

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

## Issued by the Chief Inspector

Name of designated centre:	Navan Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	11 June 2024
Centre ID:	OSV-0003062
Fieldwork ID:	MON-0034588

## About the designated centre

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

This centre is located on the outskirts of Dublin city. The centre can also cater for residents with specific healthcare needs. The centre comprises one premises which is a two-storey dwelling. Each resident has access to their own bedroom, communal sitting rooms, kitchen and dining area, utility room, shared bathrooms, and a secure garden space is located to the rear of the centre. Staff are on duty both day and night to support residents and the staff team is comprised of a person in charge, a staff nurse, social care workers and carers.

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

Number of residents on the date of inspection:

8

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 11 June 2024	09:15hrs to 16:45hrs	Sarah Cronin	Lead

## What residents told us and what inspectors observed

From what residents told us and what inspectors observed, residents in this centre were being well supported in a caring environment and in a house that suited their assessed needs. This inspection found high levels of compliance with the regulations. Some improvements were required in staffing arrangements. This is discussed in the body of the report.

The designated centre is a large two-storey house based on a busy road in Dublin 7. The centre provides residential care and support to eight adults with disabilities who had diverse care and support needs. Residents in the presented with complex, and changing healthcare needs which included age-related conditions and terminal health conditions. One resident was in receipt of palliative care, while another had advanced dementia, and the centre had supported two residents to die at home in the year prior to the inspection taking place. These bereavements were coupled with the transition of two new residents into the centre in the months prior to this inspection, and the centre was adjusting to these changes when the inspection took place. Other residents required a low level of support, or support with mobility and so, had very different needs than other residents. One of the residents stayed at the centre on a part-time basis and made their way independently to and from their home.

Downstairs, the house has six single-occupancy bedrooms and three bathrooms. Two of these are large wet rooms, while the third is a smaller bathroom with a shower. There is a large sitting room, a kitchen and dining area and a utility room. Upstairs there are another three resident bedrooms, a bathroom, a staff office and another sitting room. This sitting room was used by residents who had their bedrooms upstairs and had tea and coffee making facilities for them to use. Residents had ample space in their bedrooms to store their personal belongings. There were photographs of residents on the walls, including residents who had previously lived in the centre

The inspector had the opportunity to meet with each of the eight residents during the day of the inspection. Residents communicated in a number of ways, with the majority using speech as their main form of communication. On arrival to the centre, one of the residents was getting ready to go to their day service, while others were enjoying breakfast in one another's company. The inspector had the opportunity to have tea with some residents and speak on a one-to-one basis with others. One of the residents showed the inspector their poetry which they had written and their personal items which they had on display in their room. They spoke about how they had settled into their new home and described the staff as *"very kind"*. The resident enjoyed going to the library and showed the inspector their books and had recently had additional call bells installed in their bedroom. They showed these to the inspector and said that staff were very responsive to them when they called. They attended a computer course and were working with a job coach to seek

employment.

Another resident showed the inspector a tablet device which had pictures of their birthday which they had in a hotel in the weeks prior to the inspection. They smiled when speaking about their party and said that the staff were *"very good"*. The resident spoke about knowing the name of the staff member supporting them as being important. The resident showed the inspector an audio monitor which was in place as a health and a safety measure and spoke about giving consent for that to be in place. The inspector observed staff turning off the audio monitor when the inspector and resident were speaking to afford them privacy.

One resident spoke about how things were *"great since last time"* and told the inspector that they were getting out more to do things such as getting their hair and nails done, going out for coffee. The resident said *"the staff cannot do enough they go out of their way to make sure we have what we want"*. They spoke about how their rights were upheld and that they had voted in a recent election. They spoke about being supported to make a will. One of the residents showed the inspector their bedroom upstairs and a small sitting room which had a tea-station for them and another resident to share. They spoke about a holiday they had gone on last year, and an upcoming stay with family. They went to a knitting group in the locality during the morning, and showed the inspector what they were making in the class. They showed the inspector what they needed to do to evacuate the centre in the event of a fire and an assistive device they used to alert them to the fire alarm going off. The inspector met with another resident who had recently moved into the centre. They were beautifully dressed and sitting colouring in their new bedroom. Their room had been decorated with all of their personal photographs and it was evident that the resident was happy in their new environment. They showed the inspector their call bell and said *"I like this, I can call them"*. All of the residents were observed to be comfortable and content in the company of staff. They were supported to go about their preferred routines and there was a lovely friendly atmosphere in the house.

Staff had completed training in a human-rights based approach to health and social care. Staff spoke about the need to *"learn their individuality"* and how staff needed to ensure that they provided a holistic service that residents were central to their life decisions. Staff gave the inspector two examples of how they had supported residents to exercise their autonomy and to make decisions which were contrary to health care recommendations, and therefore had the potential to be considered to be unwise. One example was a resident who had a key grip belt which was recommended to them to reduce their risk of falls. This belt was the cause of frustration for the resident and was a restrictive practice which was prescribed to maintain the resident's safety while mobilising. Staff had worked with the resident to give them information about the rationale for use of the belt and the high risk of falls if it was not used. The resident had made a choice not to use the belt. Staff reported that this had a positive impact on the relationship between staff and the resident, and that there had been a much reduced number of falls and distress since the residents had made that decision. The second example was in relation to diet choices for an elderly resident. The resident regularly bought and hid some sugary snacks and had a diagnosis of diabetes. Once again, the staff worked with the

resident on how these snacks impacted upon their sugar levels and their overall health. The resident demonstrated that they had the capacity to make a decision and to continue to have sugary snacks on occasion. Staff worked with them to reduce associated risks by ensuring that the resident informed them when they were having something sweet to mobilise and to drink water at that time. They reported that the resident was happier with this arrangement.

Residents had their say in how the service was run in a number of ways. On a day-to-day basis, the residents were given choice on their daily routines, their clothes, their meals, and they were given information about various aspects of the service, and their healthcare. 'House' meetings took place once a week. The inspector reviewed minutes of these meetings from March and April and found that they generally followed an agenda including menu planning, activity planning, complaints, safeguarding. Residents were informed about what staff were on duty each day. The inspector reviewed residents' meeting minutes and activity logs in their care plans and noted some of the activities which residents had done in the months - meals out, reading, puzzles, shopping and some residents had attended a show in a theatre the week prior to the inspection taking place. One of the residents told the inspector they had recently started going to a local womens' shed group which they were enjoying. Another resident had been supported to go to Tipperary to visit an old friend.

Residents were highly complimentary of the staff and the care and support they received. Two of the residents spoke about staffing levels and how they could at times have a negative impact on residents. For example, one resident said that they got out 'sometimes' when there was enough staff, while another said that *"sometimes there's not enough staff to help the girls"*. A resident spoke about having unfamiliar staff on duty *"it can be hard to get close to them on their shifts but that's going down a bit and we can get to know names"*. The three staff whom the inspector met on the day of the inspection had worked in the centre for many years and spoke about some challenges they faced in ensuring that residents' diverse care and support needs were met. There had been an increase in the health care needs of resident in the centre since the last inspection and there were a high number of medical appointments to be facilitated. Staff reported that this was placing pressure upon their ability to sit with residents and give them time, and to enable them to support residents with social activities. A review of minutes from meetings noted staff stating that *"this has become so busy just caring for everyone we cannot do anything extra."*

The inspector received eight residents' questionnaires which had been sent out to the residents prior to the inspection taking place. The questionnaires ask residents to give feedback on their experiences in the centre on areas such as the physical environment, staff support, choice of routines, having a say in their care and support and compatibility with others. Three residents had completed these independently, while the other five residents required staff support to complete the questionnaire. Feedback in all of the questionnaires was positive on the service. One resident stated that staff offered them choices and that they enjoyed everyone's company in the house. Three residents commented on the numbers of staff available. For example, one resident said *"I'd like more staff to go on day trips"*,

another said *"sometimes there's not enough staff to help the girls"*, while another said *"Sometimes I don't know the night staff, I know most of the day staff"*.

In summary, this was found to be a centre which was providing excellent care to residents with very diverse needs. Care and support was found to be person-centred and promoting rights. Staffing was an area which was consistently raised across a number of areas of the inspection - in documentation and discussions with both residents and staff. The next two sections of the report present the findings of the inspection in relation to governance and management arrangements, and how these arrangements affected the quality and safety of residents' care and support in the centre.

## Capacity and capability

This was an announced inspection which took place in order to monitor compliance and inform a decision about an application to renew the registration of the designated centre. The centre had two inspections in 2023. The first of these inspections was in February 2023 and had poor findings. Following this, a cautionary meeting was held with the provider and they submitted a robust compliance plan. A follow up inspection took place in November. That inspection showed improvements in the levels of compliance with the regulations. This inspection showed that those improvements had been sustained, and additional improvements had been made. Staffing remained an issue in the centre, which the provider was aware of, and was in the process of addressing.

The inspector found that the provider had a clear management structure in place which outlined roles and responsibilities. Staff reported to the person in charge, who in turn reported to the person participating in management and they reported to the service manager. The provider maintained oversight of the service through the six-monthly unannounced provider visits, the annual review and from information escalated by the person in charge and the management team. Day-to-day oversight was the responsibility of the person in charge. They carried out a number of audits and checks on different aspects of the service to ensure it was good quality. Where areas requiring improvement were identified, these were found to be progressed in a timely manner. Information relevant to the service was shared in a number of ways to ensure all staff had the required knowledge and information to best support residents. These are described in more detail under Regulation 23: Governance and Management below.

The provider had employed a person in charge who had the required experience, qualification and skill to carry out their role. The person in charge had 19.5 hours of supernumerary time assigned to them, and worked the remainder of their hours directly with residents. The skill mix in the centre consisted of health care assistants, social care workers and nurses. Three staff had recently commenced in the centre, and the provider had plans in place to review the staffing allocations in the centre in



line with changing needs of the residents. Staffing was identified as an area of concern by both staff and residents to ensure that there were enough staff to engage in social activities and time for one-to-one interactions. This is discussed further under Regulation 15: Staffing below.

Staff had access to training to ensure that they were provided with the knowledge and skills appropriate to their role. Staff training had improved since the last inspection, and there was a schedule in place for staff supervision.

### Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed all of the documentation submitted by the provider with their application to renew the registration of the centre. They found that all required information had been submitted in line with the requirements of registration regulation 5.

Judgment: Compliant

### Regulation 14: Persons in charge

The inspector reviewed documentation submitted in relation to the person in charge with the application to renew registration of the centre. The documentation, along with interactions with the person in charge on the day demonstrated that the person in charge had the required experience, qualifications, knowledge and skills to fulfill their duties as person in charge. The person in charge demonstrated in-depth knowledge of each of the residents and their assessed needs, and it was evident that they had a good rapport with both residents and staff. They worked on a full-time basis and had 19.5 supernumerary hours assigned to them.

Judgment: Compliant

### Regulation 15: Staffing

As outlined earlier, the skill mix in the centre consisted of healthcare assistants, staff nurses and social care workers. There were three staff on duty each day and two at night. The provider had successfully recruited new staff, with two staff on night duty due to commence their roles, and another staff nurse had commenced the week of this inspection.

While it is acknowledged that posts had been filled, a review of the planned and actual rosters showed a high use of agency and relief staff in that period of time.

There were 116 shifts covered by 62 different staff members in the seven weeks prior to the inspection taking place. There were two staff on duty each night, and 18 nights in that time frame had been covered by two relief or agency staff. This high volume of staff coming in and out of the centre had a negative impact upon residents' continuity of care. One of the residents had told the inspector that this was difficult, and this was also highlighted by residents in the provider's annual review.

Concerns in relation to the number of staff available to facilitate activities, achieve goals set in residents' person-centred plans, and to spend one-to-one time interacting with residents had been raised by staff in staff meetings and in a staff supervision session which were viewed by the inspector. Residents had raised it directly with the inspector, in their questionnaire, and in discussions with the provider. One resident spoke about how they didn't know the names of all of the staff supporting them, particularly at night time. Another spoke about having staff to get out 'sometimes'. Staff reported that the ability to meet more social needs was a challenge due to the high level of medical appointments required and the increased care and support needs for activities of daily living. However, they reported that where this was an issue, they were able to phone the management team and seek additional staff support, which they reported was provided.

The provider reported that they were doing a review of residents' assessed needs and the staffing allocation in the centre to address staff concerns and ensure that there was an adequate number of staff on duty each day. This had been discussed at management meetings, of which the inspector saw minutes. The review was due to commence following the inspection.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and found that improvements had been made since the last inspection. 100% of staff had completed training in fire safety, safeguarding, the safe administration of medication, oxygen and food safety. Staff had also completed a suite of courses on infection prevention and control. 80% of staff had completed manual handling, with the remaining staff booked onto a course in the weeks prior to the inspection. Staff had also completed training in a human-rights based approach to health and social care and advocacy. In line with residents' changing needs, a staff member had done training on a palliative care approach. The person in charge showed the inspector a training record for relief and agency staff who had completed shifts in the centre.

The inspector viewed the staff supervision schedule for the centre and a sample of three supervision meetings. There were agendas in place covering topics such as performance management, targets and achievements and training. All staff whom the inspector met reported that they were well supported in their roles on a daily

basis.

Judgment: Compliant

### Regulation 21: Records

Obtaining required documentation had been identified as an area of non compliance on the last inspection. The inspector found that all of the required documents for this inspection were available and easy to access in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

As outlined earlier, the provider had a clear management structure in place and management systems were implemented to ensure monitoring and oversight of the service. The inspector reviewed the provider's last two six-monthly unannounced provider visits and an annual review. These were found to be identifying areas for improvement and developing action plans to ensure that these were progressed in a timely manner.

Day-to-day oversight of the centre was the responsibility of the person in charge. They carried out audits of key aspects of the service such as finances, medication, fire safety, staff training and care plans. There was a schedule in place for these audits and actions were recorded. The person in charge met their line manager on a monthly basis and the inspector reviewed three sets of minutes of these meetings. There was a set agenda in place which discussed key aspects of the service, including progressing of any actions, incidents and accidents, safeguarding, complaints and staffing matters.

Information was shared at various levels in the service. Staff meetings took place once a month and the inspector viewed a sample of two sets of minutes from these meetings. There were set agendas in place which included a focus on residents, staffing, training, incidents and safeguarding. The person in charge attended a meeting each month with other persons in charge in the locality and a review of minutes from these meetings showed that information being shared across the service to drive quality improvement.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose prior to the inspection taking place. The statement of purpose had been recently reviewed and contained information required in Schedule 1 of the regulations. The inspector found that the statement of purpose was reflective of the services and facilities provided in the centre.

Judgment: Compliant

### Quality and safety

Residents' wellbeing and welfare was supported by a staff team who were providing person-centred care using a human-rights based approach. Throughout the day it was evident that there was a good rapport between staff and residents, and that staff treated residents with respect.

Residents had a diverse range of care and support needs, with some residents requiring a significant amount of healthcare related interventions, while others had lower support needs. Each resident had an assessment in place, which informed their care plans. These were found to be comprehensive and specific care interventions were in place for identified needs of residents. They were supported to access a range of health and social care professionals in line with their assessed needs. Residents were protected from abuse through the provider's policies and procedures, and staff were knowledgeable on how to report concerns of a safeguarding nature. Residents' rights were evidently promoted in the centre, and residents were supported to access information, to give consent, to voice their concerns and thoughts and to be supported to take risks.

The premises was found to be in a good state of repair and was homely in appearance. Residents' bedrooms were nicely decorated and unique to each person. Storage issues had been addressed since the last inspection. Fire safety management systems were in place throughout the house, and where any issues had been identified on drills, there was evidence of these being addressed by the provider in a timely manner.

### Regulation 17: Premises

The inspector did a walkabout of the centre with the person in charge and found that the centre was warm, clean and homely. Each resident's bedroom was personalised and residents had ample space to store their personal belongings

including their clothes. Some residents had televisions in their bedrooms, and chose to relax there a lot of the time. However, there was also a large sitting room and dining room for them to spend time in where they wished to do so.

The centre was accessible for people with physical disabilities and had equipment such as hoists in place. Storage of equipment had been rectified since the last inspection, and the centre now had a homely and spacious feel to it, with equipment and paperwork stored appropriately. There were photographs of residents, past and current on the walls, and the house was well suited to residents who were living there. Where any maintenance work was identified or required, the person in charge had a system in place to escalate any requests to management.

Judgment: Compliant

### Regulation 20: Information for residents

The inspector reviewed the residents' guide which had been submitted with the application to renew the registration of the centre. The guide met regulatory requirements and contained required information on the facilities provided, arrangements for residents' involvement in the running of the centre, accessing inspection reports, information about complaints and visiting. This had been made accessible for residents.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector carried out a walkabout with the person in charge and found that the centre was equipped with fire fighting equipment, smoke alarms, emergency lighting and fire doors. Doors had swing closers on them and the inspector released them and found that they were in good working order. Since the last inspection, the provider had ensured that oxygen in the centre was now stored safely and securely using a wall-mounted device. Residents had been provided with assistive devices to alert them to a fire alarm such as a flash receiver and a vibrating pillow.

Residents had personal emergency evacuation plans in place and these had been recently reviewed. The inspector viewed the records of four fire drills which were carried out this year. These demonstrated that there had been some difficulties with achieving reasonable evacuation times due to a variety of factors such as residents not reacting to the alarm. The provider had taken action by holding a meeting with both residents and staff to discuss what had happened and actions required to ensure ongoing safe evacuation times.

Judgment: Compliant

### Regulation 6: Health care

The inspector reviewed three care plans and found that residents' had comprehensive plans in place. Care interventions were drawn up for areas of assessed needs. Residents had access to a general practitioner and a range of health and social care professionals. These included occupational therapy, psychology, psychiatry, physiotherapy, dietetics and speech and language therapy. Residents were supported to access national screening programmes such as BreastCheck where they were eligible and consented to do so.

A record of appointments for each discipline was held in the centre and the inspector found these to be clearly kept. Residents were supported to receive health information and give consent to healthcare interventions. Health passports were also in place to support residents who required services in hospital or other health care settings outside of the organisation. Some residents had end-of-life care plans in place, and residents had been given support to voice their wishes about pain management and their preferences on their place of care.

Judgment: Compliant

### Regulation 8: Protection

The inspector reviewed the provider's policy on safeguarding, the minutes of resident and staff meetings, and a sample of three residents' care plans. There had been no incidents relating to safeguarding notified to the office of the chief inspector in the twelve months prior to the inspection taking place. However, safeguarding remained on the agenda at both staff and residents' meetings to ensure that awareness and knowledge of safeguarding was continually promoted. All of the residents spoke about feeling safe and supported, and told the inspector who they would speak with if they had a concern. There were control measures in place for an incident which had occurred a number of years ago which remained effective to support residents.

Residents' personal care plans were well documented and gave clear guidance to staff on what level of assistance residents required, how best to provide that assistance and seeking consent. These were written in a manner that promoted residents' rights to autonomy, privacy and dignity during these care and support routines.

Judgment: Compliant

## Regulation 9: Residents' rights

As outlined in the beginning of the report, this centre was providing person-centred care which upheld and promoted residents' rights in a number of different ways. Residents had choice and control over their day-to-day routines, clothes and meals. They chose activities which for the most part were accommodated within a reasonable time frame. Residents' meetings were a forum for the group to meet and discuss issues relating to the centre and occurred every week.

Residents' were supported to make informed decisions about many aspects of their care, including their right to make decisions which were contrary to healthcare advice. Where residents had refused to consent to care interventions, they were provided with information to manage the risk proactively and safely. One resident spoke about making their will, while another spoke about voting in the election which was occurring in the days following the inspection. Rights assessments had been carried out on each resident with the support of the rights officer in the organisation to ascertain any barriers to residents' being able to exercise their rights in their home. These assessments looked residents rights relating to their personal possessions, money, freedom of speech and their home and identified where restrictions were in place. There were a small number of restrictive practices in the centre which related to health and safety such as lap belts and an audio monitor. These were regularly reviewed and discussed using human-rights principles and residents were consulted with about these meetings and their views.

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
<b>Capacity and capability</b>	
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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Navan Road - Community Residential Service OSV-0003062

Inspection ID: MON-0034588

Date of inspection: 11/06/2024

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider has sourced an additional Staff Nurse for the Centre. The Provider will ensure that regular relief staff are assigned to the Centre as required to manage vacancies and absences. This will ensure consistency and continuity of care.	

## 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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/07/2024