



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

## Issued by the Chief Inspector

Name of designated centre:	Hazelwood Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	11 March 2024
Centre ID:	OSV-0004938
Fieldwork ID:	MON-0033813

## About the designated centre

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

Hazelwood services provides full-time residential and respite care and support to adults with a disability. Hazelwood services provides services to adults with a primary diagnosis of a moderate to profound intellectual disability as well as additional needs such as diagnosis of autism, attention deficit hyperactivity, mental health issues and safeguarding concerns. This centre comprises of two houses located in a rural setting close to a village, both houses are situated within close proximity to one another. One house can accommodate four residents, three residents are accommodated in the main house and another resident is accommodated in a separate adjacent apartment. The second house can accommodate two residents in individual apartments with separate staff facilities also provided. Due to the rural location of the centre, vehicles are provided to enable residents to access local amenities such as shops, cafes and leisure facilities in the surrounding area. The residents at Hazelwood services are supported by a staff team which includes both nursing and care staff. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:	2
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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
Monday 11 March 2024	09:20hrs to 16:45hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

This was an announced inspection to assess the provider's compliance with the regulations and following an application to the Chief Inspector of social Services to renew registration of the centre. The inspection was facilitated by the person in charge. The inspector also had the opportunity to meet with staff members who were on duty, a team leader and with two of the residents who were living in the centre. There was only one house occupied on the day of inspection.

On the morning of inspection the inspector visited one house and visited the second house during the afternoon. The first house visited was a dormer style two -storey dwelling. Two residents lived there on a full-time residential basis, one resident lived there part-time, (usually Tuesday to Saturday) and another resident availed of a respite service on alternative weekends. The main house accommodated three residents. Two residents were accommodated in two first floor bedrooms and shared the ground floor communal areas including a large sitting room, kitchen and dining room. Another resident was accommodated in an individualised apartment with its own entrance located on the ground floor of the main house. The fourth resident was accommodated in a separate apartment building located adjacent to the main house. The house and apartment were set on a large site with mature and secure gardens. All residents had access to the garden areas. The buildings were found to be well maintained, warm, visibly clean, furnished and decorated in a homely style. Bedrooms and individual apartments were personalised with residents own effects including framed artwork, photographs and items of significance to them. Recent refurbishments had taken place, most areas had been repainted and a new fitted kitchen had been provided to the main house. The provider had identified other areas for improvement and had plans in place to refurbish some shower rooms.

The inspector met with the resident who resided in their own apartment in the main house. They were happy to show the inspector their apartment which was found to be spacious and comfortable. The resident told the inspector how they liked their apartment, were happy living in the centre and with staff supporting them. The resident appeared content as they relaxed having breakfast while viewing music videos on the television. They mentioned how they had enjoyed a trip to Bunnrattly and a visit to a hotel on the previous day and were looking forward to attending a music concert later in the week. They advised that they were supported by staff to get out every day and go to places that they enjoyed. There were a number of albums showing photographs of the resident clearly enjoying many trips away and attendance at a variety of events.

The inspector also briefly met with the resident who resided in a separate apartment situated on the grounds of the main house. The resident was having a cup of tea and was getting ready to attend a medical appointment. The resident was unable to tell the inspector their views of the service and indicated that they did not wish to show the inspector their bedroom area. The apartment was spacious, with a large bright living areas, a separate bedroom and bathroom facilities. Residents' artwork

was framed and displayed in the living areas. The provider had plans in place to carry out some improvement works including the installation of a level deck shower unit, provision of a ramp and hand-rails at the front entrance door based on the recent recommendations of the occupational therapist in order to improve accessibility for this resident.

The inspector visited the second house during the afternoon. There were no residents yet living in this house. The house had recently undergone extensive refurbishment and redesign in order to meet the specific and complex support needs of two residents. There were a small number of works yet to be completed and the residents were due to move into the house in the coming weeks. The person in charge advised that one of the residents had visited the centre and had been involved in choosing their preferred colour schemes. The house contained two separate apartments for residents' use, each apartment contained an open plan kitchen, dining room and living area, a large bedroom with spacious en-suite shower room. One of the apartments had a separate activities room. Additional staff facilities including bedrooms and bathrooms, communal living area as well as service areas including fully equipped kitchen, laundry area, stores and offices were also provided. Each apartment had its own entrance from the outside and access to outdoor garden spaces was provided for residents.

Residents were supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. There was plenty of space for residents to meet with visitors in private if they wished. Staff spoken with confirmed that residents regularly received visits from family members and some visited their family at home. Some residents were supported to visit and meet with family members at chosen locations in the community.

From conversations with staff and a resident, observations made while in the centre, and information reviewed during the inspection, it appeared that residents had good quality lives in accordance with their capacities, and were regularly involved in activities that they enjoyed in the community and also in the centre. Residents were supported to take part in a wide range of activities, including regular walks and drives. Residents regularly enjoyed shopping trips, eating out, attending music concerts and sporting events. Others enjoyed going swimming, bowling, equine therapy and to the cinema. Some enjoyed overnight stays away for short holiday breaks. Some residents liked to regularly attend religious services, some attended local mass and some liked to visit the church and light candles. The inspector saw photographs of residents clearly enjoying many of these activities and events. The centre had its own vehicles, which could be used by residents to attend outings and activities. Residents also enjoyed spending time relaxing in the house, watching television, listening to music, using their iPad or PlayStation, completing table top activities including jigsaws and puzzles and going about their own routines. Residents' independence was very much promoted. Some residents were supported to develop their cooking skills, some enjoyed helping out with household tasks, such as attending to laundry, grocery shopping, helping out with gardening activities, putting out the refuse bins and attending the recycling centre.

In summary, the inspector observed that residents were treated with dignity and respect by staff. Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. Staff continued to ensure that residents' preferences were met through daily consultation, weekly house meetings, the personal planning process and ongoing communication with residents and their representatives. It was evident that residents lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very much promoted. From a sample of personal plans reviewed, it was clear that residents had been supported to achieve their goals during 2023, however, personal plans required updating to reflect personal goals for the coming year.

The next two sections of the report outline 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 residents' lives.

## Capacity and capability

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was well managed and generally in compliance with the regulations reviewed.

There was a full-time person in charge who held responsibility for this centre. The person in charge had other managerial duties within the organisation including person in charge for another designated centre. They were supported in their role by a staff team, team leader, service coordinators and area manager. Some residents had complex support needs, a number of residents required two-to-one staffing at various times throughout the day and another resident was currently assessed as requiring three to one staffing during the day. There was a consistent staff team in place to support residents with their assessed needs with some staff having worked in the centre for several years. Regular staff meetings were taking place and staff reported that they received good support from the management team. Recruitment had recently taken place for the post of team leader in one of the houses and this person was due to commence in their role in April 2024. There were no staff vacancies at the time of inspection, regular locum staff were employed to cover staff who were currently on long-term leave.

Staff training records reviewed indicated that staff including locum staff had completed mandatory training. The person in charge had systems in place to regularly review training needs and further training was scheduled as required. Additional training in various aspects of infection prevention and control, administration of medication, diabetes and epilepsy care had been completed by many staff.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review

for 2023 was completed and had included consultation with service users and their families. Questionnaires returned as part of this consultation indicated complimentary feedback of the service. Priorities and planned improvements for the coming year were set out. The provider continued to complete six-monthly reviews of the service. The most recent review completed in December 2023 had identified areas for improvement, including planned upgrades to some bathroom and shower facilities.

There were also regular reviews of infection, prevention and control and medication management completed by clinical nurse specialists in the organisation. These reviews were found to be comprehensive and results of recent audits indicated good compliance.

The local management team continued to regularly review areas such as incidents, finances, fire safety, staff training, complaints and medication management. These reviews were being completed on a computerised system. Corrective actions as a result of these reviews were set out and discussed with staff at team meetings to ensure learning and improvement to practice.

There was a complaints policy in place and the complaints procedure was available in an appropriate format. While there had been no complaints received during 2023, one complaint had recently been received. The inspector reviewed the complaint log and was satisfied that it had been managed to date in line with the policy.

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

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required. An updated statement of purpose and updated floor plan was submitted following the inspection.

Judgment: Compliant

#### Regulation 14: Persons in charge

There was a person in charge who was employed on a full-time basis and who had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and residents. They were knowledgeable regarding their statutory responsibilities and the support needs of residents.



Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that consistency in staffing levels was maintained. Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. There was a team of consistent staff in place to ensure continuity of support and care for residents which included both nursing and social care workers. Locum staff were available when additional staffing resources were required. At the time of this inspection, the provider was in the process of recruiting a team leader, to further support this centre's staffing arrangement.

Staff spoken with were satisfied with the current staffing arrangements, were knowledgeable regarding residents' up-to-date support needs, and advised that staffing levels allowed them support residents, as required, and to participate in activities of their choice.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection prevention and control, administration of medication, diabetes, and epilepsy care had been provided to staff in order to meet the specific support needs of some residents.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had systems in place to ensure that this service was well managed and also had systems in place for reviewing the quality and safety of care and support in the centre. They had ensured the centre was adequately resourced to meet the assessed needs of residents.

There was good compliance with the regulations reviewed on this inspection. The provider and the local management team had systems in place for reviewing the quality and safety of care. Improvements identified as a result of these reviews had been shared with staff and there were plans in place to address these. There was evidence of on-going meaningful consultation with residents through weekly house

meetings, where the views of residents were sought and information shared.

However, this inspection did identify that some improvements were required to personal planning documentation and to ensuring that works required to the new fire alarm system in the recently refurbished house were completed prior to residents being accommodated. A commissioning certificate for the fire alarm system must be submitted prior to residents occupying the building.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The inspector was satisfied that complaints when received were logged and managed appropriately in line with the centre's complaints policy. There was one complaint received in March 2024. Details of the complaint and actions taken to address the concerns were clearly recorded. The person in charge outlined how they planned to further discuss the issue with the complainant and record their satisfaction or not with the outcome. They also stated that they planned to discuss the issue with staff at the next team meeting to ensure learning for all staff.

Judgment: Compliant

### Quality and safety

The inspector found that the care and support that residents received was of a good quality and ensured that they were safe and well supported. Residents and service users appeared to be comfortable in their environments and with staff supporting them. The provider had adequate resources in place to ensure that residents got out and engaged in activities that they enjoyed on a regular basis.

Some improvements were required to some residents' personal planning documentation to ensure that personal goals were clearly set out for 2024, and further works were required to some aspects of fire safety management in the recently refurbished house prior to residents moving in.

Staff spoken with were familiar with, and knowledgeable regarding residents' up-to-date health-care needs including residents with specific health-care conditions. The inspector reviewed a sample of residents files and noted that a range of risk assessments had been completed, care and support plans were in place for all identified issues including specific health-care needs. Care plans were found to be individualised and informative. There was evidence that risk assessments and support care plans were regularly reviewed and updated as required.

Residents had access to general practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had an annual medical review. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident, in the event of them requiring hospital admission.

Personal plans were developed in consultation with residents, family members and staff, however some personal plans required updating to reflect and set out residents' personal goals for the coming year. Staff outlined that review meetings took place annually, at which, residents' personal goals and support needs for the coming year were discussed and progress reviewed, however, there were no goals set out for 2024 in the files reviewed. Each resident's personal outcomes for 2023 were documented in an easy-to-read picture format and it was clear that all residents were supported to progress and achieve their chosen goals in 2023. There were regular progress notes recorded and photographs demonstrating achievement of goals.

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans. While safeguarding risks had been identified and were being managed in the centre, there were no active safeguarding concerns at the time of inspection.

There were systems in place for the management and review of risk in the centre. The inspector reviewed the risk register which had been recently reviewed and was reflective of risk in the centre. Staff spoken with were aware of specific risks relating to residents' care and support, and were aware of the additional control measures that they were required to implement, on foot of these risks being identified.

All staff had received training in supporting residents to manage their behaviour. Residents who required support had access to psychology services and had positive behaviour support plans in place. There were some restrictive practices in use which were subject to regular review by the organisation's human rights committee. There were written protocols in place to guide staff in the event that restrictions were required.

Staff on duty in the first house demonstrated good fire safety awareness and knowledge on the workings of the fire alarm panel. The fire alarm panel in the main house indicated four zones, however, there was no corresponding building layout plan displayed to assist staff in identifying the location in the event of a fire. The apartment located on the grounds of the main house had a separate fire alarm which sounded in the main house in the event of fire. Regular fire drills had been completed involving staff and all residents and records reviewed, provided assurances that residents could be evacuated in a safe and timely manner. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training. Further works were required to be completed in the recently refurbished house prior to residents being accommodated. A new fully addressable fire alarm system had been fitted, however,

some works on the system had yet to be completed. The person in charge was requested to submit a commissioning certificate for the fire alarm system prior to residents occupying the building.

There were systems in place to control the spread of infection in the centre. There were colour-coded cleaning systems in place and cleaning equipment was suitably stored. The laundry areas were well equipped and maintained in a clean and organised condition. Both houses were found to be visibly clean. The provider had carried out improvement works to the premises including the fitting of a new kitchen which further enhanced infection prevention and control in the centre.

### Regulation 11: Visits

Residents were supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit family members at home or at chosen locations in the community.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to engage regularly in meaningful activities and the provider had ensured that sufficient staffing and transport arrangements were in place to facilitate this. Residents were regularly consulted with to ensure that they could partake in activities that were of specific interest to them. The centre was close to a range of amenities and facilities in the local area and nearby city. A resident spoken with confirmed that they enjoyed daily outings, regular trips away and were supported to attend a range of activities that they enjoyed. There were several photographs showing residents clearly enjoying a wide range of activities during recent months.

Judgment: Compliant

### Regulation 17: Premises

The buildings occupied were found to well maintained, warm, visibly clean, furnished and decorated in a homely style. Bedrooms and individual apartments were personalised with residents own effects including framed artwork, photographs

and items of significance to them. Recent refurbishments had taken place, most areas had been repainted and a new fitted kitchen had been provided to the main house. The provider had identified other areas for improvement and had plans in place to refurbish some shower rooms, provide a level deck shower and improve accessibility to the front door area of one apartment.

The unoccupied new building was found to have been refurbished and designed to meet the complex support needs of two residents who were due to be accommodated in the coming weeks.

Judgment: Compliant

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

Two residents currently accommodated in two other designated centres were due to move into a recently refurbished house which has been registered as part of Hazelwood services. The person in charge ensured that both residents received support as they transitioned between residential services. A transition support plan had been developed in consultation with the residents themselves and the multidisciplinary team. Residents had been supported to visit the new house and had been consulted with regarding their preferred colour schemes. Staff supporting both residents in their current accommodation will continue to support residents in their new house to ensure continuity of support and care.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and updated and was reflective of risks that were relevant to the centre. All residents had a recently updated personal emergency evacuation plan in place. All incidents were reviewed regularly by the local management team and discussed with staff to ensure learning and improvement to practice. There were regular reviews of health and safety including weekly safety audits. It was evident that issues identified were promptly addressed.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had adopted procedures consistent with with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. The building, environment and equipment were visibly clean and well maintained.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety management systems in place, however, some works were required to be completed in the recently refurbished house prior to residents being accommodated. There were still works in progress to the new fire alarm system and the provider had not yet obtained a commissioning certificate for the fire alarm system. The person in charge undertook to ensure that a commissioning certificate was obtained, that all staff will complete comprehensive induction training on the workings of the new fire alarm system, building layout, and be involved in completing simulated fire drills prior to the two residents moving into the house.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. The inspector reviewed a sample of residents files and noted that support plans were in place for all identified issues. Support plans were found to be individualised, person centered and provided clear guidance for staff.

Some improvements were required to ensuring that personal plans were updated to reflect individual goals and support needs for the coming year. There were no goals set out for 2024 in some residents files reviewed.

Judgment: Substantially compliant

### Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they

needed. Residents' with specific medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents' files indicated that residents had been regularly reviewed by their GP, psychologist, occupational therapist, dietitian, dentist, optician, and chiroprapist.

Judgment: Compliant

### Regulation 7: Positive behavioural support

All staff had received training in supporting residents manage their behaviour. Residents who required support had access to regular psychology review and had updated positive behaviour support plans in place. Staff spoken with were knowledgeable and familiar with identified triggers and supportive strategies. Restrictions in place were regularly reviewed. There was multidisciplinary input into the decisions taken, a risk assessment and clear rationale outlined for restrictions in use.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. At the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. The residents had access to mobile telephones, televisions, the Internet and information in a suitable accessible format. Residents were supported to communicate in accordance with their needs. Residents had access to advocacy services and a resident was appointed as advocacy representative to the local advocacy group. Restrictive practices in use were reviewed regularly by the

organisations human rights committee. Residents were supported to visit and attend their preferred religious services and some residents were registered to vote.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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 Hazelwood Services OSV-0004938

Inspection ID: MON-0033813

Date of inspection: 11/03/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
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>In order to come into compliance with Regulation 23:</p> <p>The Fire Alarm was Serviced on March 27th 2024 and the Commissioning Certificate was sent to the Health Information Quality Authority on April 7th 2024.</p> <p>The importance of maintaining Personal Planning Documentation and Personal Outcomes Goals up to date will be discussed with Keyworkers and Staff Team at an upcoming Team Meeting on 16th April 2024.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In order to come into compliance with Regulation 28:</p> <p>The Fire Alarm was Serviced on March 27th 2024 and the Commissioning Certificate was sent to the Health Information Quality Authority on April 7th 2024.</p> <p>Training on the Fire Alarm workings occurred with the Team Leader for the new service to open on April 10th 2024.</p> <p>Training for all other staff on The Fire System and on Simulated Fire Drills will take place with an external Fire Trainer on April 16th 2024</p> <p>One Resident has moved to the Designated Centre on April 10th and the other Resident will transition in May 2024.</p>	
Regulation 5: Individual assessment	Substantially Compliant

and personal plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: In order to come into compliance with Regulation 5:</p> <p>The importance of maintaining Personal Planning Documentation and Personal Outcomes Goals up to date will be discussed with Keyworkers and Staff Team at an upcoming Team Meeting on 16th April 2024. The outstanding plans requiring updating will be completed by May 15th 2024. After this each keyworker will review the Personal Plans Quarterly for 2024.</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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	16/04/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	15/05/2024
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	Substantially Compliant	Yellow	15/05/2024

	to maximise the resident's personal development in accordance with his or her wishes.			
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