents were consulted with in regard to upcoming events, meal planning, preferred activities and personal goals. The minutes of recent house meetings reviewed showed that residents were reminded about access to their money, the importance and rights to choice, infection, prevention and control, the complaints procedure and right to make a complaint had been discussed. There were regular key working sessions held with individual residents at which various topics were discussed including financial management and supports available, individual goal planning and progress on goals, future planning needs and specific health care protocols. The person in charge outlined how there had been ongoing consultation and key working sessions with a resident and their family representative with regard to their wish to move to their own apartment. An apartment had been identified in a new development and the resident was due to move to their own apartment once the building was complete later in the year.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was generally well managed, improvements noted at the previous inspection had been sustained and the compliance plan submitted had been addressed. However, the provider needed to put a plan in place to address the substantial issues in relation to the premises which had resulted from water damage due to leaking under floor pipe work while at the same time ensuring the safety and rights of all residents.

The post of the person in charge was full-time. The person in charge had other managerial responsibilities in the organisation and was supported in the role by a team leader and area manager. There were on-call arrangements in place for out of hours seven days a week. The details of the on-call arrangements were notified to staff on a weekly basis and clearly displayed in the centre.

Staffing levels in the centre had continued to be reviewed. It had been identified that additional staffing resources were required in order to better support the assessed and increasing needs of residents, to support residents with better choice in partaking in social activities and to facilitate the team leader in carrying out their

administrative role effectively. A business case for additional resources had been submitted to the provider and the person in charge advised that recruitment for additional posts was in progress.

Training continued to be provided to staff on an on-going basis. Records reviewed indicated that all staff had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some residents. The person in charge had systems in place to ensure that staff training was regularly reviewed and discussed with staff.

The provider and local management team had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2023 was completed and had included consultation with service users and their families. The feedback from questionnaires reviewed indicated a high satisfaction with the service. Recommendations as an outcome of this review had been set out in a service improvement plan. The inspector noted that some identified improvements had already been completed, some were in progress and issues relating to upgrading of flooring and doors had not yet progressed due to the issues relating to the under floor water leak.

The damage caused to the building as a result of the under floor water leak had been assessed and quotations for remedial works sought from builders, however, the provider did not yet have a plan in place to support and accommodate the current residents given that the required remedial works would require the house to be vacated and works could take 4-6 months to complete. While the person in charge outlined that discussions had been taking place with the senior management team, no suitable alternative accommodation had yet been identified. The associated risks with the current defects to the building and the potential risks and impact on residents, some with complex support needs having to relocate to alternative accommodation in order to facilitate the required remedial works had not been included on the risk register.

The local management team continued to review areas such as incidents, residents finances, fire safety, health and safety, medication management, restrictive practices, residents files and staff training. The results of recent audits reviewed generally indicated satisfactory compliance, however, it had been identified that some residents assessments and personal plans were due review and updating. There were regular team meetings, area service meetings and service review meetings taking place in order to share learning, to discuss risk and other issues pertaining to this centre.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents. They showed a willingness to ensuring on-going compliance with the regulations and a commitment to ensuring further improvements to the service.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels in the centre had continued to be reviewed to ensure that they were adequate to meet the assessed and increasing support needs of residents. Some residents had increasing and complex health care needs, including physical, medical, mental health and mobility issues. Three residents were wheelchair users, one resident was assessed as requiring two to one staff support, another resident was assessed as requiring two staff for transfers using a hoist and some residents required a high level of supervision to ensure their safety. Residents required support with an increasing number of hospital and medical appointments. The team leader had prioritised the health care needs of residents and regularly supported residents to attend appointments. However, this impacted on the time allocated to their administrative role in the centre, for example, ensuring that residents assessments and personal plans were kept up-to-date. A business case for additional staff resources had been recently submitted to the provider. The person in charge outlined that recruitment was ongoing, that two staff had recently been recruited and one new staff member was completing induction on the day of inspection.

The current staffing levels were in line with that set out in the statement of purpose. One resident was provided with two to one staff during the day time. There were normally two staff on duty during the morning and afternoon up to 15.00. There were three staff on duty from 15.00 and two staff on active night duty until 9.00 am. There were three staff on duty throughout the day at weekends. The roster reviewed for the week beginning the 17 June 2024 was reflective of staff on duty, the staff member in charge of each shift was clearly identified however, the full names of some agency staff were not included.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding.

Additional training in various aspects of infection prevention and control, medicines management, epilepsy care, feeding, eating, drinking and swallowing guidelines, respiratory emergency, use of hoists and skin integrity had been completed by staff. Some staff had recently completed training on person centered planning The person in charge had systems in place to oversee staff training and further refresher training was scheduled as required.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was generally well managed, however, the provider needed to put a plan in place to address the substantial issues recently identified in relation to the premises while at the same time having regard to the quality and safety of the service for all residents. The provider also needed to ensure that adequate resources were provided to ensure effective delivery of care and support in the centre to meet the increasing needs of residents.

The damage caused to the building as a result of the under floor water leak had been assessed and quotations for remedial works sought from builders, however, the provider did not have a plan in place to support and accommodate the current residents. This was of concern given that some residents had complex support needs, the required remedial works would require the house to be vacated and works could take 4-6 months to complete. While the person in charge outlined that discussions with the senior management team were on-going, no suitable alternative accommodation had yet been identified. The associated risks with the current defects to the building and the potential risks and impact on residents, having to relocate to alternative accommodation in order to facilitate the required remedial works had not been included on the risk register.

The local management team had identified that additional staffing resources were required in order to better support the assessed and increasing needs of residents, to support residents with better choice in partaking in social activities and to facilitate the team leader in carrying out their administrative role effectively. A business case for additional resources had been submitted to the provider and the person in charge advised that recruitment for additional posts was in progress.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose recently submitted with the application to renew registration was reviewed by the inspector. It was found to contain the prescribed information as set out in schedule 1 of the regulations, however, it required updating to accurately reflect the hours worked by the team leader.

Judgment: Substantially compliant

Quality and safety

The local management team and staff continued to prioritise and ensure that residents received an individualised, safe and good quality service. As discussed under the capacity and capability section of the report, the provider needed to put a plan in place to ensure required remedial works to the premises were addressed while having regard to the quality and safety of the service for all residents. The residents spoken with stated that they liked living in the centre, appeared to be content and relaxed in their environment and with staff supporting them. While staff spoken with were familiar with and knowledgeable regarding their up-to-date assessed health and social care needs, specific health care protocols and the individual recommendations of allied health professionals, some assessments and corresponding support plans reviewed required updating.

The inspector reviewed the files of two residents and noted that a comprehensive 'All about me' assessment of the residents health, personal and social care needs had been completed. A range of risk assessments including risk of developing pressure ulcers, falls risk, swallow assessment, moving and handling and restrictive measures in use had been completed and care and support plans were in place for all identified issues including specific health-care needs. However, some required review and updating to reflect the current needs of residents. Residents had access to general practitioners (GPs), out of hours GP service and a range of allied health services.

There were systems in place for the management and review risk in the centre including systems for fire safety management and infection, prevention and control procedures. While the risks associated with the recent water leak damages to the building had been identified and the provider was in process of putting a plan in place to address the risks, the risk register required updating to reflect these recently identified risks and the control measures being put in place to mitigate those risks. Staff working in the centre had completed training in fire safety and in various aspects of infection, prevention and control. Identified risk, fire drills,

infection, prevention and control were regularly discussed with both staff and residents at regular scheduled meetings. The local management team and staff on duty demonstrated good fire safety awareness.

Improvements were noted to the management and investigation of recent safeguarding incidents as well as to the review and investigation into historical safeguarding issues. Recent safeguarding incidents identified were being managed in the centre, there was one active active safeguarding plan in place and further investigation was being completed by the designated officer. The local management team had systems in place to oversee the management of residents finances. All staff had up-to date training in safeguarding adults from risk of abuse. Safeguarding was regularly discussed with staff and residents at scheduled meetings.

Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. Some residents regularly received visits from family members and friends while some were supported to visit family members at home.

Judgment: Compliant

Regulation 17: Premises

Substantial improvement works were required to the premises to ensure sound construction and to ensure a good state of repair. The recent discovery of an under floor water leak had resulted in extensive damage to floors, walls, skirting and architraves throughout the ground floor of the house. Floor surfaces in many areas were lifting, the paintwork and plasterwork to many wall surfaces were blistered and defective, the wooden skirting boards and architraves were warped and defective. This posed a risk to residents including an increased risk of trips or falls and impacted negatively on infection, prevention and control in the centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. While the risk register had been recently reviewed it required further updating to reflect the recently identified risks associated with the

current water damage defects to the building, the potential risks and impact on residents as well as the control measure being put in place to mitigate those risks.

All residents had a recently updated personal emergency evacuation plan in place,however, some required review to reflect evacuation procedures in the event of fire at night-time. Fire drill records reviewed indicated that all residents could be evacuated safely in the event of fire, some residents mobilised with the support of staff and two bedrooms were designed to support bed evacuation.

Incidents were reviewed regularly by the local management team. There were regular reviews of health and safety as well as infection, prevention and control. The recommendations from reviews were discussed with staff to ensure learning and improvement to practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks were carried out and recorded. Staff spoken with were knowledgeable regarding the workings of the fire alarm system and the layout of the centre. The fire equipment and fire alarm system had been regularly serviced. Regular fire drills continued to take place involving both staff and residents. Fire drill records reviewed provided assurances that residents could be evacuated safely in the event of fire. There were two staff on active duty at night-time to support residents in the event of fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and care plans were developed, where required. Care plans reviewed were found to be individualised and informative. However, some required review and updating to reflect the current and recently changed needs of some residents. For example, assessments and some corresponding support plans for a resident whose daily routine had changed and who now required the use of a full hoist was not up-to-date. There were no personal goals set out for 2024 in one of the files reviewed.

Residents' nutritional needs were assessed, their weights were monitored regularly and plans of care had been developed as required based on these assessments and monitoring outcomes. The recommendations of the speech and language therapist (SALT) provided detailed feeding, eating and drinking guidelines for residents who

required a modified consistency diet. Staff had received training and were knowledgeable regarding this guidance and were observed implementing it in practice.

There were clear protocols in place for the monitoring of a resident assessed as being at high risk of developing pressure ulcers. Staff continued to carry out and record twice daily skin integrity checks. The resident had a repositioning plan and detailed skin integrity support plan in place. Some staff had completed training in relation to skin integrity and staff had access to a local public health nurse for advise, guidance or to review wounds if required. Documentation reviewed and staff spoken with confirmed that the resident had no skin break at the time of inspection. Suitable specialised equipment including a bed, new pressure relieving mattress, specialist cushion and chair had been provided following consultation, assessment and recommendation from the occupational therapist.

Residents assessed as being at high risk of falls were being supervised closely by staff. An environmental safety checklist had been completed as part of the falls prevention strategy. The physiotherapist had assessed residents and they had individual physiotherapy programmes in place. Residents who required specialised foot wear had been assessed and appropriate specialised footwear provided.

Personal plans were developed in consultation with residents, family members and staff. Review meetings took place annually, at which, residents' personal goals and support needs for the coming year were discussed. The inspector noted that individual goals were clearly set out for 2024 in one of the files reviewed, however, there were no personal goals set out for 2024 in the other file reviewed. While staff and the resident spoken with confirmed that personal goals were planned including moving to live in their own apartment later in the year, the documentation reviewed did not reflect these plans.

Judgment: Substantially compliant

Regulation 6: Health care

The local management team and staff continued to ensure that residents had access to the health care that they needed. Residents' with specific medical conditions continued to be closely monitored. Residents had regular access to general practitioners (GPs). A staff member supported residents attend medical appointments. A review of a sample of two residents' files indicated that residents had been regularly reviewed by their GP. Residents had also been reviewed by the speech and language therapist (SALT), occupational therapist (OT), physiotherapist, psychologist, neurologist, public health nurse and chiropodist. Residents had also been supported to avail of vaccination and national screening programmes. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of they requiring hospital admission. The team leader had received a written compliment from hospital staff

commending the comprehensive information contained in the hospital passport for a resident who had recently been admitted to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to regular psychology review and had updated positive behaviour support plans in place. The person in charge regularly reviewed restrictive practices in use and all had been recently reviewed by the organisations restrictive practice committee. However, there was one motion sensor in use which required review. The sensor had been put in place to protect a resident from another resident entering their bedroom, however, there had been no recorded incident since 2019 and therefore, the inspector was not assured that this practice was still appropriate.

Judgment: Substantially compliant

Regulation 8: Protection

Improvements were noted to the management and investigation of recent safeguarding incidents as well as to the review and investigation into historical safeguarding issues. An external investigation into historical safeguarding incidents had been completed. The chief executive officer (CEO) had met with family members affected and with staff involved in the investigation to report on the findings. A staff member spoken with advised that the CEO along with members of the health service executive and human resource team met with staff and provided a debrief on the investigation report findings as well as recommendations and learning from the investigation.

The provider was committed to further improvements to safeguarding residents and had commissioned an external review of adult safeguarding polices and procedures which was still on-going at the time of inspection.

The local management team had further enhanced the systems in place to oversee the management of residents finances. There were comprehensive protocols including daily checks signed by two staff and monthly audits overseen by the person in charge taking place. The National Advocacy Service 'My Money, My Rights, My Options', easy-to-read leaflet aimed to build financial autonomy and enhance the capacity of residents to access and manage their own finances had been recently discussed with residents.

Judgment: Compliant

Regulation 9: Residents' rights

The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. There was evidence of ongoing consultation with residents. The residents had access to information in a suitable accessible format. Residents were supported to communicate in accordance with their needs. Restrictive practices in use were regularly reviewed. Residents were supported to visit and attend their preferred religious services on a regular basis and some residents were registered to vote.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Seacrest Services OSV-0001509

Inspection ID: MON-0043960

Date of inspection: 18/06/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The staffing roster was amended to reflect the full names of all staff listed on the roster. The Person in Charge has added this to the monthly audit check to eliminate the risk of this reoccurring. This was completed 19/06/2024. The staffing levels in the center will be increased from three staff to four staff to meet the assessed and increasing support needs of residents. This will be completed by 31/07/2024.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The successful recruitment of staff will allow the staffing levels in the center to increase from three staff daily to four staff daily to meet the assessed and increasing support needs of residents. This will be completed by 31/07/2024. The Residential Review Group met on the 26/06/2024 and 04/07/2024 to review suitable locations for the transitions. Locations for residents transitions were identified and proposed on 04/07/2024.. A comprehensive transition plan has commenced for each resident, with each person we support visiting their proposed new home and being fully involved in the transition plan. This is being overseen by the Person in Charge. This commenced 04/07/2024 and will be completed when each resident has transitioned to their new location. It is anticpated that all residents will have transitioned by 30/09/2024 and building works commence thereafter, subject to tender. It is expected that building works will take a minimum of 12 months to complete.	

A team meeting with staff was facilitated by the Person in Charge and the Area Services Manager where staff were informed of the building defects, planned works to be carried out and the temporary tranisition of residents to alternative accommodation. This was completed 24/06/2024.

Residents and their families were informed of the need to evacuate the premises due to the extensive damage caused by the water leak and transition to temporary alternative accomodation. This was completed 24/06/2024.

The risk register has since been updated to reflect the current water damage to the building and need for extensive repair works, which will require residents to transition to temporary alternative accommodation. This was completed 19/06/2024.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The statement of purpose has been updated to accurately reflect the hours worked by the team lead. This was completed 20/06/2024.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Residential Review Group met on the 26/06/2024 and 04/07/2024 to review suitable locations for the transitions of all residents. Locations for residents transitions were identified and proposed on 04/07/2024. A comprehensive transition plan has commenced for each resident, with each person we support visiting their proposed new home and being fully involved in the transition plan. This is being overseen by the Person in Charge. This commenced 04/07/2024 and will be completed when each resident has transitioned to their new location. It is anticpated that all residents will have transitioned by 30/09/2024 and building works commence thereafter, subject to tender. It is expected that building works will take a minimum of 12 months to complete.

A team meeting with staff was facilitated by the Person in Charge and the Area Services Manager where staff were informed of the building defects, planned works to be carried out and the temparory tranisition of residents to alternative accommodation. This was completed 24/06/2024.

Residents and their families were informed of the need to evacuate the premises due to the extensive damage caused by the water leak and transition to temporary alternative accomodation. This was completed 24/06/2024.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The risk register has since been updated to reflect the current water damage to the building and need for extensive repair works, which will require residents to transition to temporary alternative accommodation. This was completed 19/06/2024.

All resident's personal emergency evacuation plans have been amended to include safe evacuation procedures from the building at night time. This was completed 30/06/2024.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
All care plans have been reviewed and updated; completed 30/06/2024.
An assessment by an Occupational Therapist has been completed 21/06/2024, this report includes an updated repositioning plan for one resident.

All residents person centered plans have been reviewed and updated to include long term goals. Key-working sessions have been completed and documented this includes the use of picture evidence. Completed 19/06/2024.

An audit template pertaining to goal planning and key-working has been implemented, this will be completed monthly by the Person in Charge. This first audit will take place at the end of July 2024 to review goals progress during the month. This practice will continue monthly.

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The motion sensor alarm has been discontinued and is no longer in use. This was submitted to the Restrictive Practice Committee and completed on the 19/06/2024.	

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 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	31/07/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/09/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the	Substantially Compliant	Yellow	31/07/2024

	effective delivery of care and support in accordance with the statement of purpose.			
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.	Substantially Compliant	Yellow	30/09/2024
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	30/06/2024
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/06/2024
Regulation 03(1)	The registered provider shall	Substantially Compliant	Yellow	20/06/2024

	prepare in writing a statement of purpose containing the information set out in Schedule 1.			
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/07/2024
Regulation 05(4)(a)	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 reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/07/2024
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	Substantially Compliant	Yellow	31/07/2024

	to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	19/06/2024