



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

Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick Group G
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	22 May 2023
Centre ID:	OSV-0004963
Fieldwork ID:	MON-0030725

About the designated centre

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

The centre is located within a small town, in a mature residential setting in Co. Limerick. The centre is located close to public transport services, shops, recreational services and employment opportunities for the residents. The centre can provide a community residential service to 10 residents with a mild to moderate intellectual disability. The aim is through a person centred approach to improve the residents' quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community.

The centre is comprised of 2 houses located close to each other. Both houses can support a maximum of five residents each. Each resident has their own personalised bedroom and both houses have garden and parking facilities. One of the houses has a conservatory area, both houses have kitchen and bathroom facilities to support the needs of the current residents.

The intention of the centre is to provide residential and day supports for the independent and/ or older residents who are retired, semi-retired or in the pre-retirement stage of their lives. The centre is managed and supported by social care staff and the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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 22 May 2023	09:20hrs to 17:05hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to assist in the recommendation to renew the registration of the designated centre for a further three year period. The inspection evidenced a good level of compliance with a service that provided a safe and effective supports to the residents currently residing in the centre.

On the day of inspection, ten residents were living in the designated centre. The inspector had the opportunity to meet with five of these residents and the residents were happy to engage in conversations with the inspector. In addition to speaking with residents, the inspector completed a walk around of all parts of the designated centre, spoke with members of management and the staff team and completed documentation review. All of these elements of the inspection process were utilised to determine the recommendation to renew the registration.

In the first home, the inspector had the opportunity to meet with three residents that lived there. On arrival in the morning, three residents had left to attend their day service locally. One resident had requested not to attend their day service on the day of the inspection and staff supported their choice. This resident chatted to the inspector about a recent trip they had taken abroad to see family members. The resident showed the inspector pictures of their family, and told the inspector they were happy in their home and they would talk to staff if they had a complaint. Later in the day, the inspector met two more residents after they returned from their day service. They were both looking forward to an art and craft class they had in the evening. Residents were also looking forward to an upcoming event organised by the provider in a nearby hotel, and were chatting about the relevant arrangements in relation to this event. The other resident present spoke about family events, their peers in the home, activities they enjoyed such as baking and music. One resident was observed to set the table for dinner and the other resident showed the inspector some pictures of peers, activities and holidays.

One resident's family were spoken with in person during the inspection. This resident was currently in hospital for a temporary stay. The family member indicated that they had confidence in the support and services provided, and spoke about how happy the resident is in the centre. The family member gave examples of the residents' activities in the centre, such as attending concerts and art and craft classes. The person in charge had ensured all relevant and appropriate information about the resident was transferred with the resident for the recent temporary absence and a plan was in place for a review of the residents healthcare plans of care on return to the centre.

Staff interactions during this time were kind, caring and professional. Staff were respectful of residents' wishes and preferences. For example, a resident explained the cup they like their coffee made in and the staff member listened to this request and checked with the resident while making the drink to ensure they were respecting their relevant preferences. Residents were seen to interact with each

other in a familiar and kind manner. They were all seen to speak and laugh with each other.

In the afternoon the inspector went to visit the second home associated with this designated centre. Two residents were present at this time. This house previously had no staffing and residents lived independently. Since the previous inspection, one staff is now in place to support the residents. The inspector spent a brief amount of time with residents. On arrival at the centre both residents had returned from their local day service and were enjoying tea/coffee with staff. One resident spoke to the inspector about a recently attended concert that they enjoyed and how they were looking forward to attending bocce later in the evening. The atmosphere in the home was relaxed and residents appeared very comfortable. Both residents expressed to the inspector that they really liked their home and loved having a staff in place to support them to plan outings, cooking, and daily tasks around the house.

The inspector completed a walk around of both houses that comprised of the designated centre. Both houses were bright, homely and warm buildings. Each resident has their own bedroom that was individually decorated with personal items and pictures on display. In one house, there were five residents bedrooms, one of these bedrooms were en-suite. There were two bathrooms for residents use, one with an accessible shower and one with a bath. Residents had access to an open plan dining and kitchen area with a conservatory area. A utility area and a sitting room was also present. In the second house, again each of the five residents living here had their own bedroom and access to an accessible bathrooms. Residents shared two bathrooms, one of which had been renovated. There was an open kitchen, living and dining area and also a small relaxation room. Overall, the premises of both was seen to be well presented, clean, homely and well furnished. The provider had identified areas for maintenance in both houses which were on a schedule to be completed. This included the refurbishment of a bathroom and replacement of flooring in the staff office. However, some areas were not identified that needed improvement, such as, rust present on radiators in the bathroom, some door handles and handles on a bathroom cabinet had also corrosion present. The counter in the kitchen had damage to the surface. In one house a bathroom contained two shower chairs which had rust, damage to rubber seals and damage on the paint which left rust and corrosion clearly visible on the legs of each chair.

The residents were supported by staff to complete the HIQA pre-inspection questionnaires, all of which were viewed by the inspector. Such questionnaires covered topics like residents' bedrooms, food, visitors, rights, activities, staff and complaints. In these, activities which were listed as being undertaken by residents included going to the cinema, swimming, art class, movie nights, bocce, active retirement group and going to the hairdresser. Residents also commented that they like how the staff supports and promotes their independence. The inspector observed these activities displayed in visual format on an activity schedule for each resident. The residents' questionnaires contained positive responses for all topics.

The next two sections of the report present the finding of the 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.

Capacity and capability

The inspector found that the governance and management arrangements within the centre were ensuring a safe and good quality service was delivered to residents. There were effective management arrangements in place that ensured the safety and quality of the service was consistently and closely monitored. The centre was managed by a suitably qualified, skilled person with accountability and responsibility for the provision of services. The person in charge had systems in place to monitor the quality and safety of the service delivered to residents, such as infection control, medication management, fire folder, health and safety audits which measured performance in key areas and ensured relevant issues were escalated appropriately. At the time of the inspection the person in charge remit was over one designated centre, containing two houses.

A statement of purpose had been prepared and this document provided all the information set out in schedule 1. Some minor aspects of this document required review, this was completed and submitted to the Chief Inspector the following day. The provider had carried out an annual review of the quality and the safety of the centre. This addressed the performance of the service against the relevant National Standards and informed identified actions to effect positive change and updates in the centre. The review also incorporated residents' views and consultation with family and staff, which were used to inform the centre planning. The provider had carried out two unannounced six monthly inspections in the previous 12 months. The annual review and the six monthly audits were found to be comprehensive in nature with clear action plans in place.

The inspector reviewed the staffing arrangements and found that they ensured residents were supported by staff with the appropriate skills and experience. There was a regular and familiar staff team in place that ensured the continuity of care for the residents. Agency and relief staff were employed in the centre. This consisted of a regular team of staff who were familiar to the residents. The staff team comprised of a mix of social care workers and care staff. Within the organisation there were nurses employed and the residents could access nursing input when needed. There was a planned and actual roster maintained that accurately reflected staffing arrangements in the centre. Staff spoken with had an excellent knowledge of the care and support for the residents and were very person centred in their approach.

Staff in the centre received supervision from the person in charge. Supervisions followed an agenda, and the person in charge had a schedule in place to plan staff supervision sessions. In addition, the person in charge received supervision from their line manager. Residents had contracts of care in place which outlined the facilities provided and any additional costs that may be incurred in the centre for the service provided. The registered provider had changed provider name and this was

reflective of the contracts seen. The registered provider also had a directory of residents that was properly maintained with all required information.

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout the centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis through resident's house meetings.

During the course of the inspection, the inspector viewed a record of incidents in the centre and it was seen that the person in charge had notified the Office of the Chief Inspector of all notifiable incidents that occurred in the designated centre as required. However, on one occasion the person in charge was late with a notification relating to a serious injury to a resident which requires medical and/or hospital treatment.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection. It was evident through review of local systems in place for example, local audits and staff supervision that daily oversight was appropriately delegated to ensure care was delivered as expected.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff in the centre were adequate to meet the assessed needs of the residents. The person in charge maintained a planned and actual staff roster. The staff team were familiar to residents, this included regular members of relief and agency staff, ensuring that the residents received continuity of care and support.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled. There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and a sample of records, it was evident that formal supervisions were taking place in line with the provider's policy.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was present in the centre and was available to the inspector for review. It was found to contain all information as required by the Regulation and Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good oversight and systems were in place to ensure a safe, consistent and person centred service was provided. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge and the team leaders carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. The provider had ensured the unannounced visits to the centre were completed as required by the regulations. Where areas for improvement were identified within these audits, plans were put in place to address these. Additionally, the provider had ensured that the annual review had been completed for the previous year.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The residents had contracts for service provision in place. These were reflective of the provider's name, services provided and fees to be paid by the residents. Contracts had been signed by residents and their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. Some minor aspects of this required review in relation to the person participating in management details and the maximum number of residents to be accommodated in the centre. This was completed the day following the inspection and submitted to the inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifications were submitted in writing to the Chief Inspector, including quarterly reports and adverse events as required by the regulations. However, there was an occasion where a notification was submitted late to the Chief Inspector. This notification was in relation to a serious injury to a

resident which requires medical and/or hospital treatment.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints flow chart was on display. Residents were supported to make complaints if desired, actions and resident satisfaction with the outcome were recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place. These policies were reviewed in a three year period by the provider as required by the regulation.

Judgment: Compliant

Quality and safety

Residents in this centre were provided with a good quality of care and support in line with their choices and wishes. Staff members provided support to residents in line with their assessed needs, and put plans in place to promote residents' independence and choice.

Both houses had a modern fire alarm and detection system in place and all fire exits and fire escape routes were clearly identified. All systems and equipment had been examined and certified by a fire 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 in each house. Each resident had a current personal emergency evacuation plan in place.

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed. Risks had been assessed and mitigating measures were implemented when necessary. Control measures in place were clearly documented. Risk had been regularly reviewed and

updated as required.

On review of residents' personal files, it was noted that each resident had been subject to a comprehensive assessment of their health, personal and social care needs on an annual basis. Healthcare records viewed showed that residents had access to general practitioner on a regular basis and as required. Residents had access to various allied health professionals. Residents were supported to make and attend healthcare appointments. The person in charge had ensured each resident had a plan of care which identified actions and progress in relation to the residents identified medical needs.

All plans were subject to review annually. A multidisciplinary review took place annually and a person centred planning meeting where family members were invited to take part. Goals had been identified for each resident, and it was evident that goals were being realised, and that residents were supported to achieve their goals. One resident had successfully completed a goal of visiting family aboard. Other residents had goals set for the coming year which included, making a memory blanket, planning outings with friends, overnight trips, concerts and learning to cook and bake new things. Residents had access to opportunities and facilities while in the centre. They attended day services if desired in line with their wishes and interests. They also had opportunities to participate in a variety of activities in the local community based on their interests, preferences and personal goals. The inspector observed on the day of inspection the individual day programmes each resident accessed in line with their wishes. Activities in the centre included art and craft classes, swimming, bocce, dancing, listening to music, meeting with peers. Residents were supported to maintain contact with friends and family representatives.

There were systems in place for the safeguarding of residents. The inspector reviewed incidents occurring in the centre for the previous 12 months, this demonstrated that incidents were reviewed and appropriately responded to. The person in charge had put in place systems for oversight of incidents to ensure residents were kept safe. The residents were observed to appear comfortable and content in their homes. Each resident had an intimate care plan in place. However, from a sample reviewed, it was evident that residents were not consulted in changes to their intimate care plans. For example, it was documented that intimate care plans had been reviewed and information updated, this contained specific details to support residents. However the consent and review of the document with residents had been completed before the changes were made. It was not clear that the residents had been consulted with and consented to these changes. This will be discussed under regulation 9, Residents' Rights.

There was evidence of good infection prevention and control (IPC) measures within the designated centre, which included colour coded cleaning equipment, staff knowledge, and regular audits. The person in charge had completed regular reviews of the Health Information and Quality Authority (HIQA) self-assessment. There was evidence that actions from these were completed. All staff had completed training on hand hygiene, IPC, food hygiene and the use of PPE. The inspector reviewed a sample of cleaning schedules in place for the designated centre. These identified all

areas of the household to be cleaned on a daily weekly bases and were well maintained. Regular cleaning and maintenance of equipment was also evident on the day, such as the regular cleaning and maintenance of a hoist.

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property and possessions and where necessary, were provided with support to manage their financial affairs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had been supported and encouraged to avail of social, recreational and education opportunities in accordance with their assessed needs and wishes. On the day of the inspection the inspector observed staff supporting residents to attended day services, access activities in the community, such as, bocce and also facilitate an arts and crafts teacher for a weekly class in one centre.

Judgment: Compliant

Regulation 17: Premises

Overall, the designated centre was decorated in a homely manner. Some of these facilities were in need of renovation but there was a plan in place by the provider for the necessary work. For example, the bathroom in one house was identified for renovation and the flooring in another was due to be replaced. The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedrooms which were decorated to reflect their individual tastes.

However some additional works were required. There was visible rust present on radiators in the bathroom, some door handles and handles on a bathroom cabinet had also corrosion present. The counter in the kitchen had damage to the surface. In one house a bathroom contained two shower chairs which had rust, damage to rubber seals and damage on the paint which left rust and corrosion clearly visible on the legs of each chair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident was provided with a choice of food in line with any dietary or preferred meal choices.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider prepared a residents guide which contained the required information as set out by the regulations. The required information outlined in the residents' guide corresponds with other related regulations specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services and the complaints procedure.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that all relevant and appropriate information regarding a resident was transferred between the designated centre and hospital to support the resident during the temporary absence. The absence was clearly identified on the centres directory of residents. The person in charge had a plan in place to ensure the residents assessed needs would be reviewed and plans of care would be updated on the residents return to the centre and ongoing communication and support was taking place between during the current period of temporary absence.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had an effective system in place for the identification, response, assessment and monitoring of risk in this centre. Where risk was identified, the person in charge ensured it was responded to quickly and appropriate measures put in place to prevent re-occurrence. The oversight of risk was primarily monitored

through the centres risk register and each resident had identified individual risk assessment. These were seen to be reviewed regularly by the person in charge and discussed at team meetings.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken measures to protect residents from the risk of infection. The centre was clean in line with the providers' guidelines and plans were in place for residents to self-isolate in cases of suspect or confirmed COVID-19. The person in charge conducted regular audits of the infection and prevention and control practices. Regular cleaning and maintenance of equipment was also evident on the day, such as the regular cleaning and maintenance of a hoist.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of risk. This included, individual risk assessments and a risk register for the designated centre. Each resident had a personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to ordering, receipt, prescribing and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A sample of residents' personal plans were viewed. Documentation in place showed that residents were involved in annual person centred planning meetings and that

efforts were made to include family members and people important to the residents in this process. Appropriate goals were clearly identified in these plans and there was clear evidence of progression, completion and ongoing review of goals. Goals in place were meaningful and in line with residents' expressed wishes. For example, one resident had recently completed a goal of visiting a family aboard, while another resident was planning an overnight trip.

Judgment: Compliant

Regulation 6: Health care

Resident's healthcare needs were well managed. Residents had a general practitioner. There was access to different healthcare professionals as required by residents. Referrals had been made to specialist healthcare services when needed.

Judgment: Compliant

Regulation 8: Protection

Procedures were in place to guide staff on the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of the residents. All staff had received up-to-date training in safeguarding. Each resident had an intimate care plan in place. Residents had safeguarding plans in place which were reviewed regularly.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre, with many of the daily operations being led by the residents' assessed needs and capabilities. All efforts were made by staff to ensure residents' wishes and preferred routines were respected. Residents' forums meetings were held regularly and were used to share news and updates, discuss activities, preferred meal choices, and remind residents of their rights and expectations in a shared living space.

However, from a sample reviewed, it was evident that residents were not consulted in changes to their intimate care plans. For example, it was documented that intimate care plans had been reviewed and information updated, this contained specific details to support residents. However the consent and review of the

document with residents had been completed days before the changes were made. It was not clear that the residents had been consulted with and consented to these changes.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
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	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	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Residential Service Limerick Group G OSV-0004963

Inspection ID: MON-0030725

Date of inspection: 22/05/2023

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The registered provider and PIC will ensure that all notifications are submitted as required in regulations.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider and PIC have scheduled for repair or replacement of damaged items: door handles, countertop, radiators. The registered provider has a schedule of works for replacement flooring and bathroom upgrade. The PIC has ensured that damaged shower chairs have been disposed of.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The registered provider and PIC will ensure that there will be evidence of consultation with residents when intimate care plans are amended.	

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 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	31/12/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and	Substantially Compliant	Yellow	30/06/2023

	inconvenience to residents.			
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	30/05/2023
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/05/2023