



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

Issued by the Chief Inspector

Name of designated centre:	Creg Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	13 July 2022
Centre ID:	OSV-0005007
Fieldwork ID:	MON-0028309

About the designated centre

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

Creg services provides a residential service to adults. Residents of this service require a high level of support from staff in the context of their assessed needs. Residents may also have medical needs and a combination of nurses, social care workers and care assistants work in this centre. The centre comprises of two houses, which are located on the outskirts of a city where public transport links such as trains, taxis and buses are available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Suitable cooking and kitchen facilities are also available and reception rooms are warm and comfortably furnished. A social model of care is offered to residents in this centre and most residents are receiving an integrated type service with both day and residential supports, provided in the designated centre; some residents attend separate off-site day services. One staff member supports residents, in each house, during night time hours and two-to-three staff members support residents, in each house, during the day. The day to day management of the centre is assigned to the person in charge supported by a team leader in each of the two houses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 July 2022	09:30hrs to 17:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection. On arrival at the centre, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

The inspector met and spoke with the person in charge, team leaders and staff working in the centre. The inspector also met with eight of the residents living in the centre. The residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed both in the community and in the centre.

Residents were observed to be familiar with and comfortable in their surroundings. There were stable staffing arrangements in place and staff were well known to the residents. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents were observed enjoying the interaction and company of staff. Staff were observed to interact with residents in a caring and respectful manner. Staff were observed spending time and interacting warmly with residents, responding to and supporting their wishes. While residents did not communicate verbally, the inspector observed how they communicated effectively with staff and staff clearly understood and correctly interpreted their gestures and cues.

The designated centre comprised of two houses, both located in rural residential areas, within close proximity to local villages and close to a city. The inspector visited both houses and met with staff and residents in both. Both houses were single storey detached houses situated on large sites. The first house visited accommodated four residents. The number of residents accommodated in the house had reduced and three new residents had been accommodated since the previous inspection. Staff confirmed that residents had settled in well and got on well with one another. Three residents had their own bedrooms and one resident had his own apartment. There was an adequate number of toilet and bathroom facilities provided. There was a variety of communal day spaces provided including a sitting room, dining room, sensory room and lounge seating area off the kitchen. The house was found to be visibly clean, well maintained, comfortable, suitably furnished and decorated in a homely manner. Residents had access to a large garden area at the rear of the house. There were raised beds, outdoor furniture and swings provided. Staff reported that residents enjoyed spending time outside and the inspector saw photographs of residents enjoying outdoor activities in the garden including feeding the birds, watering flowers and using the swings. Staff told the inspector of plans in place to resurface the garden walkways to ensure a safer and

more level walking and cycling surface for residents.

On the morning of inspection, one resident had already left the house to attend his day service and another resident was ready and waiting to be collected to go to his day service. The remaining two residents were provided with an integrated day service from the house. Both residents enjoyed relaxing in the house and getting ready for the days activities at their own pace. One of the residents was supported to go for his weekly Jacuzzi session, go for a walk in a local park and have a take away lunch. The other resident had his lunch in the centre and was supported to go for a drive and visit his mother in the afternoon.

The inspector visited the second house later in the afternoon. This house accommodated five residents who had lived together for several years. All residents were provided with an integrated day service from the house. Four of the residents were out and about, having gone for a drive, walks in the local parks and takeaway coffee. The resident who remained in the house had been out earlier for a walk and was happy to show the inspector around the house, his bedroom and large outdoor garden area. All residents had individual bedrooms, three of which had en suite shower facilities. There was also a separate large assisted shower room for residents use. Residents had access to a variety of communal day spaces including a sitting room, snug, dining room and kitchen. The house was found to be visibly clean, well maintained, comfortable and decorated in a homely manner. Specialised equipment including chairs, beds, showering equipment, grab rails and sensor alarms were provided to meet the needs of some residents. The house was accessible with ramps and handrails provided at all entrance areas. Both houses had their own transport vehicles which could be used by residents for outing and activities.

The inspector met with the four residents on their return to the centre. Residents were smiling and relaxed, and were clearly happy on their return. Some residents relaxed watching television, while others were supported to get drinks and their evening meal. The inspector observed that modified meals were prepared and served in line with the recommendations of the SALT (speech and language therapist).

Staff confirmed that residents were supported to partake and attend a variety of activities that they enjoyed both in the house and in the community. They mentioned that some residents had gone on recent day trips to an agricultural show, visited Knock religious shrine and a resident had attended a local hotel spa for a massage. Staff advised that residents also enjoyed spending time in the house, watering flowers, helping out in the kitchen, having foot spa's and having BBQ's in the garden.

Residents were actively supported and encouraged to maintain connections with friends and families. Visiting to the centre was being facilitated in line with national guidance and there was adequate space for residents to meet visitors in private if they wished. Residents were supported to maintain contact and to regularly visit their families at home or meet up in local parks.

There were measures in place to ensure that residents' rights were being upheld.

Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning. The inspector observed that the rights of residents were respected and promoted by staff. Residents were supported to access religious services of their choice and some residents regularly attended mass. Residents had access to televisions, the Internet and information technology. There was a range of easy-to-read documents and information supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as the complaints process, COVID-19, staffing information, how to keep safe and the human rights charter were made available to residents.

In summary, the inspector observed that residents were treated with dignity and respect by staff throughout the day. Residents were comfortable, relaxed and appeared happy living in the centre. 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.

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

This was an announced inspection carried out

- following an application to the Chief Inspector to renew registration of the centre.
- to monitor compliance with the regulations.
- to follow up on issues raised at the last inspection.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. The service was well managed and effectively overseen, improvements required in relation to compatibility issues raised at the last inspection had been addressed and the numbers of residents accommodated had been reduced. The provider had identified that additional staffing was required in one house in order to facilitate more meaningful activities for residents living there. Improvements were also required to ensure that notifications as required by the regulations were submitted to the Chief Inspector within the required time frame.

The management arrangements within the centre were in line with the statement of purpose. There was a full-time person in charge who had the necessary experience and qualifications to carry out the role. He was also the person in charge for four other centres located nearby. He regularly visited the centre and was in daily contact with staff. He was knowledgeable regarding the assessed needs of residents

and ensured a good quality of care was provided. The person in charge was supported in his role by the service coordinator, the team leaders in each house and the senior management team. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector found that the staffing levels and mix were in line with that set out in the statement of purpose. The staffing roster reviewed indicated that this was the regular staff pattern and demonstrated that a team of consistent staff was in place to ensure continuity of care. The provider had identified that additional staffing was required in one house in order to facilitate more meaningful activities for residents living there. There were a number of regular locum staff employed in one house and the person in charge advised that recruitment of staff was on-going. On the day of inspection, there was a new staff member receiving induction training. Photographs of staff on duty were displayed so that residents could be reminded or check as to which staff were on duty.

Training was provided to staff on an on-going basis. Records indicated that all staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review from January 2021 to January 2022 had been completed. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Priorities and planned improvements identified for 2022 included staff recruitment and retention and ensuring that staff received up-to-date training. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had either been addressed or were in the process of being addressed. For example, a new large office extension had been completed in one house, the storage of oxygen cylinders had been reviewed and addressed, works to enhance fire safety management were in progress and recruitment of additional staff was on-going. Regular reviews of identified risks, health and safety, accidents and incidents, complaints, restrictive practices, medicines management and fire safety were completed. Records reviewed generally indicated a high level of compliance with audits. A recent quarterly review of incidents in one house identified that two incidents should have been notified to the Chief Inspector and managed in line with the centres safeguarding policy. Following the review, the required notifications were submitted retrospectively to the Chief Inspector. The designated officer was also notified and a meeting was held with staff to discuss safeguarding policies and reporting procedures in order to share learning, to ensure that notifications as required by the regulations were submitted within the required time frame to the Chief Inspector and to ensure that safeguarding incidents were investigated and managed in line with the centres safeguarding policy.

The provider had developed a comprehensive contingency plan to guide staff on how to reduce the risk of COVID-19 entering the centre and managing an outbreak

of the infection should it occur. Risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents and potential risks associated with residents required to isolate in their bedrooms. The HIQA self assessment preparedness, planning and infection prevention and control assurance framework document had been completed and discussed with staff. There was clear guidance and pathways for staff should a resident be suspected or confirmed with COVID-19. The management team were aware of the requirement to notify the Chief Inspector of suspected or confirmed cases of COVID-19, and to date all of the required notifications had been submitted. An outbreak of COVID-19 in April 2022 had been managed in line with national guidance. Following the outbreak, a review had been completed and learning identified was shared with all staff.

The inspector was satisfied that complaints were managed in line with the centre's complaints policy. The complaints procedure was displayed and included information on the appeals process. The complaints procedure was also available in an easy-to-read format in each residents file. There were systems in place to record and investigate complaints. The person in charge advised that there had been no complaints received during 2021 and to date during 2022.

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.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. He was positive in attitude and showed a willingness to comply with the regulations. He was well known to residents and staff in the centre.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection staffing levels and skill-mixes were in line with that set out in the statement of purpose. Staffing rosters reviewed showed that this was the regular staffing pattern. The provider had identified that additional staffing was

required in one house in order to facilitate more meaningful activities for residents living there and the person in charge advised that recruitment of staff was on-going.

Judgment: Substantially 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 was provided to staff to support them in their role including infection prevention and control, hand hygiene, putting on and taking off PPE (personal protective equipment), medicines management, management of epilepsy and communication protocols.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in place ensured that that the service provided was safe and appropriate to meet the needs of residents. Improvements required in relation to compatibility issues raised at the last inspection had been addressed and the numbers of residents accommodated had been reduced. The provider continued to monitor and review the quality and safety of care in the centre and action plans as a result of these reviews had either been addressed or were in the process of being addressed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the recent application to renew registration contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

While the management team were aware of the requirement to notify the Chief

Inspector of specified events, including quarterly notifications, a recent quarterly review of incidents in the centre had identified two incidents that had not been notified to the Chief Inspector within 3 working days as required by the regulations. The required notifications were submitted retrospectively to the Chief Inspector.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The complaints procedure was prominently displayed. The complaints procedure was available in an appropriate format in each resident's file and had been discussed with them and their families. There were systems in place to record and investigate complaints. The annual review indicated that there had been no complaints received during 2021 and the person in charge advised that no complaints had been received to date during 2022.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality and person-centred service where residents' rights and individuality were respected. Residents who the inspector met with appeared to enjoy living at the centre, appeared to be comfortable in their environment and with staff supporting them. Some improvements were required to provide assurances that all residents could be evacuated safely in the event of fire at night time when there was one staff member on duty.

The privacy and dignity of residents was respected by staff. All residents had their own bedrooms and staff were observed to knock and request permission before entering bedrooms. Staff were observed to interact with residents in a caring and respectful manner.

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences, and which provided detailed information about how residents communicate their likes, dislikes and how they should be offered choice. Communication protocols had been developed in consultation with the speech and language therapist (SALT) who had also provided comprehensive training to staff. Staff spoken with were familiar with and knowledgeable regarding

resident's up to date health and social care needs.

Residents were supported to identify and achieve personal goals and these were kept under review. Annual meetings were held with residents and their family representatives where appropriate. Regular meetings were held to review progress of the goals. There was photographs available to view in the personal plans which showed residents' achievement of goals; such as attending a horse racing event, recycling at the bottle bank, enjoying walks on the beach, having picnics in the park and visiting family members.

Residents had access to General Practitioners (GPs), out of hours GP service, consultants and a range of allied health services. A review of a sample of residents files indicated that residents had been regularly reviewed by the physiotherapist, occupational therapist (OT), SALT, dietitian, psychologist, dentist, optician and chiroprapist. Residents had also been supported to avail of the national health screening and vaccination programmes. Files reviewed showed that residents had their annual medical review recently. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

There were measures in place to ensure that residents' general welfare was being supported, however, the provider had identified that further staff were required in one house to ensure improved support for some residents to attend meaningful activities. Residents were involved in activities and tasks that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and facilities in the local area and nearby city. The centre had three vehicles during the weekdays and four vehicles at weekends which could be used by residents to attend outings and activities. During the inspection, residents spent time going places that they enjoyed, some attending day services, some going for drives and walks in the local towns and parks, getting take away coffee and cakes, going to the Jacuzzi, visiting family and some spent time relaxing in the house, watching television, listening to music and following their own routines.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. Preliminary screening was completed to assess if there were grounds for concern or not and safeguarding plans were developed where required. All staff had received training in managing behaviours of concern. Restrictive practices that were in place in the centre were kept under regular review by the person in charge. There were individualised positive behaviour support plans in place for residents which were informative, identified triggers and supportive strategies.

There were systems in place to control the spread of infection in the centre. There was guidance and practice in place to reduce the risk of infection, including

measures for the management of COVID-19. Staff spoken with were knowledgeable regarding the guidance. There were adequate supplies of personal protective equipment (PPE) available and staff were observed to be correctly wearing it in line with national guidance. Arrangements described by staff for the management of laundry was in line with best practice in infection prevention and control. There were cleaning schedules in place and the inspector observed that both houses and equipment in use were visibly clean.

Both houses in the centre were well maintained, comfortable, furnished and decorated in a homely style. The houses were laid out to meet the needs of residents, adequate aids and equipment was provided to support and promote the independence of residents.

Overall, there were good arrangements in place to manage risk in the centre. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated.

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Regular fire drills had been completed involving staff and residents, however, improvements were required to ensuring that fire drills simulating night time scenarios when there was only one staff member on duty were completed. The fire equipment and fire alarms had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills. At the time of inspection, works to enhance fire safety management were in progress in one of the houses. The person in charge explained that works to provide two separate fire compartments were in progress. A new large office extension had been completed and a new fire exit area had been provided in the location of the old office. The person in charge advised that works were expected to be completed by the end of July at which time further fire drills would be completed.

Regulation 10: Communication

Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences. Communication protocols had been developed in consultation with the SALT who had also provided comprehensive training with staff. Staff spoken with were familiar with and knowledgeable regarding the individual supports required by each resident.

Judgment: Compliant

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Residents were also supported to regularly visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities. Residents were involved in activities and tasks that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and facilities in the local area and nearby city. The centre had three vehicles during the weekdays and four vehicles at weekends which could be used by residents to attend outings and activities. However, the provider had identified that further staff were required in one house to ensure improved support for some residents to attend meaningful activities, this action is included under Regulation 15 : Staffing.

Judgment: Compliant

Regulation 17: Premises

The centre was designed to meet the needs of the residents, was clean, suitably decorated and maintained in a good state of repair. It was well equipped with aids and appliances to support and meet the assessed needs of the residents. Residents had access to large, well maintained outdoor garden areas.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. There was a health and safety statement, health and safety

policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Infection control information, guidance and protocols were available to guide staff and staff were observed to implement it in practice. There were cleaning schedules in place and cleaning records reviewed showed that cleaning was completed on a regular on-going basis. There was a dedicated housekeeping staff member employed in each house. The houses and equipment in use were found to visibly clean. 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.

Judgment: Compliant

Regulation 28: Fire precautions

Some improvements were required to provide assurances that all residents could be evacuated safely in the event of fire at night time when there was one staff member on duty. While regular fire drills had been completed involving both staff and residents, there were no fire drills completed simulating night time scenarios when there was only one staff member on duty.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of residents files showed that residents had been referred and recently assessed by a range of allied health professionals. All residents had recently been reviewed by their GP. Residents had availed of the COVID-19 and influenza vaccine programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which included multidisciplinary input. Staff had received training in managing behaviours of concern.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans.

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.

Residents had access to advocacy services, a photograph and contact details of the assigned advocate was displayed in both houses.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Creg Services OSV-0005007

Inspection ID: MON-0028309

Date of inspection: 13/07/2022

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
Outline how you are going to come into compliance with Regulation 15: Staffing: There has been extra funding allocated to the house in order for a support worker to be employed for 30 hours a week to support meaning day activities for the individuals. These hours will commence mid-September as there is now somebody in post.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will ensure going forward that all notifications are reviewed in a timely manner. The staff team are aware of their responsibility to inform the PIC when incidents occur and to complete AIRS in a timely manner.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: There has now been changes made to the environment in order to support individuals to evacuate safely at night time with one staff. The house has been divided into two compartments as a result of a fire wall been built in the attic. There is now a Gazebo in place at the side of the house since 1/9/22 to enable the 3 people supported in one compartment of the house to be evacuated safely too. And a garden shed at the back of the house to safely evacuate the 2 other people supported. Having the house compartmentalized has reduced the need to evacuate both sides of the house at night when one staff is one duty. The fire evacuation plan has been updated to reflect these changes as have the peeps for each individual. Another night time fire drill will be completed using the Gazebo and shed as assembly points before 31/9/22.	

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	15/09/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/09/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Substantially Compliant	Yellow	05/09/2022

	following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
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