



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

Issued by the Chief Inspector

Name of designated centre:	Grange Apartments - Sonas Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	09 June 2021
Centre ID:	OSV-0003745
Fieldwork ID:	MON-0032385

About the designated centre

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

Care and support is provided in Grange Apartments for up to six residents with an intellectual disability, both male and female, from the age 18. It is located within a campus based service in North Dublin. The aim of grange apartments is to provide a supportive, individualised and low arousal residential environment, specifically tailored to each individual's needs. Each resident has their own apartment with a bedroom, bathroom and kitchen/living/dining area. The long term objective of the centre is to support the individual to develop the tools and skills required for their discharge to live in/or engage in their community at a level that best suits them. Residents usually transition to the centre from within the service. The primary focus in grange apartments is to support each resident to engage in meaningful activities of their choice, with a strong emphasis on community integration. The centre is situated near many local and public amenities including good public transport links and there are a number of vehicles in the centre to support residents to engage community activities. Internally, there are a variety of activities the residents can avail of including a gym, a number of garden areas, and a number of multifunctional rooms. Staffing support is provided 24 hours a day, seven days a week by a person in charge, clinical nurse manager, staff nurses and care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 June 2021	09:30hrs to 15:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall, the findings of this inspection were that residents were in receipt of a good quality and safe service. The designated centre provides full time care and support for six residents, and each resident has their own individualised apartment. There are high numbers of staff supporting residents to ensure they are supported in line with their care and support needs, and to ensure that they have opportunities to engage in activities which they find meaningful. It was evident that every effort was being made to support residents to explore their interests in order to support them to develop goals. For the most part, the provider was self-identifying areas for improvement and bringing about these improvements. For example, they were in the process of recruiting to fill a number of vacancies, of completing an annual review for 2020, and of supporting staff to complete a number of training courses and refresher training. The inspector also found that improvements were required in documentation relating to safeguarding and positive behaviour support, and the notification of incidents to the Chief Inspector of Social Services.

The inspector had the opportunity to meet and briefly engage with five residents living in the centre, and they observed the sixth resident going out for a walk around the grounds with staff. A number of residents did not express their opinion verbally to the inspector, but they appeared comfortable and content throughout the inspection. In addition, the inspector was given six questionnaires in relation to care and support in the centre which had been completed by four residents and two residents' representatives, in advance of the inspection. Some residents were supported by staff to complete their questionnaires.

On arrival to the centre, the inspector was greeted by one of the residents as they were going out for a walk with staff. They asked the inspector their name using their preferred method of communication and the inspector showed them their photo identification, which they had a good look at. They were aware that the inspector was visiting, and why as they had discussed it at their most recent meeting with their keyworker. They said goodbye to the inspector and continued on with their walk.

Later in the day, this resident showed the inspector around their apartment, including their garden area. They showed the inspector how they used their fob to open the door and showed them their garden. They had been in the middle of an arts and crafts project at their dining room table when the inspector visited. They showed the inspector their arts and crafts materials and a number of pieces of their art that they had completed which were on display on the walls of their apartment. They also showed them their family photos, including those of important celebrations and occasions. They then showed the inspector all around their apartment and showed them their television, the contents of their fridge and the food presses. Staff who spoke with the inspector during the inspection were very familiar with their likes, dislikes and preferences. They and were observed to pick up on their verbal and non-verbal cues. For example, a staff member knocked on their

door and when they entered the residents gestured for them to leave as they were showing the inspector around their home. The staff communicated that they had understood the resident, said goodbye and left.

Throughout the inspection, residents appeared happy and comfortable in their home and in the presence of staff. They were observed relaxing in parts of their home or to be engaging in activities such as arts and crafts, sports or taking part in the upkeep of their home. On a number of occasions residents were observed smiling as they interacted with members of the staff team.

Residents had gotten a dog since the last inspection. The inspector viewed a number of pictures of the dog in residents' apartments and some photos of residents bringing the dog for a walk. They also observed residents interacting with the dog throughout the inspection. They appeared happy and content while interacting with the dog. One resident did tell the inspector that sometimes they liked the dog in their apartment, but that sometimes they didn't. They said the dog jumped up on things sometimes and they didn't like it when the dog didn't follow the rules. They liked to decide when they wanted to spend time with the dog.

While out for a walk one resident came to the window to say hello to the inspector. They smiled and showed the inspector one of their favourite objects which they had brought with them. After a brief chat they went back to enjoying their walk around the campus with staff. The inspector also had an opportunity to meet another resident when they were returning from a bus drive. The resident smiled as they got off the bus and then went to the kitchen to prepare their lunch, before returning to their apartment to relax and enjoy it.

The inspector then had the opportunity to meet one resident in their garden. They talked with staff and the inspector about a number of staff, the dog, and activities they liked taking part in. After chatting they left their garden to go for a walk with staff. Another resident was having a game of football in their garden, when the inspector visited them. They were observed smiling and chatting with staff as they kicked the ball.

The premises was purpose built and very much designed and laid out to meet the number and needs of residents in the centre. Residents' apartments were found to be decorated in line with their preferences. The premises was clean and well maintained both internally and externally. Plans were in place to paint a number of areas and the inspector was shown plans for an outdoor space which would provide residents with further opportunities to engage in outdoor activities of their choice on the campus. This drawings for this large outdoor space showed an enclosed space with spaces for planting vegetables and herbs, an in ground trampoline, a go-cart or wheelchair track, outdoor musical equipment, and other movable equipment, depending on what residents would like to do.

In addition to their own one-bedroom apartments with an enclosed garden, residents had access to a number of areas in their home where they could relax or engage in activities. For example, there was a central kitchen, an activity room, and a number of multi-purpose courtyard gardens. In these gardens there were bicycles,

a trampoline, gym and other equipment, flowers and plants, and one had a fruit and vegetable garden with strawberry plants, rhubarb, lettuce, tomatoes, and scallions growing in this garden.

Two residents' bathrooms were in the process of being refurbished and plans were in place for another residents' bathroom to be refurbished after the inspection. Residents' comfort had been considered as part of these refurbishments and arrangements made to ensure they could access facilities such as a shower, while the works were completed. Also plans were in place to support one resident to visit their family and go to the beach for the day while works were completed in their apartment.

At every opportunity, the staff team spoke with the inspector about residents' interests and strengths. Residents' personal plans were found to be person-centred and to clearly identify their strengths, talents and interests. They also detailed supports residents may require in relation to every aspect of their care and support.

There was a strong emphasis in the centre on ensuring family links and friendships were encouraged at all times. For example, during the pandemic residents were supported to keep in touch with their friends and family through sending cards, and making phone and video calls. Now that restrictions relating to the pandemic were lifting residents were being supported to engage in more community based activities and to go on home visits, or to receive visitors in their home. For example, one resident had been support to visit their family home, another residents was due to celebrate their birthday with their family in the their garden, and another resident was also due to have their family member visit them.

As previously mentioned, six questionnaires were completed in advance of the inspection. The feedback in these questionnaires was mostly positive, with a few areas for improvement being identified in them. Questionnaires indicated that residents had been living in the centre between two and nine years and that overall residents and their representatives were happy with the premises, access to shared spaces and an outdoor area, food and mealtimes, arrangements for visiting, choices and rights, access to activities, support form staff and the complaints process. The following are examples of comments included in these questionnaires, "my apartment makes me feel safe", "I like being able to go for a cycle around the centre", "I tell staff what food I would like", "I am happy living in Grange Apartments", and "I like to pick my own clothes, I choose when I get up and when I go to bed".

A number of residents' questionnaires referred to the importance of familiar staff, and how important it was for residents to get to know and trust staff so that they could feel "safe" and "less anxious". They also referred to how they were now supported by two staff during the day and that this helped "less familiar staff" to get to know them. One resident referred to how important it was for them to be supported by different staff during the day, and how important this mix of different people in their day was to them.

A list of activities residents liked taking part in at home, or in their local community

were also included in these questionnaires. Examples of these activities included, shopping for food, playing with the dog, going for walks, cooking, horse riding, having a footspa, cutting the grass, using an exercise bike, going for a drive and a take-away, tidying and doing laundry, swimming, walking the dog, and gardening. A number of residents referred to the impact of COVID-19 related restrictions on their access to community based activities, and on visits with their loved ones. Staff were described in the questionnaires as, "committed", "responsive", "approachable, and "really nice". One residents' questionnaire stated that staff "look after me really well".

Examples of areas for improvement identified in questionnaires were, more bus drives, more walks in parks, more opportunities for residents to build their confidence while accessing their local community, "a new bigger couch", more access to shared spaces and an outdoor area, "more fruit", "a shelter for eating outside", "to spend more time out of my apartment", and "to go home more often". The complaints process was referred to in two questionnaires and both indicated that when they made a complaint, that they felt listened to and were satisfied with the outcome of the complaint.

In summary, residents appeared happy and content in their home. In line with their wished and their assessed needs, they were supported to utilise their local community facilities, and to engage in home-based activities of their choice.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall, the inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service. The centre was purpose built and designed and laid out to meet residents' specific care and support needs. There were a number of staff vacancies, and efforts were being made to ensure that each resident was supported by staff who they were familiar with. For the most part, the provider and local management team were found to be self-identifying areas for improvement and taking actions to bring about these improvements.

A new person in charge had been identified by the provider since the last inspection. They were in post since August 2020. They were found to be suitably qualified and experienced to fulfill the position. They were found to be very knowledgeable in relation to residents care and support needs as they had worked in the centre for a number of years. They were also identified as person in charge of another designated centre in the community.

The provider had some systems in place for monitoring the quality of care and

support for residents, including six monthly reviews. The last annual review of care and support had been completed by the provider in 2018 and plans were in place to complete an annual review for 2020. The person in charge and local management team had systems for oversight and monitoring also such as audits, staff meetings, safety pauses, incident reviews and regular resident and keyworker meetings. However, from the sample of rosters reviewed it was not evident that the person in charge was consistently completing hours where they were additional to the staffing requirements in the centre, to complete administration duties. From those reviewed they were completing on average 30 hours extra per month to ensure they were maintaining oversight and completing the required administration associated with their role in this designated centre.

Staffing numbers were not in line with the centre's statement of purpose as there were a number of staff vacancies at the time of this inspection. This was in line with the findings of the previous inspection in the centre in 2019. From speaking with staff and reviewing rosters it was evident that every effort was being made to ensure residents were supported by staff who were familiar with their care and support needs. Members of the staff team were completing additional hours and regular agency staff were filling the remaining shifts. There was a robust induction process in place for new and agency staff.

Staff had completed a number of training courses and refresher trainings to ensure they could support residents in line with their assessed needs. However, a number of staff required training and refresher training in some areas. These will be detailed later in the report. Formal staff supervision had been introduced in the centre and the majority of staff had received formal supervision at the time of this inspection.

Regulation 14: Persons in charge

The person in charge had the knowledge, skills and experience to manage the designated centre. They had worked in the centre for a number of years prior to becoming person in charge and were knowledgeable in relation to the resident's care and support needs. They were motivated to ensure that each resident was happy, safe and regularly engaging in activities they enjoyed.

They were also identified as person in charge of another centre and they were found to have systems in place to ensure the effective governance, operational management and administration of this centre. They were working with and supporting the staff team to ensure they were carrying out their roles and responsibilities to the best of their abilities. They were not consistently having the opportunity to be additional to the staffing quota in the centre, to complete some administration duties and were found to be completing additional hours at times to fulfill their duties. This is detailed under resources in regulation 23.

Judgment: Compliant

Regulation 15: Staffing

As previously mentioned, there were a number of staff vacancies. There were 7.16 whole time equivalent vacancies at the time of this inspection. These included, a clinical nurse manager 1 post, 2.5 staff nurse posts, and 2.66 healthcare assistant posts. The provider was recruiting to fill these positions and this included a new position for a senior occupational therapist in the centre.

The provider was attempting to ensure continuity of care and support for residents through staff in the centre completing a large number of additional hours and regular agency staff were completing the remaining shifts. From the sample of rosters reviewed, the staff team were completing on average 300 additional hours per month and an average of 60 shifts per month were covered by regular agency staff.

Judgment: Not compliant

Regulation 16: Training and staff development

For the most part, staff were found to be accessing training and refresher training to enable them to support residents in line with their assessed needs. However, a number of staff required training or refresher training. For example,

- 4% of the staff team required managing behaviour that is challenging training, and 50% required refresher training in this area,
- 8% of the staff team required refresher safeguarding training,
- 4% of the staff team required refresher manual handling training,
- 33% of the staff team required food safety refresher training.

The person in charge showed the inspector evidence to demonstrate that some staff were either booked onto these training courses or that a request had been submitted for them to attend, or that they had completed the training and were awaiting certificates of completion.

Some staff had completed a number of additional trainings in line with residents' assessed needs. These included, sign language training, autism awareness training, and infection prevention and control training.

Formal supervision had commenced in the centre. The majority of staff had completed supervision in 2020 and there was a schedule in place to ensure that

each staff had formal supervision in 2021.

Judgment: Substantially compliant

Regulation 19: Directory of residents

There was a directory of residents available in the centre which contained the required information, and which was being regularly reviewed.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were management systems in place that supported and promoted the delivery of a safe, quality service. The quality of care and the experience of residents was being monitored and the centre was managed by a suitably qualified, skilled and experienced person in charge. They were supported by a number of person's participating in the management of the designated centre (PPIM's) and a service manager. The local management team were found to be self-identifying areas for improvement and escalating their concerns to the provider. For example they were, recruiting to fill staff vacancies, supporting staff to complete the required trainings, and drafting a document to guide staff to support residents in relation to their behaviour support needs.

The provider's six monthly reviews were identifying areas of good practice and areas for improvement. The provider had last completed an annual review of care and support in this centre in 2018. They were in the process of completing an annual review for 2020.

Staff meetings had not been occurring as frequently as planned in 2020 but two had occurred so far in 2021. Safety pauses were being completed regularly and agenda items were found to be varied and person-centred. Incidents were being regularly reviewed and learning following these reviews was being shared with the team. Audits were being completed regularly by the staff team in relation to health and safety, complaints, medication, care plans, incidents, infection prevention and control, and residents' finances.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations and had been reviewed in line with the time frame identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of accident and incident reports in the centre and found that the Chief Inspector was not notified of all the required incidents in line with the requirement of the regulations.

Judgment: Not compliant

Quality and safety

Overall, the provider and local management team were ensuring that residents were in receipt of a good quality and safe service. They were living in a clean warm, and safe environment. They were being supported to participate in activities in line with their wishes and preferences. Some improvements were required in relation to documentation guiding staff to support residents to manage their behaviour, and the documentation of steps taken to safeguard residents following allegations of abuse. The provider was appropriately screening allegations and supporting residents, but not fully implementing the organisation's or national policy.

As previously mentioned, the premises was purpose built and designed and laid out to meet residents' assessed needs. Where the need for adaptations had been identified to a number of bathrooms, the funding had been secured and works were being completed at the time of the inspection. In addition, works were almost completed to one apartment to add a space for the bus to park to ensure the resident could leave and arrive home to their apartment safely. The premises was clean throughout and well maintained. Plans were in place to make further improvements such as painting in a number of areas. Residents had been involved in picking the paint colours for these areas.

The inspector viewed a sample of residents' assessments and personal plans. They were found to be person-centred and regularly reviewed and updated. Residents' healthcare needs were assessed and they had access to health and social care professionals in line with their assessed needs. The inspector viewed the minutes of one residents' keyworker meetings. They contained a summary of the items discussed and pictures of the resident engaging in some activities relating to these discussions. For example, there were pictures of them reviewing easy read information on COVID-19 and pictures of them following the steps for washing their

hands. There were also pictures of them baking, doing arts and crafts, walking the dog, spending time with the dog in their apartment, and enjoying occasions such as Halloween and Christmas. Other topics which were regularly discussed at these meetings were restrictive practices, complaints, advocacy, the confidential recipient and residents' rights.

There were high levels of restrictive practices in the centre which were being regularly reviewed to ensure that the least restrictive practices were used for the shortest duration. While residents had risk assessments and guidelines in place, it was difficult to access some information in a number of plans reviewed. For example, one resident had a behaviour of concerns risk assessment, 23 guidelines and a traffic light system identifying criteria for interventions.

Residents were protected by the policies, procedures and practices relating to infection prevention and control in the centre. There was information available to residents and staff in relation to infection prevention and control and COVID-19. For example, one resident had a COVID-19 folder which contained easy-read information and social stories relating to, staying safe during the pandemic, how to wash your hands, social distancing, the phases of restrictions and potential impacts for the resident, wearing masks, visiting, and what to do if you have COVID-19.

Regulation 17: Premises

The inspector found that the design and layout promoted residents' safety and dignity. The premises was found to be warm, clean, and well maintained. Each resident had their own apartment and a small enclosed garden. They also had access to a number of communal spaces.

Residents' apartments were decorated in line with their wishes and preferences. During the inspection, residents appeared comfortable in their apartments.

A number of bathrooms were being refurbished at the time of the inspection and plans were in place to paint a number of areas and to develop an additional outdoor space.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were protected by the infection prevention and control policies, procedures and practices in the centre. The provider had developed contingency plans in relation to COVID-19 and these were clearly guiding staff in relation to their roles and responsibilities. There were a number of information folders available for

residents and staff in relation to COVID-19.

The premises was found to be clean during the inspection and there were cleaning schedules in place to ensure that every area of the centre was being cleaned regularly.

There were stocks of personal protective equipment (PPE) available and a system was in place for stock control. Staff had completed training in relation to infection prevention and control, including hand hygiene and the use of PPE.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire management systems in place. There were adequate arrangements for detecting, containing and extinguishing fires. There were adequate means of escape and there was emergency lighting in place.

There were systems in place to ensure fire equipment was serviced, tested and maintained. There was an evacuation plan in place and it was on display. Each resident had a personal emergency evacuation plan which detailed the support they may require to safely evacuate the centre.

Fire drills were occurring regularly to demonstrate that each resident could safely evacuate the centre in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector viewed a sample of residents' assessments and personal plans. These documents were found to be person-centred and subject to regular review. They were clearly identifying residents' wishes, preferences and goals.

Residents had access to keyworkers to support them to develop and achieve their goals.

Judgment: Compliant

Regulation 6: Health care

From the sample of residents' plans reviewed, it was evident that residents had their healthcare needs assessed and were being supported to enjoy best possible health. They had access to health and social care professionals in line with their assessed needs and care plans were developed and reviewed as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed a sample of residents' support plans and found that while residents had guidelines in place to support them should they engage in some behaviours, this information was contained in many different sections of their plans. In some plans reviewed, there were clearly identified proactive and reactive strategies which were reviewed and updated regularly. However, this was not consistently found across each residents' plans reviewed. In some instances there was a lack of documentary evidence to show that the relevant professional was involved in the development or review of some of these guidelines.

The inspector acknowledges that a robust staff induction was in place to ensure new staff or agency were familiar with residents guidelines prior to working with them, and residents were supported by 2:1 staffing during the day. In addition, a draft document was presented to the inspector which would contain a summary of residents' positive behaviour supports, a log of relevant assessments, and relevant reports and supporting documentation to be read in conjunction with this summary. This document would also contain a section to log reviews and updates of these documents by the relevant professionals.

There were a high number of restrictive practices in use in the centre. These were being reviewed regularly to ensure the least restrictive were used for the shortest duration. Where required, they were referred to the provider's Ethics committee.

Judgment: Substantially compliant

Regulation 8: Protection

Overall residents' were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Safeguarding was discussed regularly with residents and staff had completed training in relation to safeguarding and the prevention, detection and response to abuse. As previously mentioned, the provider was investigating and following up on all allegations of abuse. They had developed protocols which were regularly reviewed by the relevant professionals and the multidisciplinary team. They were supporting residents and implementing control measures from safeguarding plans and these protocols. However, the provider was

not fully implementing their own policy or national policy in relation to the completion of some documentation relating to the screening of allegations of abuse.

Residents' personal plans was detailed in relation to any support they may require with their personal and intimate care.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were being supported and encouraged to decide how they spent their time and they were also being supported to take part in the day-to-day running of their home. The staff team were working with residents to support them to work out what structure and routine best suited them.

Throughout the inspection, staff were observed to listen to residents. Kind, caring and respectful interactions were observed at all times. Staff were found to be very familiar with residents likes, dislikes, goals and preferences.

Rights, complaints and advocacy were being regularly discussed during residents' meetings and meetings with their keyworkers.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grange Apartments - Sonas Residential Service OSV-0003745

Inspection ID: MON-0032385

Date of inspection: 09/06/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Ongoing recruitment campaign to fill vacancies. Recruitment agency allocated to operate campaign. Active advertisement for CNM1/Staff Nurse/Care Staff. Regular agency staff support current vacancies	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff to complete remainder of mandatory online training. Training Department/link CNM3 to allocate spaces for mandatory training Required when same available. Supervision for all staff members to be completed by December 2021	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

<p>management: Annual review for 2020 underway by Quality and Risk Officer. Staff meetings will be scheduled monthly going forward.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: All allegations of abuse to be notified within 3 working days. Systems now in place to ensure same is carried out at all times.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Two CNSp positions will be assigned to designated centre and they will devise a positive behavior support plan for residents who have an assessed need.</p> <p>Current positive behavioural support plans will be reviewed to ensure consistency in plans across the designated centre. The plans will be reviewed to ensure professional involvement is evident.</p> <p>Training will be provided to all staff in managing behaviours of concern.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: The Provider is now fully implementing Service Policy in relation to Abuse</p>	

Section 2:

Regulations to be complied with

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

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

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.	Not Compliant	Orange	30/12/2021
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	30/12/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to	Not Compliant	Orange	30/12/2021

	ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	30/08/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	09/06/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/12/2021
Regulation 08(3)	The person in charge shall	Substantially Compliant	Yellow	17/06/2021

	initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.			
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