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:	Hill View Respite & Residential Services
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	15 August 2023
Centre ID:	OSV-0001755
Fieldwork ID:	MON-0040761

About the designated centre

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

Hill View Respite and Residential Services is a centre run by Western Care Association. The centre is located in a town in Co. Mayo and provides residential and respite care for up to five male and female adults over the age of 18 years, who have an intellectual disability. The centre comprises of one two-storey dwelling, where residents have access to their own bedroom, some en-suite facilities, shared bathrooms and communal areas. The centre also has a self-contained apartment which has its own access point. Staff are on duty both day and night to support residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1

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 15 August 2023	11:00hrs to 18:15hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This centre is run by Western Care Association in Co. Mayo. Due to concerns about the governance and oversight of Western Care Association centres and its impact on the well-being and safety of residents, the Chief Inspector undertook a targeted safeguarding inspection programme which took place over two weeks in March 2023 and focused on regulation 7 (Positive behaviour support), regulation 8 (Protection), regulation 23 (Governance and management) and regulation 26 (risk management procedures). The overview report of this review has been published on the HIQA website. In response to the findings of this review, Western Care Association submitted a compliance plan describing all actions to be undertaken to strengthen these arrangements and ensure sustained compliance with the regulations. Inspectors have now commenced a programme of inspections to verify whether these actions have been implemented as set out by Western Care Association, but also to assess whether the actions of Western Care Association have been effective in improving governance, oversight and safeguarding in centres for people with disabilities in Co. Mayo. At the time of this inspection a number of actions had been implemented, with more in progress for completion. The provider had made improvements in their governance arrangements at the centre and especially in the management of safeguarding concerns and positive behaviour support, however these had occurred in line with timeframes of the provider's compliance plan and therefore required further time to be established and show an improvement to the lived experience of residents.

On arrival to the centre, the inspector met with one staff and one resident. The staff member was busy supporting the resident with their care needs and when time allowed, they rang the management team to inform them of the inspector's arrival. The person in charge was on leave at the time and the person participating in management (PPIM) who was an area manager for the provider, came to the centre in the early afternoon to facilitate the inspection.

The inspector was informed that there were no other staff or residents in the centre that day; therefore the inspector only got the opportunity to meet briefly with one staff and one resident. The inspector was informed that this resident was due to go on a planned activity and any deviation from this may cause them upset. After briefly meeting with the resident who greeted the inspector in their own way before resuming their activity, the inspector agreed to leave the building so as not to disrupt the resident's routine or affect the staff's provision of 1:1 support to them.

Due to there only being one resident and one staff in the centre on the day of inspection, the inspector had to rely on limited observations, documentation reviews and discussions with the PPIM to try to establish the lived experience of residents living in, and availing of respite, in Hill View respite and residential services. Staff that the inspector met with reported that they had recently started working in the centre with the resident. Observations were that the resident was supported in line with their needs and care plans by the staff, and that staff were responsive and

attentive to all communications and requests by the resident.

A range of documentation was reviewed during this inspection including, a sample of residents' care plans, residents' meeting notes, residents' daily log notes, staff meeting minutes and a range of management audits.

From a walkaround of the centre it was found that the service strived to meet all the needs of residents and made every effort to ensure that residents availing of respite had an enjoyable stay. The inspector was informed that the respite part of the centre was open based on the needs of residents, and as it was summer break from day service that week, that the need for respite had reduced. It was explained that respite was offered to residents based on a prioritization system, and that compatibility between residents was also considered when offering respite breaks. This appeared to work well as there had been no safeguarding concerns between residents.

The premises was spacious to meet the needs of residents and each resident had their own bedroom, some of which had en-suites. One communal bathroom had been adapted recently to facilitate a resident with mobility needs to take a bath, in line with their preferences. Bedrooms were also equipped with televisions and there was an area on the landing that was designed in such a way that residents could sit and relax watching TV or playing games consoles here, in addition to the main sitting-room.

A review of residents' and staff meetings demonstrated that residents and staff were consulted about the centre. An initiative had been implemented called 'Project dreamcatcher' where residents were consulted about their dreams for the future and were supported to achieve these dreams. Examples of dreams that the inspector was informed about, was that one resident went on a train for the first time recently and one resident went to a circus. Residents also went on shopping trips, hotel breaks and spa days. Minutes of residents' meetings also demonstrated that every effort was made to ensure residents had access to leisure facilities in the house. For example, residents were consulted about whether they would like to have a Karaoke machine in the house, and this was then followed up and the karaoke machine got. In addition, a review of daily records showed that residents enjoyed a range of activities in their local community, such as horseriding, swimming, going for meals out and personal shopping.

There were a range of easy-to-read accessible information on various topics such as safeguarding, rights, fire and FEDS available for residents to help them understand topics. In addition, there was information on advocacy services and a poster containing the photographs and phone numbers of designated officers was on display in an accessible location in the centre. A notice board at the entrance of the respite centre was set up to display the photographs and names of staff who were working on that day, and photographs of what residents were getting respite together at any particular day.

Overall, from what the inspector observed and was told and through reviews of various documents, it was found that the service provided aimed to ensure that

residents were safe and received high quality care and support.

The next sections of the report describe the governance and management arrangements and about how this impacts on the quality and safety of care and support provided in the designated centre.

Capacity and capability

This inspection found that Hill View residential and respite centre was well managed with good arrangements in place for monitoring the care and support provided to residents. Actions identified by the provider as part of the targeted safeguarding programme were in progress in line with the time frames; however as this was in the early stages the full impact of these actions could not be established at this time. When embedded, the actions would lead to a more robust management structure with improved oversight and monitoring and shared learning between centres.

The person in charge worked full-time and had responsibility for this designated centre only. They were not met with at the time of inspection due to them being on leave; however it was clear from the audits in place and documentation reviewed that they had implemented good arrangements for overseeing the centre. They were based full-time in the centre also which meant that they were available to staff regularly to offer support and guidance and were in a position to review day-to-day activities.

The inspection was facilitated by the PPIM. As mentioned previously, a targeted safeguarding inspection programme was undertaken in March 2023, where the provider was found not complaint in four regulations. Actions from the overview report that were agreed to address the areas of non-compliances were reviewed on the day with the PPIM. Many actions had commenced or were in progress in line with the agreed time-frames.

The inspector was informed that a restructure of the senior management team had commenced, with a number of appointments made. This included posts of 'head of quality, safety and service improvement' and an 'interim head of clinical and community supports'. The inspector was informed that once the post of 'head of quality, safety and service improvement' commenced, a governance and quality framework and a review of the current suite of audits for use in designated centres would be completed.

In addition, a number of committees had been set up such as an incident review committee. This commenced in April 2023 and met quarterly, minutes of which were reviewed on the day. From the meeting notes reviewed, it was apparent that the provider was collating data and reviewing trends on incidents that occurred. This also included trends in PRN (a medicine only taken as required) administration. The provider's 'human rights committee' had been re-established with a new

independent chair appointed. The inspector was informed that residents 'rights checklists', which included information on any restrictive practices affecting individual residents, had been submitted to the committee for review and that the committee would be working through these in particular focusing on any reviews that had not been done in recent years. The checklists for relevant residents in Hill View respite and residential services were reportedly submitted for review.

With regard to staff training, the inspector was informed that the provider's overall review of training needs was not yet completed. However, the person in charge had completed a training needs analysis for the centre, and where identified had requested places on training for identified staff. This included two staff in Hill View respite and residential services who required behaviour management training, one of whom was due to attend training the following week and this was noted on the staff roster in place. In addition, the provider was running a series of 'regulatory events' where local managers could be allocated a place if requested to support them in understanding the regulations. The inspector was also informed that there was going to be training and development programme developed for all persons in charge, and that this was currently in progress.

The local arrangements for auditing and reviewing practices in Hill View respite and residential services appeared to be effective in identifying actions for improvement. For example; audits identified actions relating to staff supervision, risks to residents' care and some fire safety actions. The PPIM reported that they meet regularly with the person in charge, where actions were reviewed to ensure that they are completed.

The provider completed unannounced visits to the centre every six months in line with the regulations. The last visit was completed in June 2023 and was undertaken by the PPIM. The inspector was informed that the provider's plan for future unannounced visits was to ensure that these unannounced visits were objective, meaning that they were not undertaken by a person directly involved in the management of the centre. It was explained that this would be achieved next year as more of the senior management team got experience in completing these visits on behalf of the provider, therefore the action relating to more objective provider audits had yet to be implemented in this centre.

There was a clear governance structure in place in the centre with lines of accountability for members of the management team. There was an on-call system in place for out-of-hours. This involved contacting various members of the management team starting with the local manager (person in charge), and if they were unable to take the call, then staff were to ring the PPIM and so forth until someone answered. When asked, this was reported to be effective due to the management team having their phones turned on at all times; however this was reported to impact on a good work-life balance for members of the management team due to the requirement to have their phone turned on at all times. This could create a risk of staff burnout.

Overall, there were good arrangements found in this centre for reviewing and auditing the care and support practices. While most of the actions in response to the

overview report were in progress, as it was early days, the impact of these had yet to be seen in this centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a complete application to renew the registration of this designated centre.

Judgment: Compliant

Regulation 22: Insurance

There was up-to-date insurance in place for the centre.

Judgment: Compliant

Regulation 23: Governance and management

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete 12 actions aimed at improving governance arrangements at the centre. The provider aimed to have all actions completed by 31/01/2024. At the time of the inspection four actions had been implemented with the remainder either commenced or in progress.

The completed actions included the restructure and appointment of new senior management posts, the re-establishment of a human rights committee with an independent chair, quarterly incident reviews through the incident monitoring and oversight committee and the reconfiguration of the service into eight service areas.

Some of the actions in progress included a review of all organisation's policies and procedures (with most reviewed at the time of inspection), the implementation of a staff training and development plan, reviews of the suite of audits in place in centres and the development of a 'governance and quality framework'. One of the aims of this was to ensure that qualitative data was gathered when conducting audits.

The action relating to the carrying out of an objective provider unannounced visit had not yet been implemented in this centre as the most recent visit was carried out in June 2023, and the action agreed was to be implemented between July and December 2023.

As it was early days in the implementation of the provider's actions, the impact of

these had yet to be seen in this centre as more time was required for them to be embedded in the overall organisation. However, the inspector was informed that these actions would ensure greater oversight by members of the senior management team and that the aim for a provider wide training plan, when implemented, may improve waiting times for staff training.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was an up-to-date statement of purpose in place which included all the information as required under Schedule 1 of the regulations. Some minor amendments were required to reflect up-to-date information, and these were addressed on the day of inspection.

Judgment: Compliant

Quality and safety

This inspection found that the needs of residents living in, and availing of respite breaks in Hill View, were kept under ongoing review to ensure that the service met their individual needs. The service provided supports to up to 34 residents, one of whom received full-time residential care, and others who availed of respite for varying durations with no more than four residents receiving respite at any one time.

As mentioned previously, as there was only one resident in the centre at the time of inspection, observations and communication with residents were limited. However, through discussions with the PPIM and through a review of various documentation, it was clear that residents' individual needs were subject to ongoing assessment and review to ensure that the service met their needs.

The person in charge ensured that health, personal and social care needs of residents were assessed, and that care and support plans were developed where required. Care plans reviewed were found to be comprehensive and provided clear guidance to staff in the supports required. Annual reviews took place regarding residents' care needs and these meetings ensured the maximum participation of residents and their representatives. Where residents chose not to attend, it was noted that their feedback was sought as part of the meeting.

Residents were protected in this centre through staff training in safeguarding and through ongoing reviews of incidents that occurred. In addition, the local management team planned respite stays to try to ensure compatibility between

residents. There were no safeguarding concerns at the time of inspection. The provider had committed to undertake five actions to address the overall non-compliance in regulation 8: protection, in response to the targeted safeguarding inspection programme in March 2023. These are elaborated on under the regulation section. The policy and procedure for safeguarding had been reviewed in July 2023 and was available for review. As it was early days in the implementation of actions, and as there were no safeguarding concerns in Hill View since the targeted inspection programme, the impact of these actions could not be established at this time.

Incidents that occurred in the centre generally related to behaviours of concern displayed by one resident. As a result of particular trends noted in incident records, the local management team had consulted with multidisciplinary team (MDT) for supports and it was clear that every effort was being made to establish the cause of the behaviours. Behaviour support plans that were reviewed were found to be up-to-date and comprehensive. In addition, restrictive practices in place in the centre were kept under review and protocols included clear rationales for their use. The use of restrictive practices was also included in residents' personal risk management plans (PRMP) as relevant.

In response to the targeted safeguarding inspection programme, the provider committed to undertake a number of actions to address an overall non-compliance in the area of positive behaviour supports. These actions and their progress are elaborated on under the regulation section. Within this centre, while residents had access to MDT supports to support with behaviour needs, for one resident a need for a sensory assessment was identified and this had not yet been completed. The inspector was informed that as the provider did not have an occupational therapist (OT) specialising in this area, that private OTs have been contacted and that the resident was on waiting lists for this assessment. This assessment would support the resident with behaviours of concern and provide further guidance in the management of particular behaviours that impacted on the residents' quality of life.

A review of fire safety arrangements and risk management documentation was completed as part of this inspection. Documentation reviewed demonstrated ongoing reviews of fire safety arrangements and the management of risks. In general, there were good oversight and monitoring arrangements in place to ensure residents were safe. This included a review of what bedrooms would be most suitable to meet individual respite residents' fire evacuation needs during their stay. In addition, it was clear that residents' personal emergency evacuation plans (PEEPs) were reviewed following fire drills. However, improvements were required in some aspects of fire safety which would further ensure residents' safety. This is elaborated on under regulation 28.

Overall, the inspector found that Hill View respite and residential services strived to meet residents' needs and ensured that residents received a good quality service. Some improvements as noted throughout the report would further enhance the quality of care and support provided.

Regulation 10: Communication

There was a policy and procedure in place for communication, which detailed the provider's policy to provide a 'total communication approach' to care. From a review of documentation and discussions with the PPIM it was found that where residents required speech and language therapy (SLT) input to support with their communication preferences, that this was provided.

From the sample of residents' care plans reviewed, it was found that residents had communication profiles in place. These provided comprehensive details on residents' communication preferences, on how to best communicate with individual residents and they also gave information on what likes and dislikes residents had and what particular communications meant and included where objects of reference could be used to support residents.

Observations from the walkaround of the centre and review of documentation found that residents had access to televisions, music players, the internet, gaming consoles and telephones.

Judgment: Compliant

Regulation 18: Food and nutrition

There was a policy and procedure in place for nutrition. From a sample of residents' daily records reviewed, it was found that residents were provided with a range of nutritious meals and that these meals took into account residents' individual needs in relation to feeding ,eating, drinking and swallowing (FEDS) care plans.

While observations of mealtimes was not possible on the day, it was clear in the records maintained that staff supported residents at mealtimes and recorded where meals met individual residents' FEDS requirements. In addition, daily log notes recorded where residents may have chosen not to eat a particular meal and possible reasons why, which demonstrated good monitoring of residents' food intake.

There were FEDS care plans in place in the sample of residents' files reviewed. Residents' daily care notes recorded the care and support provided to individuals at mealtimes, and this was found to reflect the individual FEDs plans.

Judgment: Compliant

Regulation 20: Information for residents

The provider had a booklet called 'residents' guide' which included information as required under the regulations. Some minor amendments were required to ensure that the information was accurate. This was addressed on the day of inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete three actions aimed at improving risk management arrangements at the centre. The provider aimed to have all actions completed by 31/10/2023. At the time of the inspection all three actions were reported to be in progress.

The actions related to ongoing quarterly reviews of incidents by the incident monitoring and oversight committee, minutes of which were available for review for April and June 2023. Incident management training and a review of the risk management policy and procedure were reported to be in progress and were due for completion by the end of October 2023.

Within this centre, there were emergency plans developed and a risk register for risks in the centre. There were a range of generic risk assessments and service related risk assessments, which had been reviewed by the person in charge recently and included specific control measures for this centre. The fire risk assessment required review and this is covered under Regulation 28: fire precautions.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were arrangements in place for fire precautions in the centre. These included, fire containment measures, fire fighting equipment, fire alert system, emergency lighting and ongoing checks of the fire safety arrangements to ensure that they were effective.

In addition, residents had personal emergency evacuation plans (PEEP) in place which were found to be kept under ongoing review and updated as required following fire drill evacuations.

However, the following was found in relation to fire safety;

- There was a schedule in place for fire drills to occur throughout the year; however this schedule only covered one type of scenario of day time drills.
- The annual fire door inspection was overdue as the last inspection occurred in

May 2022. This had been identified through a recent management audit and had been followed up, however remained incomplete.
- The fire risk assessment in place did not include the specific control measure that was in place in this centre with regard to the frequency of fire drills that had been identified to be required to cover all respite residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that assessments were completed with regard to residents' health, personal and social care needs. Care plans were developed where the need was identified, and from the sample reviewed, they were found to be up-to-dated and provided clear guidance to staff on the supports residents' required.

Annual review meetings were held with the maximum participation of residents and their representatives. Where residents chose not to attend, this was noted on the meeting minutes form.

Judgment: Compliant

Regulation 7: Positive behavioural support

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete seven actions aimed at improving behaviour support arrangements at the centre. The provider aimed to have all actions completed by 30/06/2024. At the time of the inspection the provider had introduced four of these actions, with the other three in progress and not yet due for completion.

Actions that had commenced included the appointment of an interim 'head of clinical and community support' (to oversee clinical practice and supports by psychology and behaviour support teams), the appointment of additional posts in psychology and behaviour support and the establishment of clinical and governance oversight committees.

The inspector was informed that the committee established will be reviewing all residents' behaviour support plans and there may be information-sharing sessions set up to support staff teams with the management of behaviours. In addition, the provider committed to set up a 'neurodiversity' training programme for all staff and this was reported to be in progress. It was reported that this would be a welcome addition to the training programmes as it would cover training on autism also. Policy reviews were in progress in line with the agreed time-frames.

Within this centre, it was found that where residents required supports with behaviours, that up-to-date plans were in place.There was evidence that there was ongoing reviews to try to establish the causes of particular behaviours of concern, and that supports included a range of MDT members input.

- However, one resident was noted to require a sensory assessment to support with behaviours, and while the local management team was making every effort to source this assessment, this remained an unmet need for this resident.
- In addition, two staff required behaviour management training and a plan was in place for this to occur, with one staff scheduled for training the week after the inspection and a place on training for the second staff requested.

Judgment: Substantially compliant

Regulation 8: Protection

In response to the targeted safeguarding inspection programme, the provider had committed through its compliance plan to complete five actions aimed at improving safeguarding arrangements at the centre. The provider aimed to have all actions completed by 31/10/2023. At the time of the inspection, four actions had been implemented and one was in progress and not yet due. This related to the setting up of an oversight committee to ensure that there was a robust system for reviewing all safeguarding concerns in the organisation. This was due to be implemented by 31/10/2203.

Actions that were reported to have been implemented included the setting up of a confidential folder for safeguarding concerns that relevant persons in charge had access to, to ensure that local managers were aware of any recommendations and actions in safeguarding plans. This would ensure that this information could be passed to staff teams as relevant.

In addition, the inspector was informed that a system was set up whereby a trigger e-mail would be sent to remind persons in charge of the review date due for safeguarding plans. A review of the organisation's safeguarding policy had been completed and this was available for review. Policies and procedures were in place for the provision of intimate and personal care also. At the time of inspection, there were no safeguarding concerns in this centre; therefore the direct impact of the new systems implemented as mentioned above, could not be established.

Staff working in this centre had completed online safeguarding awareness training. Face-to-face safeguarding training was reported to have commenced with managers, however the PPIM was unsure if this was to be rolled out to all staff.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The centre promoted a human rights based approach and this was evident through observations of posters on display throughout the centre in relation to human rights and about how to access advocacy services. In addition, it was noted through minutes of residents' meetings that residents were consulted about the running of the centre, and were offered choices about meals and activities. This included supporting residents with their religious beliefs, such as visiting religious amenities.

There were a range of easy-to-read documents to support and aid residents to understand of topics such as safeguarding, making complaints and FEDS information.

The inspector was informed that the organisation's human rights committee was recently re-established and that an independent person was appointed chair person of this committee. Residents had checklists in place to review human rights and restrictions on their lives, and the inspector was informed that reviews of these forms would be completed by the rights committee in due course.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 18: Food and nutrition	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	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hill View Respite & Residential Services OSV-0001755

Inspection ID: MON-0040761

Date of inspection: 15/08/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Provider led bi annual unannounced visits will be carried out by Senior Management along with Area Manager- December 2023 The provider will deliver Bi Annual unannounced Inspection visits conducted by Senior Management and Area Manager (From differing areas to maintain objectivity)	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk register has been reviewed to include night time fire drills.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Night time fire drills will be completed with all respite users by year end 30/12/2023 Fire Doors Inspection will be completed – 15/09/2023	

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Both staff nominated for MCB training completed it on 21st August as planned. Referral on behalf of the resident for Sensory Assessment. Person on waiting lists of three Occupational Therapists to receive private assessment.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: All staff completed online safeguarding training. Face to face Safeguarding Training is currently being rolled out to all employees in the centre as and when their training is due for renewal – September 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 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	21/08/2023
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	10/09/2023
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/12/2023

	reviewing fire precautions.			
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 aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/12/2023
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	21/08/2023
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.	Substantially Compliant	Yellow	30/12/2023
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate	Substantially Compliant	Yellow	30/09/2024

	training in relation to safeguarding residents and the prevention, detection and response to abuse.			