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:	Ballywaltrim
Name of provider:	St John of God Community Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	11 November 2022
Centre ID:	OSV-0002877
Fieldwork ID:	MON-0028972

About the designated centre

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

Ballywaltrim is a designated centre operated by St. John of God Community Services CLG. The designated centre comprises of two detached bungalows on a shared site located near a large town in North Co. Wicklow. Each resident has their own bedroom and access to shared bathrooms. In each house there is an open plan living, dining room and kitchen space. One house has an additional living room space. The houses are situated within walking distance of local amenities and public transport links. The aim of Ballywaltrim is to provide residential services for adults with varied levels of intellectual disabilities. Both male and female residents over the age of 18 currently reside in the centre. A staff team of social care workers, staff nurses, a supervisory manager and a person in charge work in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Friday 11 November 2022	09:37hrs to 17:25hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This report outlines the finding of an announced inspection of this designated centre. The centre was previously inspected in October 2021. The aim of this inspection was to assess the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection.

Throughout the day, the inspector had the opportunity to meet with five of the six residents currently residing in the two houses of the designated centre. The inspector also met with the person in charge, social care leader, staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents who met with the inspector said that they were happy with the service they received, and staff were found to have a good understanding of residents' needs.

This designated centre is comprised of two detached bungalows on a shared site located near a large town in North Co. Wicklow. The first house is a four-bedroom house, with three residents' bedrooms and a sleepover room/office for staff. There is also a shower room, second toilet, utility room, and open plan kitchen/living/dining room. The second house is a three-bedroom house. There are two bathrooms/shower room, utility room, kitchen/dining room and a separate second sitting room. The houses were observed to be homely and personalised to the residents living there.

While some residents verbally communicated their views on the support they received in their homes, some residents were unable to verbally express their views to the inspector. The inspectors met with these residents, observing physical gestures and cues and residents' interactions with staff members and their physical environment. Residents were observed to be relaxed, comfortable and content as they went about their day.

In the first house visited by the inspector, all three residents were present and engaged in different activities in the house. For example, one resident was knitting and listening to music on their headphones. The inspector was informed that a second resident enjoyed painting and colouring, and the inspector noticed a large collection of arts and crafts supplies in the living room and completed artwork on the walls. The inspector observed a third resident leave the centre with staff to attend a hairdresser appointment. Staff also spoke about some of the activities the residents in this house enjoyed doing, including crafts, listening to music on computer tablets as well as community-based activities such as outings, horse riding, and massages.

Across the two locations in the designated centre two residents attend day services and the remaining residents were supported with their meaningful day from their

home. The inspector was informed that post-COVID-19 some residents were unable to return to their day service due to resource restrictions within the day service. The inspector found that the provider had adequate interim measures in place to ensure that residents had opportunities to participate in activities in accordance with their interests and preferences. This included a fixed-term day service post in the designated centre so residents could avail of community-based and home-based activities.

In the second house, the inspector met and spoke with two residents individually for a period of time. The first resident was watching a film on the television in the living room, and the resident spoke to the inspector about their favourite films. They also explained they were going to see a musical in The Bord Gáis Theatre and how they were looking forward to seeing the show. Staff explained that the resident liked to spend time in this room, and it was evident that the room had been personalised to the resident's preferences, which included decorative lights on the wall and personal items such as jewellery kits. The resident showed the inspector some of the items they had made from the kits. They also about how they liked staying in hotels and recently spent three nights in a hotel in County Wexford.

The living area looked out onto a small garden area. The inspector noted that the garden was brightly decorated, and the resident explained that they grew strawberries and lettuce in the garden. Due to the mobility needs of residents, not all areas of the garden were accessible to residents, and the person in charge explained that the outdoor areas of the two houses were under consideration for improved accessibility and usage. The provider was also required to review the accessibility of one house since the installation of self-door closures on fire doors within the house. The inspector observed staff support one resident to move from one part of the house to another and saw that the door closures did not enable residents to freely move around the centre independently.

A second resident was also watching television in a second sitting room. They had moved into the centre within the last year and told the inspector that they liked living here, and they liked the staff. The inspector was informed that residents in this house liked going out during the day for lunch and coffee, and residents were observed leaving the centre for lunch later in the day.

As this was an announced inspection, resident questionnaires were sent by the Health Information and Quality Authority (HIQA) to the provider in advance. The inspector received six questionnaires completed by residents with the support of staff and family members about the quality of care and support that residents received in their homes. The feedback was very positive and indicated that residents were happy living in the centre and with the quality and safety of care that they received. One questionnaire reported that one resident would like additional shelving in their bedroom, and the inspector found this had already been addressed.

The questionnaires listed activities that residents enjoyed, such as doing jigsaws, going to the theatre, walks, music classes, lights projectors, meeting family, bowling, watching nature programmes, and eating out. Families stated that they were very happy with the quality of service their family members received and were

complimentary of the staff team. One family member described the centre and the staff as having very open communication and keeping families informed of any new developments.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Among the documents examined were the most recent annual review and the report produced following an unannounced visit to the centre to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The inspector also looked at a sample of the resident files as well as the incident and complaint logs. Plans for the residents' personal growth, healthcare, and other forms of support were also included in these flies.

It was found in the previous inspection of the centre, that it was not demonstrated that a recently admitted resident had received an updated contract of care to reflect their new living arrangement. This required improvement to ensure the resident was provided with a contract that outlined the services provided in the centre and the terms and conditions of their residence, and fees payable by them. The inspector viewed the contracts of care and found that all residents now had a contract of care. However, the inspector noted that additional work was necessary to clearly disclose the fees that residents must pay.

On the walk around of both properties the inspector observed some maintenance issues, which included a shortage of storage space, particularly in one of the houses. Some actions from the previous inspection in October 2021 had not been completed including the replacement of dining room chairs.

Staff were observed interacting in a kind and caring manner with residents. Staff offered choices to residents in relation to their food and activities. They were knowledgeable of the residents' interests and preferences. Residents were comfortable chatting with staff and telling them about their day. When residents needed help, staff members were quick to respond.

From what the inspector was told and observed during the inspection, it was clear that aspects of the care and support that residents received was of a good and safe quality. However, other aspects required improvement, for example, upkeep of the premises, fire safety issues, accessibility and clear contracts of care informing residents of the fees to be paid.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found there was a governance and management structure with systems in place that aimed to promote a safe and person-centred service for residents. However, due to the person in charge's increasing remit and the absence of a key supervisor post within the centre, deficits were identified in the monitoring of the centre. The inspector found that that some issues identified in the centre were not being addressed in a timely manner, such as the follow-up actions from the provider's six-month unannounced audits or actions from previous inspections.

The centre had a clearly defined management structure in place, which consisted of an experienced person in charge who worked on a full-time basis in the organisation. The provider had put in place governance arrangements to support their regulatory management remit, and a centre-based supervisor formed part of the management team for the centre. The person in charge was not based in the designated centre and was office-based located near the centre.

Since the previous inspection, there had been an alteration in the remit of the person in charge as they now had responsibility for four designated centres, an increase from three. However, the inspector found that the arrangements in place to support the person in charge had been ineffective. The supervisor post had been vacant from July 2022 until two weeks before the inspection. The inspector found this had an impact on the quality assurance measures reviewed. A number of audits and actions were delegated to the supervisor's responsibility, but these had not been completed due to the gap in filling this post. The provider was required to review the operational procedures of the centre in the event of an absence of a supervisor to ensure the regulatory responsibilities of the person in charge were met.

A review of the staff rosters found that there was continuity of care and support in the centre and that there were sufficient numbers of staff members employed to meet the assessed needs of residents. At the time of the inspection, there were no vacancies, and nursing support was provided in line with the centre's statement of purpose.

As identified on the previous inspection and six-mouth unannounced audit,, the scheduling of staff training and refresher training required improvement. Not all staff had up-to-date training in diabetes, manual handling and managing behaviours of concerns. The inspector noted some improvement had been made in ensuring staff had access to appropriate training as part of a continuous professional development programme; however, some staff were still awaiting this training. Another impact of the large remit of the person in charge was in the irregularity of staff meetings and supervision held. The inspector observed that no staff meeting had occurred since May 2022, and three meetings in total had taken place for the year. Similarly, gaps in supervision sessions were also observed.

As part of the application to renew the registration of the centre, the provider submitted a statement of purpose for the designated centre. This is an important governance document that should set out key information relating to the running of the centre as required by the regulations. The inspector observed that, for the most part, the service being provided to the residents was in keeping with the centre's

statement of purpose dated November 2022. This included an established complaints procedure and a system for the residents and their representatives to provide feedback on the quality and safety of the service being provided.

The inspector found some areas of service delivery required a review to ensure they aligned with the statement of purpose. For instance, the document stated there were fortnightly resident meetings to discuss the running of the centre and gather residents' preferences for meals and activities. However, as identified in the six-month unannounced audit, there was no documented evidence of these meetings available for review. In addition, the inspector found conflicting information regarding some elements of the complaints process. While the provider had a complaints policy, which outlined how complaints would be dealt with, there needed to be more clarity regarding who the complaints officer was, the person appointed to deal with complaints, as outlined in the organisation's complaints policy. The statement of purpose stated the programme manager was the complaints officer, and their photo was displayed in the centre as the complaints officer. However, during the inspection, the inspector was informed that the newly recruited supervisor was now the complaints officer. The inspector found several documents required updating to reflect the change in management level for the role of complaints officer. It was also unclear what training would be provided to the supervisor to support them in this role.

Regulation 14: Persons in charge

The person in charge of this centre had been in this role for a number of years. They were found to know the residents very well and were familiar to residents.

The inspector was not assured that the arrangement for the person in charge to manage four designated centres was ensuring the effective governance, operational management, and administration of the designated centre.

The inspector found the remit of the person in charge of managing four designated centres was impacting their ability to attend to their responsibilities in this centre, in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 15: Staffing

The centre has a staffing whole-time equivalent (WTE) of 15.33, including a full-time social care team leader. The staff team is made up of staff nurses and social care workers.

The inspector noted improvements had been made to the continuity of staffing since

the previous inspection. On that inspection, it was found there had been a long-term one whole-time-equivalent (WTE) vacant staffing post in the centre. This required improvement to ensure a consistent staff workforce was resourced for the centre to meet the assessed needs of the residents. This post had been since advertised and recruited with a full-time staff member.

The provider's six-month unannounced audit from August 2022 also identified that the staffing arrangements in the centre required strengthening. For example, in one house there were days when only one staff was on duty; generally, two days a week based on a review of planned staff rosters, meaning it would be challenging to support community-based activities on those days. The person in charge informed the inspector that a second staff was in place in the absence of day services for a fixed term until the end of the year. It was explained that it was hopeful that all residents would be able to return to day services in line with their wishes.

The provider was required to review the ongoing staffing needs for residents and residents' preferences for day supports.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured all staff were supported and facilitated to access appropriate training, including refresher training, as part of a continuous professional development programme.

A number of staff required training to support residents in the area of behaviours of concern.

In addition, the person in charge had not ensured staff were appropriately supervised in accordance with organisational policy.

Judgment: Not compliant

Regulation 23: Governance and management

While the governance and management systems in place identified gaps in the quality and safety of care delivered to residents, these issues had not been appropriately responded to in a timely manner. Issues that had been identified by the provider or during previous inspections had not been fully addressed.

The provider had been carrying out annual reviews and unannounced visits for this designated centre as required by the regulations. These reviews formed part of the quality improvement plan for the coming year. The inspector reviewed a sample of

the six-month audits and found that they adequately reviewed the care and support provided to residents. However, the inspector found that of the 22 actions identified as a result of the six-month unannounced audit in February 2022, 15 had not been completed by the time of the next unannounced audit in August 2022.

A number of actions were identified during this inspection where were the direct responsibility of the person in charge under the regulations such as staff supervision and personal plans. As the person in charge was responsible for a total of four designated centre, this did not provide assurances that appropriate arrangements were in place to ensure effective administration of the current centre.

In addition, from a review of residents' personal plans, risk assessments, healthcare appointments, and the actions from the unannounced visit, it was clear there was a significant amount of issues which required to be addressed by the local management team for the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had in place contracts for the provision of services, however they required review as fees charged in some did not correlate with what residents were paying and did not contain all the information as cited in section 4 of the regulation.

The inspector found that in one section of the contract, for instance, it was stipulated that residents would each contribute 20 euros toward the cost of bills, while in another, it was specified that residents would split the cost of the bills evenly. It was unclear if residents had to pay extra if the contribution did not cover the bills received or if a refund was due to residents how this would be refunded.

The contract of care also did not explain if residents were responsible for covering the full cost of bills if a resident decided to move out. Another example found by the inspector referred to the net contribution paid by residents. Within the one document, two different amounts of 74 euros and 80.58 euros were listed as the fee payable.

Furthermore, when the inspector viewed personal inventories of residents' belongings, they contained details of residents' monies being spent on items such as curtains and curtain poles. As these were fixed items and/or items that could not easily transfer with residents, the contract of care did not explain these costs would be covered by residents.

Judgment: Not compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose and found that it contained the information as outlined in Schedule 1 of the regulations. A review of the complaints process and residents meetings required review to ensure the statement of purpose accurately described the service being delivered.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a policy and procedure on the receipt, recording, investigation, learning from and review of complaints. The complaints procedure was displayed in a prominent location in the centre.

Staff were aware of the procedure to be followed and supported residents in making a complaint. Staff recently advocated on behalf of a resident who was having prolonged delays with a mobility aid which since had been resolved to the satisfaction of the resident.

The inspector found the person in charge maintained a record of the management of complaints received. This included the dates involved and the actions required to address the complaint.

Clarity regarding the complaints officer was actioned through regulation 3: Statement of purpose.

Judgment: Compliant

Quality and safety

The inspector found that overall, the centre provided residents with a homely and pleasant environment. It was evident that the person in charge and the staff met with during the inspection were aware of residents' needs and knowledgeable in the care practices required to meet those needs. The inspector found good areas of practice in providing healthcare to residents and safeguarding of residents. The inspector found that improvements were required to the upkeep of the premises.

The designated centre consists of two standalone bungalows that are located adjacent to each other. There was a homely atmosphere in both houses, and residents' personal photographs and personal artwork were displayed throughout.

The inspector viewed two bathrooms on the walkabout of one of the houses. One bathroom did not look like it had been used in some time as it stored several sanitising bins which blocked access to the shower. The shower door was also observed as broken, and re-grouting was needed. It was not known by the person in charge or social care leader if this bathroom was still in use. The inspector requested that information be submitted following the inspection as to the status of the bathroom and if the risk of legionella formation had been assessed. Information received post-inspection confirmed that the shower was no longer used and the shower was now being flushed in line with the water hygiene procedures.

There was evidence that any incidents and allegations of abuse were reported, screened, investigated and responded to. When required, safeguarding plans were developed, shared with the staff team and implemented. Safeguarding arrangements were in place to mitigate and manage potential peer-to-peer safeguarding interactions among residents in one house. These overall proved to be effective and were kept under review. Staff reported that residents were getting along better since the living environment had been reviewed. This was demonstrated through the reduction of incidents of a safeguarding nature. Tracking that had previously been in place to monitor potentially negative peer-to-peer interactions between residents was no longer in place, as there have been no incidents of late.

Residents had their healthcare needs assessed and care plans developed in line with their needs. Residents were provided with health action plans which included a comprehensive assessment of their healthcare needs and identified supports required to meet those needs. There was evidence that residents accessed public health initiatives such as the national screening programmes, as dictated by their needs.

To ensure that residents were aware of what to do in the event of a fire, it was seen that fire drills were being carried out regularly with low evacuation time recorded while staff members had been provided with training in fire safety. An action from the previous inspection regarding fire containment measures had been addressed by the provider.

The inspector reviewed the restrictive practices in the centre. The six-month unannounced audit identified one restrictive practice that had not been referred to the appropriate rights committee or notified as a restrictive practice. There was evidence of another restrictive practice in the centre being reviewed in line in best practice and policy. The inspector observed a rights restoration plan in place for the use of this restrictive and oversight of its use.

Regulation 17: Premises

The designated centre comprised of two houses which were located in an urban area. The location of these houses meant that residents were in close proximity to local amenities, shops and restaurants. Public transport was also easily accessible, a

short distance from each of the residents' homes.

Each resident had their own private bedroom, which had been decorated to reflect their individual likes and interests. Both houses were clean and warm. The residents' homes had been decorated to make them homely, with pictures of residents and their families and friends on display throughout their homes.

The provider was actively progressing with improving access to the garden areas in the centre at the time of the inspection. This would facilitate increased communal space for residents in the two houses. The two houses are located adjacent to each other and share parts of the outdoor space. The inspector learned that two staff were working alongside the housing association that was responsible for the houses to identify and highlight accessibility issues.

Some areas required maintenance work and upgrading, as observed on the walkabout.

These included:

- Replacing worn dining chairs in one house
- Painting of both houses internally
- One kitchen had missing cabinets
- One bathroom needed re-grouting of the tiles and replacing the toilet seat
- Some bins in the bathroom were noted to be broken, or non-pedal operated
- One dining area was cluttered with chairs not used by residents or staff

Judgment: Substantially compliant

Regulation 28: Fire precautions

It was observed that the designated centre was equipped with appropriate fire safety systems, including a fire alarm, emergency lighting, fire containment measures, fire extinguishers and a fire blanket. Such systems were being serviced at the required intervals by external contractors to ensure that they were in proper working order. There were suitable fire containment measures in place, and the provider had installed self-close devices on fire doors since the previous inspection to further improve containment arrangements.

Judgment: Compliant

Regulation 6: Health care

From reviewing a sample of residents' health management plans and recent consultations with allied health professionals, it was evident that residents' needs

were being closely monitored and supported. Further consultations with the relevant allied health professionals were arranged promptly where required.

Records of medical appointments were kept and reviewed. It was observed that residents had access to a wide variety of medical professionals, including GP, dentist, psychiatrist, chiropodist, urologist, neurologist, as well as allied health professionals such as speech and language therapist, occupational therapist and physiotherapist.

Residents had health assessments in place, and specific health management plans and health monitoring plans were developed and reviewed as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

On review of the systems in place and supports available to positively address behaviours of concern, the inspector noted that the provider had in place a clear referral pathway for residents to access positive behavioural supports in a timely manner. Where required, residents had a behaviour support plan to guide staff on how best to support their assessed needs and was subject to a suitably professional review.

One restrictive practice in the centre had not been recognised as such and had therefore not been subjected to the provider's own polices. However this had been self-identified by the provider in August 2022 and addressed through the recommendation plan of the six-month unannounced audit.

Judgment: Compliant

Regulation 8: Protection

There was evidence of the provider's implementation of both national and local safeguarding vulnerable adults policies and procedures. Staff had received up-to-date training and refresher training in safeguarding vulnerable adults.

The services of a designated safeguarding officer were available to support residents and staff. There was a photograph and contact details of the designated officer displayed in a communal area of the house. Staff were facilitated with training in the safeguarding of vulnerable persons.

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	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Ballywaltrim OSV-0002877

Inspection ID: MON-0028972

Date of inspection: 11/11/2022

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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A supervisor is employed to provide local governance in the DC. This is a support for the person in Charge. 11/11/2022 When the person in charge is not available the Programme Manager is available to provide governance in the DC 11/11/2022	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • A schedule of training is now in place for all staff to complete appropriate training.11/11/2022 • A local supervisor is now in place to complete supervisions for staff in accordance with the organizational policy. 11/11/2022	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Actions from inspections will be completed in a timely manner. 31/3/2023
• A local supervisor is now in place to fulfill the local governance of the DC This includes supervisions for staff, resident meetings and staff meetings. 11/11/2022
• A local supervisor is now in place to oversee the review of resident's plans. 11/11/2022

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
A complete review will be carried out on Contracts of Care by the Person in Charge by 30/4/2023

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The complaints procedure will be reviewed to ensure it is in line with the service policy by the Person in Charge by 31/1/2023

• A local supervisor is now in place to review resident's meetings. 11/11/2022

• The Statement of Purpose will be updated following actions above by 10/2/2023

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• worn dining chairs in one house will be replaced by 31.03.2023
• Internal painting of both houses will be completed by 31/3/2023
• Missing cabinets in one kitchen will be replaced by 13.01.2023
• Re-grouting of the tiles and replacing the toilet seat in one bathroom will be completed by 31/3/2023

- All bins in the bathrooms will be replaced by non-touch bins by 13.01.2023
- The dining area in one house has been decluttered of unused furniture 4/1/2023

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	11/11/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	11/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately	Not Compliant	Orange	11/11/2022

	supervised.			
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/03/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	31/03/2023
Regulation 23(1)(c)	The registered provider shall ensure that	Substantially Compliant	Yellow	11/11/2022

	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.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	11/11/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/04/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	10/02/2023

	purpose containing the information set out in Schedule 1.			