



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

## Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick Group B
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	15 and 16 June 2022
Centre ID:	OSV-0003940
Fieldwork ID:	MON-0032667

## About the designated centre

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

The Community residential service provides full time residential support to ten adult residents on a full time basis. The centre is comprised of two separate houses located in quiet residential areas close to local amenities and public transport. The service provides a homely environment for the adults, both male and female, where they can live with respect and dignity, express their individuality, live as members of a household and be integrated into the local community. The service offers all residents the opportunity to live in their own home, to share their home with friends, to build their own network of friends and family and to utilise all community resources as desired. These opportunities are available through an individualised approach to planning and provision of care and support, which involves the service user, the family, friends and key workers. The support provided is a social model of care with staff support during the day when residents are unable to attend their day service. Sleep over staff are also present in both houses each night.

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

Number of residents on the date of inspection:	8
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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
Wednesday 15 June 2022	16:00hrs to 18:00hrs	Elaine McKeown	Lead
Thursday 16 June 2022	10:00hrs to 15:45hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with seven residents who were living in this designated centre during the evening of the first day of this unannounced inspection. The inspector was introduced to the residents while adhering to public health guidelines and wearing personal protective equipment (PPE).

On arrival at the first house, which was located near community amenities in a mature residential setting; three residents welcomed the inspector into their dining room as they were about to prepare their evening meal with the support of a staff member. The inspector explained the purpose of their visit as the residents were not expecting visitors at this time of the day. The residents were happy to spend time talking with the inspector in a group. All of the residents had enjoyed their activities in their day service. All three attended different activities within the day service and spoke about their respective days. Each resident listened to each other during the conversation and were observed to support each other if they needed assistance to explain what they were talking about to the inspector. For example, one resident misunderstood a question the inspector asked them and a peer let them finish talking before explaining the original question that had been asked. Residents were observed to be relaxed and jovial in each others company and involved the staff member in the conversation on a number of times.

One resident proudly spoke of a number of important events that had recently taken place in their life. They had been informed a few days previously that they had been voted by their peers in the region as the advocacy representative for the community residential services with the provider. They had also recently returned to swimming and won a gold medal in their event the week before the inspection and hoped to be eligible to participate in future special Olympic events. Furthermore, they were due to attend a graduation ceremony at the end of the week after successfully completing a certificate course in a local university with seven other students. They explained to the inspector what the course was about and how important it was to them. They also had all the important aspects of celebrating such an important event organised, such as; who was going to attend the ceremony with them and how they were going to celebrate afterwards.

Another resident explained how they had coped with their recovery having required a number of surgical procedures in recent years. They were still recovering from the most recent operation and were attending physiotherapy regularly. They explained how staff supported them to meet with their family representatives since the public health restrictions had eased which included going to a preferred outlet that sells hot drinks in the local community.

Another resident spoke about important issues for them which included their involvement in discussing the menu and meal planning in the house, participating in grocery shopping and enjoying activities with their peers. The group spoke about their plans to go on holidays together later in the summer and how they enjoyed

going to the cinema regularly together which was located within walking distance of their home. They spoke of goals they would like to achieve in 2022 which included learning to play a musical instrument and becoming involved in more exercise activities. They laughed together as they spoke of how they like it when they dance with staff in the house. They also informed the inspector that they were supported by regular and familiar staff who listened to them. They also had regular house meetings and additional meetings with members of senior management.

The residents explained that they had lived together for a long time with another resident. This resident was not present in the house at the time of the inspection. The inspector was aware prior to the inspection that this resident was being supported in another designated centre while maintenance works were being completed in their bedroom. The planned works were scheduled for three weeks. The inspector was informed the resident was being supported by familiar staff through a crisis period. The residents informed the inspector that the group enjoyed the last three weeks with less people in their home. However, they also hoped the other resident would be able to enjoy their renovated bedroom and the company of their peers when they returned to the designated centre.

The inspector met with four residents living in another house located in a nearby residential setting. The inspector was informed that one other resident was resting in their bedroom after attending their day service. Staff were observed to support two residents to finish their evening meal in the dining room before heading out on planned evening activities, which included a walk in the local community.

One resident was happy to speak with the inspector in the sitting room. They explained how they had moved into the house at the end of 2021. They clearly outlined their interest in sports and sporting activities to the inspector. This included travelling independently to another town to play soccer matches with their team mates every weekend. They had attained a number of achievements in sporting activities and showed the inspector a medal that they had recently been awarded. They also hoped to be able to be part of the special olympic team in 2023. They outlined the duties that they completed each week in the leisure centre where they were employed on a part-time basis. They were also very happy to be able to return to community activities as the public health restrictions were eased.

Another resident spoke with the inspector while supported by familiar staff in their apartment. The resident asked the inspector a few questions and spoke about a number of topical news items that they had read about in the daily newspaper. They also spoke about their daily routine and how they enjoyed particular foods especially naming one dish that they liked to have at the weekends. They listed a number of their preferred television programmes which included music programmes. The resident informed the inspector of their plans to have a holiday to another country later in the year to visit a famous sports ground. More immediate plans to attend a scheduled match in a nearby stadium were also mentioned. They outlined how they liked to spend time with family representatives and enjoyed over night visits regularly since the public health restrictions had eased. They enjoyed using public transport with staff support and spoke of plans to visit another large town in the

days after this inspection.

Residents spoken to during the inspection outlined how they were supported to engage in activities of their choice. Some independently accessed many different services in the community and expressed how much they liked living in their homes. The inspector observed different areas of the two houses decorated to reflect the personal choices of the residents. While the houses were bright, well ventilated and clean, some damaged surfaces continued to impact the ability of staff to effectively clean all areas. The inspector had previously inspected this designated centre in November 2020, with issues identified relating to the premises. While some maintenance works had been undertaken and completed by the provider in the interim period not all issues had been addressed at the time of this inspection. In addition, during this inspection, the inspector was limited in their ability to observe the dynamics of the group within one of the houses as one resident was being supported in another designated centre. This will be further discussed in the quality and safety section of this report.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

Overall, the inspector found at the time of this inspection that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for residents living in this designated centre.

The person in charge worked full time and had remit over this designated centre only. They had recently taken up the role of person in charge in this designated centre. At the time of the inspection, the person explained to the inspector how they were familiarising themselves with the designated centre which included becoming more informed about the assessed needs of the residents, the staff team and the day-to-day activities of this designated centre. The provider had allocated protected time each week for this person to complete their duties and responsibilities while they also worked on the front line with residents and the staff team. The person in charge outlined how they were being supported by senior management in their role with regular input, scheduled meetings and supervision. They also outlined their planned schedule to ensure all of the staff team completed regular supervision, with some new staff already engaged in the process at the time of this inspection. The person in charge ensured they were kept informed of relevant information by receiving a daily report each morning from both houses. This assisted them in their

role to ensure there were no gaps in oversight as they settled into their role.

While the provider was actively recruiting additional staff to fill vacancies in the designated centre, regular relief staff familiar to the residents were available to support residents. One new care assistant was scheduled to commence a full time role the week after this inspection. The inspector was informed a two week induction period was being provided to the new staff before they took up their position. The inspector reviewed an actual and planned rota for the designated centre. It was reflective of the staff present on both days of this inspection and supported the assessed needs of the residents. Two staff had been redeployed to another designated centre while one resident was being supported there for three weeks. The provider had ensured additional staffing was provided to support residents living in one of the houses so that residents living there could participate in separate/individual activities while their peer was also supported.

The provider had supported staff to attend training either face-to-face or on-line with all staff in this designated centre having attended safeguarding, fire safety and food safety. The inspector acknowledges that the person in charge had to reschedule planned training for themselves on the second day of the inspection. Two staff were attending medication management training during the inspection. Following a review of the training matrix the inspector noted not all staff had completed refresher training in managing behaviours that challenge at the time of this inspection.

The inspector was informed that there were no open complaints at the time of this inspection. A review of the complaints log in one of the houses demonstrated how residents and family representatives had been supported to make complaints since May 2021 as a new complaints log had been commenced at that time. Family representatives of two residents had made complaints relating to the supports being provided to their relative. All of these complaints had been responded to by the provider and the satisfaction of the complainant was documented with actions taken to reduce the risk of similar situations arising in the future.

However, a resident had been supported to make a complaint on 8 September 2021 regarding the impact the behaviour of a peer had on them. The documented complaint outlined how the peer had apologised to the resident and the complainant was satisfied with the outcome. Following a review of the complaints log by the previous person in charge on 27 September 2021, the complaint was reported under the provider's safeguarding policy and retrospectively reported to the Health Information and Quality Authority, (HIQA) 14 days after the incident was reported. The provider subsequently undertook a review of incidents that had occurred in one of the houses since January 2021. Seven additional retrospective notifications relating to safeguarding for residents living in the house were submitted by the provider in November 2021, one of the incidents reported had occurred in January 2021. A number of actions were outlined by the provider which included all staff in the designated centre attend refresher training in safeguarding to ensure staff were informed and aware of how to recognise and report safeguarding issues in-line with the provider's policy and procedures. Another complaint was made by a resident in March 2022 where they described their home as not being a peaceful place. The



inspector was informed and reviewed documentation which outlined the provider had offered the three residents who had made complaints regarding the impact of a peer's behaviour alternative places to live, all three residents expressed that they wished to remain in their current home.

The inspector reviewed meeting notes which senior management within the organisation had actively participated in. These scheduled meetings regarding ongoing issues within this designated centre took place during April and May 2022. The provider's annual report in October 2021, identified the adverse impact of behaviours that challenge were having on the lived experience for residents living in one of the houses. One of the actions arising out of the annual report included to ensure ongoing monitoring and completion of actions as per the provider's service plan to ensure a good quality of life for all residents in the designated centre. This included the director of services monitoring audits that were being completed which included a centre specific audit to ensure all incidents were being reported as per the provider's policy and procedures. The director of services had also been the interim person in charge in this designated centre for a period of time during the unplanned extended absence of the previous person who held the role. In addition, the provider had completed six monthly audits in March 2021 and October 2021. Actions identified were being progressed or had been completed which included the re-decorating of one resident's bedroom, the review of personal goals for residents and staff training.

#### Regulation 14: Persons in charge

The provider had in place a qualified person in charge who worked full time, who was aware of their role and responsibilities.

Judgment: Compliant

#### Regulation 15: Staffing

There was an actual and planned rota which demonstrated a flexible staff team supported residents to engage in individual and group activities. For example, the provider had ensured increased staffing supports were made available to support a resident daily including evening time which enabled individual or small group activities to take place.

Judgment: Compliant

#### Regulation 16: Training and staff development

The person in charge outlined their plans to ensure all staff received supervision as per the provider's policy during 2022. A training matrix was in place which identified staff training completed to date and planned training during 2022. However, at the time of the inspection some gaps in mandatory training in managing behaviours that challenge remained outstanding for 25% of the staff team.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place at the time of this inspection, including audit schedules and regular staff meetings ensuring the provision of quality care and safe service to residents. The provision of services was subject to regular review by the provider which included centre specific audits to ensure adherence to the provider's policy and procedures particularly relating to the safeguarding of residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had a statement of purpose in place, however it did not reflect up-to-date information regarding the current governance structure in place this designated centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The provider had identified in November 2021 through an internal audit that not all incidents that had occurred in the designated centre had been managed in accordance with their own policies and procedures. As a result of this the Chief Inspector was not notified of all notifications within the required time frame as set out in the regulations.

Judgment: Not compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider had submitted the required notification when the previous person in charge was absent for a continuous period of more than 28 days.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place which residents were supported to access. Residents were aware of how to make a complaint and had been supported to meet with senior management regularly in recent months to ensure any issues of concern were adequately being dealt with and subject to ongoing review. However, not all complaints made were managed in-line with the provider's own policy. This will be actioned under regulation 9: Residents rights.

Judgment: Compliant

## Quality and safety

Overall, residents living in this designated centre spoke positively about their homes, the individual supports they received to engage with peers, their local communities and family representatives. However, further review by the provider was required in some aspects of fire safety, premises and ensuring the rights of all residents were consistently supported, in –line with their expressed wishes.

While residents spoke positively to the inspector about living in their homes, some residents outlined how they were enjoying a more peaceful environment when less staff and residents were present in their home. The provider had engaged in recent months with residents both in group settings and on individual basis to ensure identified issues were adequately been dealt with to the satisfaction of the residents. Additional staff were available to support residents to engage in group or individual activities. However, as previously mentioned not all staff had recognised and reported safeguarding issues as per the provider's policies and procedures when residents were exposed to incidents of behaviours that challenge in their home. The inspector was informed that a compatibility assessment had not been completed as the group of residents living in one of the houses had lived together for over 15 years which had worked well for most of those years.

While one of the houses had recently undergone general internal maintenance which included painting, some issues were identified during the inspection which

required further review. This included damage to a section of a fireplace plinth, damaged garden furniture and a gas bottle that were no longer required located in one garden. The kitchen presses in the other house had been identified as requiring review during the previous inspection. The inspector noted that the surfaces on some of the kitchen units and flooring were damaged which impacted effective cleaning by staff at the time of this inspection. The provider was in the process of re-designing the layout of one bedroom to better suit the assessed needs of one of the residents. This included the installation of bespoke open storage spaces, privacy screen on the bedroom window and the installation of an under-floor self-closing mechanism on the bedroom door. The flooring and walls had all been replaced with materials to suit the assessed needs of the resident.

The inspector was informed a recent hygiene audit in the designated centre had also identified an issue relating to adequate storage being available. This was also observed by the inspector at the time of the inspection with the storage of some stores items in the personal wardrobe of one resident who did not require the use of those products. The resident explained to the inspector that they had given consent for the storage of these items in their bedroom and permission for staff to access their bedroom if they were not present. There were two boxes of excess supplies also located in the open space underneath one stairway.

The inspector noted the strong relationships that had been developed between the residents in one of the houses over many years. One resident had moved to a bedroom upstairs to support a peer who required a downstairs bedroom due to their changing needs relating to their mobility. It was also evident that residents' regularly adjusted their routine or activities to accommodate a peer when the person was experiencing increased anxiety. For example, one resident would go out for a walk, another would go to their bedroom. These activities were also documented in safe environment care plans that were developed for residents when a peer was experiencing increased anxiety.

The personal plans of some residents were reviewed with the residents' consent by the inspector. These were subject to regular review which the residents actively participated in. Goals had been progressed for 2021 and new goals identified for 2022 which included attending evening classes in cookery and seeking paid employment. Daily communication notes over the last few months identified times of disturbed sleep for some residents due to increase noise in the house. Also, documented was the improved atmosphere when less people were in the house in the weeks prior to this inspection. Each plan had photographs of activities enjoyed by the residents. Behaviour support plans had been subject to regular review in recent months and safeguarding plans had been developed with residents input.

As previously mentioned, the reporting of safeguarding incidents within the designated centre had not consistently been followed by staff. While the provider actively ensured all staff attended re-fresher training in safeguarding in the weeks prior to this inspection, the challenge to ensure all residents were protected from all forms of abuse remained in this designated centre. While all residents had clearly expressed their wish to remain living together, ongoing monitoring by the provider was required to ensure adequate resources and facilities were available to ensure

residents were protected at all times from all forms of abuse. Some residents had personal property damaged which had been replaced. The residents in one house choose to lock their bedroom doors at all times when they were not present in the room to ensure their personal possessions were not at risk of being damaged.

While the provider had a fire safety policy in place, it was documented that it was due for further review in December 2021. In addition, the inspector noted there were excessive gaps between the flooring and fire doors in at least two locations in one house. The provider followed up on this matter immediately and reported back to the inspector that the maintenance department had removed some saddle boards to repair them the day before the inspection and these were back insitu. In addition, a gap in the ceiling in the unoccupied renovated bedroom into the attic space was identified on the maintenance snag list and was also rectified following the inspection. The inspector reviewed the fire drill records for one of the houses. No minimal fire drill had been completed with all of the residents in the previous 12 months. In addition, the most recent fire drill on 22 May 2022 had taken over four minutes to complete but the documentation had not been completed by staff to outline the reason for the extended evacuation time. The person in charge was aware of the incomplete documentation and planned to follow up with the staff on their return to work. Previous fire drills had been consistently completed in approximately one minute. The inspector also reviewed the personal emergency egress plans, (PEEPs) for residents. While they had been subject to recent review, the presence of an incentive bag for one resident was not documented in their PEEP. In addition, staff spoken to during the inspection were unable to identify the order in which residents would be evacuated. As two residents were described as requiring assistance and one resident would be required to descend the stairs without the use of their stair lift in the event of a fire with their bedroom located upstairs. The residents in this house were supported by one staff at night time.

The staff team had effectively supported a number of residents at the start of 2022 who had contracted COVID-19. A number of staff had also been affected during this outbreak. All had made a good recovery and the residents were supported in their home during the isolation period. Risk assessments had been reviewed, IPC protocols and guidelines were followed. The staff team had the support of a clinical nurse specialist in IPC and the provider completed an outbreak review. The HIQA self- assessment questionnaire in preparedness had been subject to regular review. However, effective cleaning of all surfaces within the designated centre could not be completed due to damage evident in a number of areas.

Some residents spoke to the inspector of their ability to make choices, communicate with identified staff if there were issues of concern and engage in activities of their choice. However, the inspector noted from a review of incidents and daily notes that some residents were unable to freely access some communal areas in their home if a peer was experiencing increased anxiety and bedrooms had to be kept locked. While the inspector acknowledges that the provider is actively engaging with all residents in the designated centre and there is ongoing review of the assessed needs of residents, the inspector was not assured that the adverse impact of increased tension in the designated centre would not continue to impact the lives of

some of the residents.

### Regulation 10: Communication

Residents were supported to access telephone and media such as television, newspapers and internet.

Judgment: Compliant

### Regulation 11: Visits

The registered provider supported residents to maintain contact and communicate with family representatives and friends in-line with public health guidance. Residents were supported in line with their expressed wishes to receive visitors.

Judgment: Compliant

### Regulation 17: Premises

The provider had undertaken extensive renovation works to meet the assessed needs of one resident in their bedroom. However, not all areas of the designated centre had been kept in a good state of repair internally and externally.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had ensured a centre specific risk register was present in the designated centre. This was subject to regular review by the person in charge.

Judgment: Compliant

### Regulation 27: Protection against infection

Staff demonstrated good knowledge and practice of effective IPC measures during the inspection. Both houses were clean and well ventilated. However, the provider had not ensured staff were able to effectively clean some areas due to damaged surfaces being present.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had effective fire safety management systems in place which included emergency lighting and a fire alarm. However, quarterly checks had not been completed in quarter 3 or 4 2021 with the reason documented due to COVID-19 restrictions. There were regular checks completed by staff, daily, weekly and monthly. Following an internal review of fire drill records in April 2022 an action required staff to document they had emergency medication with them during the drill. However, two subsequent drills did not have this information included in the drill reports. A minimal staffing fire drill had not been completed in the previous 12 months. Also, not all relevant information was contained in one resident's PEEP relating to an incentive bag. The provider ensured the issues identified relating to the opening in the unoccupied bedroom ceiling and gaps under some internal doors were addressed immediately.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge and provider were actively supporting staff to ensure meaningful goals were identified and progressed for each resident. Residents were actively participating in developing their personal plans with the support of key worker and allied health care professionals and were subject to regular review. The multi-disciplinary team were actively supporting residents with regular monthly meetings been held to support the changing assessed needs of some residents.

Judgment: Compliant

### Regulation 6: Health care

Residents were support to have access to health care professionals as required. The person in charge outlined how they were following up with the national health

screening programmes for those who were eligible and had experienced delays due to the pandemic.

Judgment: Compliant

### Regulation 8: Protection

While the provider had put measures in place to ensure the safeguarding of residents which included information for residents, refresher training for staff and ongoing review of issues arising within the designated centre. Residents had not been consistently supported to live in a safe environment protected from all forms of abuse at all times.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The provider had not consistently ensured that residents privacy and dignity was respected in the designated centre.

Judgment: Substantially 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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Community Residential Service Limerick Group B OSV-0003940

Inspection ID: MON-0032667

Date of inspection: 16/06/2022

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will ensure that all staff attend mandatory training including refresher training.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The PIC has ensured that the Statement of Purpose has been updated.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The registered provider has ensured that all notifications will be submitted within the required timeframe.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will ensure that all required maintenance is scheduled and completed as part of a planned programme.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection:	

<p>The registered provider will ensure that required maintenance issues are identified through weekly walkabouts and IPC audits. Remedial actions identified will be completed as part of a planned programme of maintenance works.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The registered provider has ensured that an unannounced fire drill at night has been completed.  Fire evacuation plans have been updated to provide specific guidance for each staffing level.  Individual resident PEEPs have been reviewed and updated to ensure all relevant information is documented.  Quarterly checks on fire equipment will be completed as required.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:  The registered provider will continue to ensure that all residents are supported to self-advocate and voice their preferences, wishes and concerns.  All residents have a named keyworker. Monthly residents meetings will continue, facilitated by staff.  The registered provider will ensure that MDT supports are provided to all residents as required.  The registered provider has ensured that Human Rights Training will be provided to staff team by Service Human Rights Officer.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The registered provider will continue to ensure that all residents are supported to self-advocate and voice their preferences, wishes and concerns.  All residents have a named keyworker. Monthly residents meetings will continue, facilitated by staff.  The registered provider will ensure that MDT supports are provided to all residents as required.  The registered provider has ensured that Human Rights Training will be provided to staff team by Service Human Rights Officer.  The registered provider will ensure that all safeguarding incidents are processed and notified as required.</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 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	30/11/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	30/11/2022

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/07/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/07/2022
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	30/06/2022

Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2022
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/09/2022