



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

## Issued by the Chief Inspector

Name of designated centre:	Cairdeas Services Waterford West
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	20 May 2021
Centre ID:	OSV-0004139
Fieldwork ID:	MON-0032761

## About the designated centre

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

This centre comprises of two single story houses, one on the outskirts of a large town and the other in a rural setting outside of the town. Both houses are home to four residents with moderate to profound intellectual disability and age related needs. The house within the town has four residents bedrooms, all of which have an en-suite. The home has a kitchen / dining area, a utility room and a large living room. It also comprises of a sitting room, bathroom and staff office. This has an adjacent building which is a disused apartment that the service use for storage. The gardens contain a shed and were well maintained. The house in the rural setting has four bedrooms, one which has an en-suite. There is a bathroom, staff office and utility room. There is a large kitchen / dining room and a large sitting room. The residents have large garden areas that were well maintained. This service operates a full-time residential service on a 24 hour day, seven days a week. Residents are supported by a staff team comprising of social care workers, care assistants and nursing staff. The staff member on night duty is employed in a waking role. Day services staff have been deployed to each house to support residents with individual activities during the Covid-19 pandemic. The statement of purpose outlines the service as supporting each resident to positively engage in the local community and to access and take part in social events and activities of their choice.

**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 - 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
Thursday 20 May 2021	09:00hrs to 05:00hrs	Michael O'Sullivan	Lead

## What residents told us and what inspectors observed

The inspector visited both houses on the day of inspection and met and spoke with the eight residents and seven members of staff. In line with current public health guidelines, all areas were well ventilated and the inspector and staff members wore face masks. The majority of documents reviewed had been requested in advance and were available to the inspector as requested. Hand hygiene was practiced and direct interactions were limited to periods of time less than 15 minutes. All residents and staff had been in receipt of COVID-19 vaccines and all were well on the day of inspection.

Residents in one house were finishing breakfast and looking forward to going for a walk in the local community with staff, weather permitting. Residents appeared unhurried and at ease with staff who were known to them. One resident told the inspector that they liked to go back to bed after finishing breakfast. This resident said that they were going to see a podiatrist later that morning. The inspector observed staff engaging with the resident to ensure that they had the required financial supports in place to pay the therapist. Some residents used few words to communicate but could make their feelings clearly known through gestures. All residents had a good understanding of spoken words. One resident could be seen and heard to vocalise to staff when requiring assistance or support. The staff complement on duty allowed for one to one supports to be given to residents as needed. The registered provider had allocated staff from their closed day services to the direct support of residents in their own homes. These staff members were familiar with the residents and their assessed needs and preferences. All residents were seen to be very comfortable in the presence of other residents and staff. Staff interactions were observed to be gentle, unhurried and respectful.

Residents bedrooms were personalised, homely and in good decorative order. Residents who had a preference to watch television alone could do so in the sitting room or in their bedroom. The kitchen / dining room and living room were the central areas that residents gathered in to watch television and engage with staff. Residents were observed to have unrestricted access to all areas of the house. Residents had the use of a minibus that was located at the residence. Movement within the community was subject to risk assessment and was limited to two residents at a time.

In the second house one residents acknowledged that they missed their friends and family during the lock down. This resident had been supported by staff to travel abroad and was hopeful that they might travel to Liverpool and stay in a hotel. Records demonstrated staff advocating on the residents behalf to go to Dublin for a short holiday and to reside in the city in locations determined and preferred by the resident. Residents confirmed that they liked the food that was prepared and that choice was offered. This included beverages of choice and alcohol in moderation. The supply of fresh and frozen food stuffs were observed to be plentiful. Residents also enjoyed takeaway food. Muffins baked on the afternoon of inspection involved

residents participation. This house also had a vehicle to facilitate trips and excursions. Residents looked forward to increased social activities. One resident had planned to visit a family grave with staff supports. Staff were observed to be gentle and patient explaining to a resident that only two residents were to travel in the minibus at any one time. They also explained to the resident when they would bring them out for a drive later in the day.

One resident informed the inspector that they felt safer in their home and liked it because it was quieter than their previous residence. Records reflected that another resident was to transfer out of the service and back to this previous residence. Records showed that staff had recorded concerns regarding the suitability of the transfer based on the residents preference for a quiet environment. Part of this residents management plan was to remove them to their bedroom as a quieter environment to assist them to self soothe and self regulate.

This house was homely and communal areas had less decoration, signage, pictures and photographs due to one residents behaviours that challenge. A number of rooms required painting and decoration as well as the completion of plumbing works and the installation of an easy access bath. These were areas notified to the registered provider by staff and awaiting completion. One resident was being supported by staff to purchase additional bedroom furnishings.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard. The designated centre was well run and sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good care and support where choice was offered and residents rights respected.

The next two sections of the report 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 delivered to each resident living in the centre.

## Capacity and capability

The inspector found that the focus of support to residents was person centred in a homely environment. The person in charge was directly employed and based in one house and was an active part of the staff team including the provision of nursing supports. The registered provider had responded to the current pandemic by the direct provision of day services to residents within their own home. Residents had meaningful engagement with their families and were supported by staff to visit families and to receive visitors within the framework of public health guidelines. The designated centre was well managed to meet the assessed needs and wishes of residents due to the additional staffing resources supplied. Staff demonstrated a good understanding of the residents needs. Residents appeared and stated that

they were happy and well supported. Residents were also facilitated to opt for semi-retirement status eliminating the need to attend day services everyday.

The registered provider had in place a team of staff that were trained to meet the assessed needs of residents. The person in charge was employed in a full-time capacity and their working base was in one house. The person in charge was an experienced and suitably qualified person and was responsible for providing direct nursing support to residents. Delegated responsibility was through another nurse located in the other house. The person in charge facilitated quarterly staff meetings and provided direct staff supervision and supported staff through team based performance review. Staff numbers currently allocated to the designated centre were greater than those stated in the registered providers statement of purpose. This afforded person centred care and there was evidence that the registered provider and staff worked to ensure activities were facilitated in residents homes and that the activities were meaningful to residents.

The registered provider had in place a comprehensive volunteers policy. Volunteer attendance had been directly impacted by the pandemic and public health guidelines. Residents indicated that the missed volunteers supporting them. Each volunteer record demonstrated that the person in charge had in place a role description and the necessary supervision to support the volunteer in their role. Each volunteer had been the subject of a national vetting bureau disclosure.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was in part effected by the current COVID-19 restrictions. The training matrix records of 15 staff were reviewed. 60% of staff required refresher practical training in relation to fire and safety. Records reflected that the registered provider had planned and booked dates for refresher training in 2021. 80% of staff had completed refresher training in the management and prevention of aggression. Of the remaining staff, 2 had completed virtual training due to the pandemic and one remaining staff member had yet to avail of refresher training. All staff had undertaken retraining in relation to safeguarding vulnerable adults and had done so through remote learning in 2020. Staff had undertaken hand hygiene training and breaking the chain of infection. Staff had also undertaken additional training to meet the assessed needs of the residents with courses relating to first aid and the safe administration of medicines. An adverse incident within the designated centre had resulted in the retraining of a staff member to ensure specific adherence to the registered providers policy and guidelines. This matter was supervised by the person in charge.

Records were available that demonstrated that team meetings, management meetings and multidisciplinary meetings were taking place and properly recorded. The registered provider and staff had conducted two audits of the service in 2020. Actions arising included a number of safety audits to improve individual care planning, safeguarding against COVID-19, clarity on medicines administration in relation to as required medicines and restrictive practices. The annual review of the quality and safety of the service took place in March 2021. Improvements that were required were highlighted and had clear actions and nominated persons responsible. Items included addressing areas of possible non compliance both identified by the

registered provider and by the Health Information and Quality Authority (HIQA) on previous inspections. Both residents and family feedback were sought for and included in the annual review. Learning from other HIQA inspections were discussed at meetings. Resident meetings were facilitated and recorded. Records reflected that social events, menu planning, self care and the COVID-19 pandemic were all regularly discussed with residents. The registered providers response to the pandemic had resulted in the redeployment of staff from day services to individual houses. This ensured residents were engaged in meaningful activities of choice, however, the registered provider needed to clarify the specific lines of authority and accountability when staff members reported directly to a day services manager that did not have responsibility for the designated centre.

All notifications had been made to the Chief Inspector, within the required three day period. All reported incidents to HIQA were consistent with the records maintained by the registered provider. On foot of previous notifications made to HIQA, the inspector reviewed evidence of investigations commissioned by the registered provider regarding residents possessions as well as staff adherence to policy and procedures. The inspector noted that all necessary actions to safeguard residents had been taken and the registered provider was introducing more robust policies and practices to reduce the likelihood of recurrence. The registered providers actions since the previous inspection ensured that each resident now had a current contract of care. Changes to terms of residency were clarified by a letter provided to the resident and their families.

The designated centre had not been in receipt of any complaints since the previous inspection. Residents were regularly shown a film called "I am not happy" and it was explained how to make a complaint. A complaint box was available and easily identifiable in the hallway. Compliments by families and residents since the last inspection were retained within the complaints system.

The registered provider had in place a statement of purpose that was an accurate description of the service provided. The current conditions of registration were not outlined within the statement of purpose. The fire and emergency procedures specific to both houses were not stated as required by Schedule 1. A copy of the registration certificate was on display in the designated centres hallway as required by regulation.

## Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant



### Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate mandatory training, however some regulatory required refresher training in the areas of managing behaviour that challenges and fire and safety were required.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose, however some lines of accountability were not defined when staff from other services were deployed to the designated centre.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a current contract of admission outlining the terms and conditions of their residency.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review. This required additional information relating to regulatory prescribed information.

Judgment: Substantially compliant

### Regulation 30: Volunteers

The person in charge ensured that volunteers received supervision and support, had their roles and responsibilities outlined in writing and had been the subject of a vetting disclosure.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

## Quality and safety

The inspector found that the overall care and support for residents was properly resourced and respected the rights of residents. The findings on the day of inspection were based on conversations with residents and staff, documentary evidence provided by the registered provider and general observations as residents went about their daily routine with staff supports.

Both houses were observed to be very clean. Staff had organised cleaning schedules to include the increased rate of cleaning of frequently touched areas. Staff had undertaken training in infection prevention controls, as well as hand hygiene. Staff practices and the use of personal protective equipment on the day of inspection was noted to be good. Staff supported and reminded residents of the risk of infection. The registered provider had a contingency plan in place to address the possibility of an outbreak of COVID-19 and had also completed a self assessment of preparedness. The registered provider had appointed a lead worker representative and also had a staff contingency plan in place. Current advice from the Health Protection and Surveillance Centre was available on site and implemented.

Each houses were observed to be maintained to a good standard. All residents had an individual bedroom and many liked to watch television in their bedroom. All bedrooms were clean, well maintained and displayed photographs, art and posters chosen by residents. There was sufficient storage units in each bedroom to store residents clothing and private possessions. The house located in the country required some painting and remedial repairs as well as the provision of an accessible bath. These matters had been made known to the registered provider and awaited completion.

One resident was supported by staff to purchase additional bedroom furnishings in line with the registered providers good practice guidelines on the handling of personal assets of people supported by the services. The family of another resident who required occupational therapy assessment had agreed that the assessment could be paid for from the residents' personal funds. The inspector noted documentary evidence that demonstrated that the registered provider had since undertaken the cost of the assessment. The registered provider had concluded a review of all residents personal finances on foot of an adverse incident previously notified to HIQA. This review had resulted in the repayment of monies to one resident and a review of the registered providers policy regarding the management of residents personal finances. Additional staff practices introduced in each house were clearly demonstrated by staff and the policy and guidelines to support the new practice were being drafted.

Each house had external and internal areas that afforded residents privacy when able to facilitate visitors. The kitchen / dining and sitting room areas were points of gathering for residents and residents were observed to access all areas of the designated centre without restriction. Each house had adequate supplies of fresh and nutritious foods and all meals were prepared on site. Residents had a choice of foods taking into account their dietary needs. Dinners were prepared and cooked by the night staff. Residents indicated that they did not wish to cook meals but did like taking part in baking.

Most information available to residents was in an easy to read format. The residents guide that was available required additional information to include a summary of the services provided and the terms and conditions of residency as required by regulation.

The inspector reviewed a sample of residents person centred plans in both houses. All plans were subject to review each quarter. A multidisciplinary review took place annually and family members were invited to take part. All residents had substantial goals and outcomes recorded. Some goals defined as part of person centred planning were also aligned to the same outcomes. For example, a health goal and outcome for one resident relating to urinary retention was defined as an achieved personal goal. From review of documentation, the inspector noted that the person centred planning process was not personalised to individuals social and personal care needs and lacked a person centred approach. The person participating in management indicated that the individual care planning and person centred planning process was under review. There was little evidence that the effectiveness of the plans put in place was assessed, particularly in relation to the impact of the

pandemic. Records did reflect residents taking part in music sessions, gardening, baking, arts and crafts and trips of choice to visit family members. Planned excursions were impacted and influenced by current public health guidelines. Each house had a vehicle specifically for the residents use. Residents stated that they liked to attend local beaches or go shopping for clothes. One resident spoke of the many activities they had enjoyed with staff support – this included trips abroad and time spent in the local public house.

Staff adhered to a positive approach to reduce behaviours that challenge and demonstrated the skills necessary to the early identification of issues through their knowledge of and familiarity with residents. Residents had support plans in place that staff adhered to. One resident articulated that they would tell staff if they had an issue of concern. All residents were observed to be comfortable in the presence of staff and peers.

The records of one resident indicated that the resident required additional nursing supports and that the registered provider was planning the transfer of the resident based on their increased assessed needs. It was documented that the family of this resident had left the decision to the registered provider on the basis that the registered provider would make the right decision for the resident. While a review of documentation outlined the benefits to the resident in terms of nursing support and medical reviews, there was no evidence that the move had been discussed, planned and agreed with the resident. This was not in line with Regulation 25 - Transition and Discharge of Residents that specifies regulatory requirements to be adhered to when considering the transition or transfer of a resident. Members of the multidisciplinary team had raised concerns regarding the suitability of the environment proposed as this resident specifically favoured a quiet environment. This resident also had the potential to sleep on floors where it was noted that some residents in the proposed location were wheelchair users. There was no evidence that the residents compatibility or those residents that they were to live with were assessed in terms of social factors, environmental factors and the residents preferred likes and dislikes.

Each resident had a current healthcare plan in place and had access to a named general practitioner. Records reflected that residents had been in receipt of annual medical check ups in 2020 and all residents had been vaccinated against coronavirus. Residents were in receipt of nursing care by day in each house. One residents assessed needs were determined to require additional nursing care which the registered provider was not resourced for. This resident was the subject of a proposed transition plan and possible transfer to a designated centre with 24 hour nursing care. This resident was discussed under Regulation 25. Each resident had the input and attendance of allied health professionals as needed. This included psychology and physiotherapy supports as well as speech and language services. One residents' records reflected that they had sought and received the assistance and support of a social worker to create a last will and testament.

The registered provider had undertaken fire works to bring the houses into compliance with Regulation 28 - Fire and Safety. Both houses had a modern fire alarm and detection system in place and all fire exits and fire escape routes were

clearly labelled and illuminated with running man signs. All systems and equipment had been examined and certified by a fire competent contractor. Staff conducted fire safety checks on a daily basis to ensure that all fire exits were kept clear, fire doors were in good working order and fire extinguishers and fire blankets were in place. Fire drill records demonstrated the safe evacuation of residents within acceptable time frames and at times of minimum staffing levels. Each resident had a current personal emergency evacuation plan in place. The house located in the town required the installation of fire door closures to five fire doors. A fire competent contractor was engaged on the day of inspection and the installation of door closures was confirmed by the person participating in management.

The registered provider had a restrictive practices log in place. Restrictive practices were as reported to HIQA. Restrictive practices were risk assessed and those employed were for the shortest duration possible. One restrictive practice reviewed was the locking of the front door of the house when staff were directly involved in the support and supervision of residents at meal times. This was to prevent one resident from leaving the house un-noticed. The front door was unlocked immediately after mealtimes.

Each house had an individual risk register that was maintained by the person in charge. The risk register was up-to-date and included specific assessments in relation to COVID-19 and also risk assessments specific to each resident. Risks determined by regulation were included on the risk register.

### Regulation 11: Visits

Staff facilitated each resident to receive visits, attend their home place and meet with friends in line with current public health guidelines.

Judgment: Compliant

### Regulation 12: Personal possessions

The person in charge ensured that the residents had access and control to both their possessions and finances.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing through structured day services and direct staff supports within their home.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents. Some areas of the designated centre required and awaited painting and minor repairs.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and cook food.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had a residents guide available, however, prescribed information pertaining to the services provided and the terms of conditions of residency were not included.

Judgment: Substantially compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge did not ensure that the proposed transition and discharge of a resident to another designated centre had been discussed, planned and agreed with the resident. There was little information relating to the residents identified assessed needs and how they would be met in the new service.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The residents had a comprehensive individual care plan that they were involved in. This care plan was subject to regular review, however the goals and outcomes were not person centred and their effectiveness were not assessed in terms of the impact of the pandemic on their achievement.

Judgment: Substantially compliant

### Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare plan in place.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time.

Judgment: Compliant

### Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cairdeas Services Waterford West OSV-0004139

Inspection ID: MON-0032761

Date of inspection: 20/05/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff who require refresher Fire training have been booked in for Fire training on the next available courses.</p> <p>Managing Behaviour/M.A.P.A., a challenging behavior D.V.D. is available. Staff who require M.A.P.A. training is to complete the Challenging Behaviour DVD training while waiting for MAPA training to become available. Staff who require this will be booked in on the next available M.A.P.A. course.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Day Service staff who were deployed from Day Services to Residential Services during Covid-19 pandemic will link with residential Team Leader in relation to annual leave, training and staff supports.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>This issue will be discussed at Service Level through senior management who will link back with the Person in Charge.</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

Painting, quotes for painting were previously sourced but due to Level 5 this work could not be completed. Quotes for paint work will be sourced again with the hope of having this work completed by 30th September 2021.

Bathroom refurbishment will be completed by 31st December 2021.

Regulation 20: Information for residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:

This is to be discussed at Service Level through senior management who link back with the outcome to the Person in Charge.

Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:

Compatibility meeting will be held with Multidisciplinary Team.

A thorough plan will be developed for the resident for the possible move. This possible move continues to be discussed at MDT. Advice sought from Speech and Language Therapist in supporting the resident. Transition plan to be put into place. The resident will have a number of visits to the proposed residence to assess how they will respond. Person in Charge and Staff Nurse will meet with the resident.

Date has not been set as it will be at the residents pace.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Personal Plans to be discussed at Team Meeting. Goals to be person centered. Reviewing and recording to take place as evidence every ¼ or as the goals are achieved. A meeting was held on 15th October 2020 in relation to the impact on day service closure on residents.

## 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	31/12/2021
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	31/12/2021
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Not Compliant	Yellow	31/12/2021
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall	Not Compliant	Yellow	31/10/2021

	include the terms and conditions relating to residency.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	30/06/2021
Regulation 25(4)(c)	The person in charge shall ensure that the discharge of a resident from the designated centre is in accordance with the resident's needs as assessed in accordance with Regulation 5(1) and the resident's personal plans.	Substantially Compliant	Yellow	31/10/2021
Regulation 25(4)(d)	The person in charge shall ensure that the discharge of a resident from the designated centre is discussed, planned for and agreed with the resident and, where appropriate, with the resident's representative.	Substantially Compliant	Yellow	31/10/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of	Substantially Compliant	Yellow	31/10/2021

	purpose containing the information set out in Schedule 1.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/07/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/07/2021