



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

Issued by the Chief Inspector

Name of designated centre:	Vale Lodge
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	13 September 2022
Centre ID:	OSV-0004458
Fieldwork ID:	MON-0033879

About the designated centre

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

Vale Lodge comprises a detached, dormer-style bungalow on its own private grounds. All residents' bedrooms are located on the ground floor and there is a sleep over room for staff. There is a large kitchen dining area, as well as living rooms and a garden space for residents to use. Vale Lodge provides care for four residents, male and female, who are over the age 18 years. Vale Lodge supports residents who have severe and profound learning disabilities, some may have physical and medical needs also. All residents have a high level of dependency. Residents are provided with support in a safe, secure, and stimulating environment. The centre is staffed on a 24 hour basis. Residents are supported by competent and knowledgeable staff that are motivated and committed to delivering the best possible service to each person they support. The residents of Vale Lodge do not attend day services, and are supported by staff to use their local community and amenities such as shops, restaurants, cafés and other community based facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 13 September 2022	09:25hrs to 17:45hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, the inspector was asked by staff to confirm that they had no COVID-19 symptoms. Staff were observed wearing face masks in line with public health guidance, and masks and hand-sanitising facilities were readily available at the front entrance.

The centre comprised a two-storey dormer style house with a large driveway and back garden. The centre was situated close a local town with many amenities and services, such as shops, pubs and restaurants. There was a dedicated vehicle for residents to use when partaking in activities outside of the centre. The house was warm, homely and nicely decorated. It had been painted in the previous twelve months, however further painting was required in some areas of the house, including the kitchen. There was a large open plan kitchen and dining area, sitting room, and sensory room for residents to use. The development of the sensory room was still in progress.

The residents had their own bedrooms which were personalised and decorated in accordance with their tastes. Some bedrooms had been recently fitted with overhead hoists to support residents with mobility needs, and there were arrangements for the servicing of the equipment. In the back garden, there were planters with vegetables and a space for residents to sit out. A large new shed had been recently installed to provide additional storage for the centre. Overall, the centre was well maintained, however, areas of the house required cleaning and mitigation of infection risks, and some items of furniture were not in a good state of repair.

The inspector met all of the residents during the inspection. They did not verbally communicate their views with the inspector, but some communicated through eye contact and vocalisations. The inspector did not have the opportunity to meet any of the residents' representatives, however, the most recent annual review had consulted with the residents' families, and their feedback on the service provided in the centre was positive.

Residents did not attend a separate day service and were supported by staff working in the centre with their social and leisure activities. During the inspection, residents were supported in activities outside the centre such as going for a walk and coffee in the local town; and activities within the centre such as watching television and having therapeutic treatments. One resident chose to spend most of the day in bed which can be common for them.

The inspector observed residents to appear content in the presence of staff, and it was clear that staff knew the residents and their needs well. Staff engaged with the residents in a respectful and warm manner. The inspector also observed staff

supporting residents to make choices, for example, choosing what to wear and what café to go to. The inspector spoke with several members of staff during the inspection, including the deputy manager who facilitated the inspection in the place of the person in charge.

Staff spoke about a range of topics including safeguarding, infection prevention and control, fire safety, residents' meals, training, and staff supervision. They described the quality and safety of care and support provided to residents as being excellent. They spoke about the good access and support that residents received from the provider's multidisciplinary services, such as speech and language therapy, dietitian, positive behaviour support, psychiatry, physiotherapy, and occupational therapy. They advised the inspector that they had no concerns about the service provided to residents, however they felt comfortable in raising any potential concerns.

They also told the inspector about some of the activities that residents enjoyed, such as concerts, day trips to the beach, beauty treatments, going to the spa, equine therapy, visiting family, using smart devices, and going to cafés. Some residents had recently attended a large outdoor concert in Dublin, and one was planning a big party in a local pub to celebrate a milestone birthday with their family and friends.

At times during the inspection, the inspector heard residents making loud vocalisation sounds. The deputy manager demonstrated a good understanding of the residents' needs, and advised the inspector that some residents vocalised to communicate their feelings and wishes, for example, requests for tea. The inspector also observed a resident engaging in a behaviour that posed a risk to their well-being. The inspector was advised that this behaviour was not uncommon, however it was not been risk assessed or reflected in the resident's support plan.

From what the inspector was told and observed during the inspection, it appeared that overall, residents received a good quality and safe service, and were being supported in line with their needs.

However, some aspects of the service were found to require improvement, such as fire safety arrangements, infection prevention and control measures, staff training, individualised assessments and personal plans, and in the implementation of restrictive practices.

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

Capacity and capability

There were good management systems in place to ensure that the service provided to residents in the centre was appropriate, safe, and consistent. However, some

improvements were required in the training of staff and maintenance of rotas.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was responsible for another designated centre, but this did not impact on their governance, management and administration of the centre concerned. The person in charge was supported in managing the centre by a deputy manager. The person in charge reported to a senior manager, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider and person in charge had implemented management systems to ensure that the centre was appropriate to the residents' needs and effectively monitored. Annual reviews and six-monthly reports, and a range of audits had been carried out to assess the quality and safety of service provided in the centre. The person in charge ensured that the actions identified from the audits and reports to drive quality improvement were monitored and progressed for completion.

The provider had also established good arrangements for shared learning across its centres, for example, managers attended group meetings with their service manager. The meetings focused on shared learning and updates for implementation across the centres, for example, during the September 2022 group meeting, COVID-19 updates were discussed.

As part of their governance arrangements, the provider had prepared and implemented written policies and procedures on the matter set out in Schedule 5. The policies and procedures were available to staff to guide them in delivering safe and effective care. The policies and procedures viewed by the inspector had been reviewed and updated at intervals not exceeding three years.

The provider had prepared an effective complaints procedure that was accessible to residents and their representatives. The complaints process was displayed prominently in the centre. Previous complaints had been recorded, acted on, and resolved to the satisfaction of the complainants.

The skill-mix in the centre comprised of social care workers, nurses, and care staff. The deputy manager was satisfied that the skill-mix and complement was appropriate to the needs of the residents and for the delivery of safe care. The person in charge maintained staff rotas showing the staff working in the centre, however the detail on the rotas required enhancement to clearly show the hours worked by staff.

Staff working in the centre completed training as part of their continuous professional development and to support them in their delivery of appropriate care and support to residents. The inspector found that some staff required training, including some refresher training, in the areas of hand hygiene, and supporting residents with behaviours of concern and modified diets. The person in charge and deputy manager were endeavouring to schedule the outstanding training, but there remained a risk to quality of care and support provided to residents until the training

was completed.

The person in charge and deputy manager provided support and supervision, including formal supervision, to staff working in the centre. Staff spoken with told the inspector that they were satisfied with the support they received. Staff also attended regular team meetings which provided an opportunity for them to raise any potential concerns regarding the quality and safety of care provided to residents in the centre. Minutes were maintained of the meetings, and the inspector found that topics, such as COVID-19, restrictive practices, safeguarding of residents, health and safety, and fire safety, were regularly discussed.

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff working in the centre was appropriate to the needs of the residents. The staff skill-mix consisted of nurses, care staff, and social care workers. There was one upcoming planned staff leave and the provider was recruiting to fill this post.

The inspector and deputy manager reviewed the staff rota for August and September 2022, and found that during that time there were six occasions where staffing levels were below the planned levels due to staff absences. However, the provider had staff contingency arrangements, and had ensured that there was no impact on the safety of care provided to the residents.

The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the rotas and found that they required improvement to clearly show the hours worked by staff in the centre during the day and night, for example, while shift codes were used, there was no explanation of the codes on the printed rotas.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents.

The training programmes included fire safety, safeguarding residents from abuse, epilepsy management, patient handling, safe administration of medication, and in supporting residents with percutaneous endoscopic gastrostomy (PEG) feeding.

The inspector viewed the staff training records with the deputy manager and found

that some staff required training, including refresher training in the areas of:

- Managing behaviours of concern.
- Hand hygiene.
- Supporting residents with modified diets.

Some of the outstanding training, such as the training in managing behaviours of concern, was being arranged by the deputy manager and they were awaiting for training dates to become available to book staff onto attend.

The person in charge and deputy manager provided support and supervision to staff.

Formal supervision took place three times per year, and a supervision schedule was maintained.

Staff spoken with told the inspector that they were satisfied with the level of support and supervision they received.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents.

There was a clearly defined management structure within the centre with associated lines of authority and accountability.

The person in charge was assisted in the management of the centre by a deputy manager.

The person in charge reported to a senior manager, and there were good arrangements for communication between the management team.

The registered provider had implemented systems to monitor and oversee the quality and safety of care and support provided to residents in the centre.

Six-monthly reports and annual reviews had been carried out which had included consultation with residents.

Audits had also been carried out in the areas of health and safety, medication, finances, and residents' personal plans. Actions identified for quality improvement were monitored by the person in charge.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided

a forum for staff to raise any concerns.

There were also on-call management arrangements for staff to contact outside of normal working hours. Staff spoken with told the inspector that they were confident in raising and escalating any potential concerns.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had established an effective complaints procedure for residents.

The procedure was displayed in the front hallway of the centre. Information on the procedure had also been prepared in an easy-to-read format.

The complaints procedure was underpinned by the provider's complaints policy which included the associated roles and responsibilities of the relevant persons, and the procedure to follow in reporting and resolving complaints.

The complaints policy had also been discussed at a recent staff team meeting to ensure that staff were aware of the procedures and processes to be followed.

There were no active complaints in the centre. The details of the most recent complaint had been recorded, noting that it had been resolved to the satisfaction of the complainant.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared and implemented written policies and procedures set out in Schedule 5.

The inspector viewed a sample of the provider's written policies and procedures on the matters set out in Schedule 5, including the safeguarding of residents, admission of residents, missing persons, provision of intimate care, behaviour support, communication, complaints, and restrictive practices.

The policies were available in the centre for staff to adhere to and had been reviewed and updated at intervals not exceeding three years.

Judgment: Compliant

Quality and safety

The inspector found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support, and overall the service provided in the centre was safe and of a good quality. However, improvements were required in the areas of the premises, infection prevention and control, fire safety, individualised assessments and personal plans, and on the use of restrictive practices.

Assessments of residents' health, personal and social care needs had been carried out which informed the development of personal plans. The inspector viewed a sample of the assessments and personal plans and found that many required review. The absence of up-to-date care plans posed a risk to the quality and safety of care and support delivered to residents.

Communication plans were prepared for residents requiring support in this area. The plans were in an easy-to-read format for staff to follow. An electronic smart tablet device had recently been made available to the centre as an additional aid to support residents' communication means. Residents had access to different forms of media in the centre, including televisions, smart tablet devices, and the Internet.

Positive behaviour support plans were developed for residents as required, and they were readily available in the centre to guide staff in appropriately supporting residents with their behaviours of concern. However, the inspector viewed three of the plans and found that two were overdue a review. One plan also required further consideration to reflect a behaviour of concern displayed by a resident in the presence of the inspector. It was also noted this behaviour of concern required a written risk assessment which was not in place at the time of inspection.

There were several restrictive practices implemented in the centre. The inspector found that the implementation of some of the restrictions required improvement in relation to the gaining of consent from residents or their representatives, and in the development of a fading plan as referred to in the provider's policy on restrictions.

There were good arrangements, underpinned by robust policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre had completed training to support them in preventing, detecting, and responding to safeguarding concerns. Intimate personal care plans were also developed to guide staff in supporting residents in this area in a manner that respected their dignity and integrity.

The premises was found to be bright, nicely decorated, and generally well maintained. However, some maintenance was required to the interior of the centre, for example, painting and upkeep of furniture. Residents' bedrooms were decorated to their tastes, and there was sufficient indoor and outdoor living space. Assistive equipment, such as electric beds and overhead hoists, was available to residents where required, and there were good arrangements for the maintenance and

servicing of the equipment.

Residents' main meals were planned on a weekly basis, the menu was prepared by staff based on the residents' dietary needs and personal preferences. The inspector viewed a good quantity and variety of food and drinks for residents to choose from. Some residents required support with their meals, and corresponding plans in an easy-to-read format had been prepared for staff to follow.

There were good infection prevention and control (IPC) arrangements to protect residents from the risk of healthcare infection, however some improvements were required. The provider had prepared a written IPC policy, and staff also had access to public health guidance to refer to. Staff spoken with had completed IPC training, and had a good understanding of the IPC topics discussed.

Risk assessments had been undertaken on IPC matters, however some of the COVID-19 risk assessments were found to require review. The COVID-19 contingency plan for the centre also required further review to ensure it considered other potential infections. There were arrangements for the cleaning of the centre however, cleaning schedules required enhancement as parts of the centre were observed to be not maintained to an adequate standard of cleanliness.

Generally, the provider had implemented good fire safety precautions, however practices related to fire containment were poor as the fire doors in the staff office and utility room were observed to be wedged open. Other fire equipment, such as extinguishers, blankets, alarms, and emergency lights were been checked by staff on a regular basis and were serviced as required.

The maintenance of the servicing records within the centre required improvement as the service records did not demonstrate that the emergency lights had an annual service, however, following the inspection, the person in charge provided the inspector with assurances that the annual service had taken place. Staff working in the centre completed fire safety training, and staff spoken with could describe the fire evacuation procedures. Fire drills had taken place to demonstrate that residents could be safely evacuated including during night-times.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. Communication plans for each resident had been prepared. The three plans viewed by the inspector were in any to easy-to-read format for staff to follow.

A new electronic smart table device had been made available to the centre to enhance the communication supports for residents. The deputy manager and staff were planning on linking with the provider's assistive technology specialist and speech and language therapist for guidance on using the device effectively.

The registered provider had ensured that residents had access to different forms of media, including smart televisions, phones, and Internet. Some residents had smart tablets and used them to keep in contact with their families.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the centre was designed and laid out to meet the needs of the residents. The centre was nicely furnished and decorated. There was sufficient indoor and outdoor communal living spaces, and each resident had their own bedroom. There was adequate storage facilities with the installation of a large new shed.

While the premise was generally found to be kept in a good state of repair, some upkeep was required. The interior had been painted in the previous 12 months, however there was some damage to paint in the kitchen. The blind in the kitchen window was stained, and the kitchen chairs were damaged requiring repair or replacement.

Equipment used by residents, such as electric beds and overhead hoists, was in good working order and there were arrangements for the servicing of the equipment.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge had ensured that residents were provided with adequate quantities of food and drink. Their meals were prepared in a well-equipped kitchen. The inspector observed a good variety of food and drink for residents to choose from. Residents' main meals were planned by staff on a weekly basis based on their knowledge of the residents' dietary needs and personal preferences. The menu was flexible with alternative options if residents wished.

Some residents required modified diets; and feeding, eating, drinking, and swallow (FEDS) plans had been prepared by the provider's speech and language therapist. The plans were prepared in an easy-to-read format and were readily available for staff to follow. As noted under regulation 16, some staff required training in this area.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had implemented good infection prevention and control (IPC) measures and procedures, however some aspects required enhancement to meet optimum standards.

There was a policy on infection prevention and control for staff to refer to, and they also had access to information from public health. The person in charge had completed some IPC risk assessments, however, some of the COVID-19 risk assessments were found to require review. The person in charge had prepared a detailed COVID-19 contingency plan, however it required expansion to include other potential infections beyond just COVID-19.

There were arrangements for the oversight of the IPC measures in the centre, for example, housekeeping, and health and safety audits were carried out which reviewed aspects of IPC. The person in charge had completed an IPC quality improvement plan to self-assess the effectiveness of the IPC measures. The provider had an established IPC committee, and was planning to strengthen the oversight of the IPC arrangements across their centres through the upskilling of staff who would have additional IPC roles and responsibilities.

Areas of the centre were found to require cleaning, for example, skirting boards in the kitchen were stained and the legs of a shower chair were grimy. The fridge, some of the drawers in the kitchen units, and the storage unit and containers storing residents' personal products in the shower room also required cleaning.

There was an adequate supply of cleaning chemicals with associated safety data sheets. The cleaning equipment included colour coded mops as a measure against the risk of cross contamination of infection. The cleaning schedules were found to require enhancement to include cleaning the washing machine. A written procedure was also required for the cleaning and maintenance of an appliance located in the kitchen used for the purposes of preventing flies.

There were arrangements for the management of soiled laundry, for example, use of alginate bags. The arrangements for the management of waste required enhancement as not all bathrooms had foot operated pedal bins. Generally, there were good hand washing facilities, however there was no hand soap in one bathroom and the storage of hand towels required improvement.

Staff spoken with were knowledgeable on the IPC matters discussed, such as the COVID-19 precautions, use of personal protective equipment (PPE), and management of soiled laundry. COVID-19 and IPC was regularly discussed at team meetings to support staff knowledge, for example, the July 2022 team meeting minutes noted discussions on use of PPE, hand hygiene, and environmental cleaning.

Residents and staff were offered immunisations programmes to avail of, if they

wished. During times of visiting restrictions, residents had been supported to maintain contact with their loved ones through phone calls, video technology, and garden visits.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had implemented good fire safety management systems in the centre. The fire equipment was regularly serviced and included fire extinguishers, alarms, blankets, and emergency lights. Staff were also completing regular scheduled checks on the fire equipment and associated precautions.

The inspector checked a sample of the fire doors and they all closed properly when released. A health and safety audit, carried out in May 2022, had identified practices of fire doors being wedged open. The inspector observed the same practices, as two fire doors, the utility room door and staff office door, were wedged open. These practices comprised the effectiveness of the fire containment measures and posed a risk of a potential fire spreading. The deputy manager removed the wedges during the inspection.

The person in charge had prepared fire evacuation plans to be followed in the event of a fire or alarm activation. Individual evacuation plans were also available to guide staff on the specific supports required by residents to evacuate, for example, use of aids. Fire drills had taken place, including drills which demonstrated that residents could be evacuated with night-time staffing levels. Staff spoken with had participated in fire drills and described the fire evacuation procedures, including the location of the assembly point and the specific supports that residents required.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs were assessed. However, the inspector viewed a sample of the residents' support need assessment forms and found that some were overdue an annual review.

The assessments informed the development of personal plans. The inspector viewed a sample of personal and health care plans for three residents, and found that several plans required review, including oral care, communication, constipation, foot care, epilepsy, and intimate care plans. Some of the care plans, such as an intimate care, were also found to require more detail on the specific supports required by

residents. Up-to-date care plans were required in order to comprehensively guide staff practice in the delivery of care and support to residents.

Some care plans had been developed for residents in an easy-to-read format, however, the ones viewed by the inspector were also found to require updating.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans were developed for residents requiring support in this area. The plans were readily available to staff to guide them on the interventions to support residents with behaviours of concern. Staff had also received guidance and direction on positive behaviour support from the provider's behaviour specialist.

The inspector viewed three of the residents' behaviour support plans and found that two were over due review. The inspector also observed a resident engaging in a behaviour of concern that was not reflected in their behaviour support plan or risk assessed.

The provider had prepared a policy on restrictive practices to underpin the implementation and management of restrictive practices. There were several restrictive practices implemented in the centre including environmental and mechanical interventions, and they were overseen by the provider's rights review committee. The inspector found that the document demonstrating consent from a resident's representative for the implementation of restriction required updating. The inspector also found that a fading plan, as described in the provider's policy, for one of the restrictions required development.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by a comprehensive policy. Staff working in the centre were required to complete training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were aware of the reporting procedures.

Personal and intimate care plans had also been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Vale Lodge OSV-0004458

Inspection ID: MON-0033879

Date of inspection: 13/09/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The roster has now been updated to reflect times of the shifts and explanation of codes. A new staff member has been recruited to the roster and is due to commence 14/10/2022.</p>	
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: The provider has scheduled an additional MAPA training course in November, for this centre.</p> <p>There is one staff member on leave who has to still complete Hand hygiene, this will be scheduled for the day of their return.</p> <p>The remaining staff will have completed Feeding Eating and Drinking training by December 2022 , There is ongoing support from the SALT, the SALT is reviewing and updating the clients FEDS plans regularly and links directly with the hospital should any client have been admitted.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: New Chairs have been ordered for the Kitchen. A new washable blind has been ordered for over the sink. The painting in the centre will be touched up where needed before end of Jan 2023.</p>	
Regulation 27: Protection against infection	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Risk assessments and contingency plans are currently being reviewed and expanded to included potential infections which could occur in this centre, these will be completed by end Dec 2022.</p> <p>Skirting boards in the kitchen have been cleaned, the shower chairs have been cleaned and storage containers for personal products have cleaned . All surfaces in the fridge have been thoroughly cleaned.</p> <p>These items have been added to the centres daily cleaning checklist. The Fly zapper has been removed from the centre.</p> <p>A pedal bin will be provided for one ensuite. The bathroom where there was no soap visible is only used by one client ,soap is stored in the drawer in this bathroom to reduce the risk of the client flushing this down the toilet. A towel dispenser will be installed in the bathroom end of Oct 2022.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The PIC will ensure the doors will no longer wedged open, this will be highlighted at staff meeting.</p> <p>There will be a door closure installed on the Office door and utility room door, the PIC will ensure there is guidelines in place that the closure will only be used when the rooms are occupied. 30TH Nov 2022.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Clients support needs assessment and care plans will be reviewed and updated by 31st Dec 2022.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PIC will ensure the clients behaviour support plan reflects all behaviors of concerns and a risk assessment are in place. The PIC will ensure the fading plan is reviewed and updated. 31st Dec. 22</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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	14/10/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2022
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	Substantially Compliant	Yellow	31/01/2023

	internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/10/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	12/10/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional,	Substantially Compliant	Yellow	31/12/2022

	of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/12/2022
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/12/2022
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	31/12/2022

	frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
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	31/12/2022
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	31/12/2022
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning	Substantially Compliant	Yellow	31/12/2022

	process.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/12/2022