



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 23
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	26 May 2021
Centre ID:	OSV-0005245
Fieldwork ID:	MON-0032155

About the designated centre

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

This designated centre provides a full-time residential service and supports four adult residents with varying needs in relation to their intellectual disabilities and require a multi-disciplinary approach to care. This service provided dementia specific care in a very comfortable and relaxed community based setting. The centre is a dormer bungalow and consists of six bedrooms (one is a staff room and one is a multipurpose room). There is a kitchen, utility room, a sitting room and dining room alongside one bathroom and one w.c. Outside there is a large garden to the back and front of the house. The person in charge shares their time between this designated centre and another designated centre. There are two nurses, four social care workers and six care assistants employed in this centre. Transport is available to the centre to facilitate and promote community integration.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 26 May 2021	09:50hrs to 15:40hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

There were four residents living in the designated centre at the time of this inspection. The inspector found the centre was well managed and that residents were in receipt of a good quality and safe service. Throughout the inspection residents appeared happy, relaxed, comfortable and content. They were supported by a staff team who were very familiar with their care and support needs and who were motivated to ensure that each resident was encouraged and facilitated to participate in activities that were meaningful and purposeful to them. Kind, caring and positive interactions were observed between residents and staff throughout the inspection.

As the inspection was completed during the COVID-19 pandemic, the inspector adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice.

The inspector had the opportunity to meet and briefly engage with the four residents living in the centre and to speak with one residents' family member on the phone. In addition the four residents completed, or were supported by staff, to complete a questionnaires in relation to care and support in the centre.

On arrival to the centre, the inspector found that the atmosphere to be very calm and relaxed. One resident was relaxing after their breakfast and about to have a massage. Another resident was in the company of a staff member and they were carefully folding some items. They appeared very content doing this, and were observed smiling and laughing with staff. Two residents had just left with the support of staff to go to a local farm for a walk and a take away. They were then planning to go to a local town to do some shopping.

Later in the morning the inspector could hear music and singing coming from one of the downstairs living rooms. Residents were taking part in a music session with staff. They were playing their favourite songs and singing along. Near the end of the music session the inspector joined resident in the living rooms and observed residents and staff as they smiled, sang along and occasionally picked up a musical instrument to join in. Residents were observed smile and vocalise while their favourite songs were playing. This was particularly evident for one resident when the music and singing of one of their relatives was played on a music video.

On their return from their trip shopping and to the farm, both residents appeared happy and relaxed. They were supported by staff to choose what they wanted to do on their return. One resident had a nice cold drink of their choice, and chatted to staff about their trip. The other resident decided to go to their bedroom for a little while.

Every effort was being made by the staff team to ensure that mealtimes were a safe

and pleasurable experience for residents. Doors were closed to the areas where residents were having their meals and signs were placed on the doors to remind everyone to maintain a quiet and relaxed atmosphere.

Later in the afternoon, the food shopping which had been done online, was delivered. Once everything was put away, the inspector observed a resident and a staff member preparing the ingredients they needed to make a chocolate cake. Later the pleasant smell of the chocolate cake cooking, made its way around the house. After making the cake, the resident was supported to make a card and take a picture of their chocolate cake before sharing it with everyone in the house.

The centre was located close to a local woods and in the afternoon one resident was supported by a staff member to go for a walk there, and they picked some wild flowers on their way home.

Through observations, the review of documentation and speaking with the staff team, it was evident that each residents' happiness and comfort were prioritised. The premises was a large dormer style bungalow and it was bright, airy and colourful throughout. There were numerous spaces available for residents to engage in activities, or to spend their time relaxing. There were arts and crafts supplies, board games, wool, and bowling equipment available in one of the living rooms. Residents' pictures and art work were on display throughout the house. There was mood boards and mood lighting in areas of the house. There were a number of fireplaces and they had fairy lights and battery candle's in them. The theme and colours in these fireplaces changed depending on the Season, or the occasion. For example, the inspector was shown pictures of them at Christmas, Easter, St. Patricks Day, and Winter time.

The design and layout of the centre had been carefully considered to make sure it was meeting residents' assessed needs. There was soft lighting throughout, and the colours of walls and doors had been carefully considered to ensure residents could safely and comfortably move around their home. Residents bedrooms were found to be designed and decorated in line with their wishes and preferences. Each residents' room contained their treasured memories such as pictures of their achievements, newspaper clippings, family photos, and their family trees. Residents also had their preferred furniture and soft furnishings in their bedrooms.

Each residents' questionnaire which had been completed prior to the inspection indicated that they were happy and felt safe living in the centre, with one resident stating "I like my house, I like living here, I feel happy and safe", and others stating they were "happy" and "felt safe". Residents indicated they were happy with the comfort in the centre, their access to shared areas, and their access to their garden. One resident stated that they wasn't anything that they would like to change about the centre or their surroundings. Another residents stated that they liked to sit in their garden on fine days. Each resident also indicated they were happy with their bedroom, the space they have for their belongings, and the security of their belongings. Residents referred to belongings they particularly liked in their bedrooms such as their collage of mixed tiles on the wall, or their new smart

television.

Each resident indicated in the questionnaire that they were happy with food and mealtimes in the centre. Each resident also indicated that they were happy with the arrangements for visitors, and how welcome their visitors were in the centre. Residents did refer to the impact of visiting restrictions relating to COVID-19 during the pandemic, with one residents saying how much they looked forward to seeing their family when restrictions were lifted.

In the section of the questionnaire relating to residents rights, each resident indicated that they were happy with the amount of choice they had in relation to their day-to-day lives. Residents stated that they were "happy", "content" and that "all aspects of their care and support were at their pace" and "in line with their preferences". Each resident indicated they were happy with the staff team.

Residents included a lists of activities they enjoyed in the questionnaires. These included home-based and community-based activities. The examples they gave included, listening to traditional music, having music sessions, baking, flower arranging, having a Jacuzzi bath, doing sensory activities, dancing, having a massage, going for a drive, going for a walk in the local woods, shopping, visits from friends and family, and going for picnics.

As previously mentioned, the inspector has the opportunity to speak with one residents family member on the phone. They were very complimentary towards the care and support for their family member in the centre. They said they were "very happy" and described the care for their relative as "outstanding", they said that they considered their relative "lucky" to be living in the centre. They also said that the staff team always keep them up to date in relation to what's happening in their relatives life. They complimented the staff team on efforts they had made during the pandemic to support them to stay in touch with their relative. They had arranged video calls and when they realised these were proving difficult for the resident, they had adapted to phone calls from a specific location. They also commented on how the staff team had thought of every last detail to make sure the premises was designed and laid out to meet the specific care and support needs of the residents living there.

The inspector viewed the complaints and compliments folder in the centre and found that there were a number of thank you cards and letters from residents' family members and students who had been on placement in the centre. The contents of these cards and letters were very positive. A number were complimentary towards the staff team, with some describing the staff team as "kind" and "caring". Other comments included, "thanks for the great care", "our gratitude and appreciation for the tremendous care" and thank you for the "compassion", "kindness", and "hospitality".

Residents and their representatives views were also captured as part of the annual care and support in the centre. Feedback from both residents and their representatives was positive. Care and support was described as "very good" and "exceptional".

In summary, residents appeared happy, content and relaxed in their home. The inspector found that a person-centred approach was used to ensure residents' care and support needs were met. The team were found to be quickly responding to residents' changing needs and considerations had also been given to residents' future needs in relation to the design and layout of the premises. Adaptations had been made to the premises and equipment was in place, if required.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The inspector found that the designated centre was well managed and that this was resulting in residents receiving a good quality and safe service. The centre was homely in its design and there was a clear focus by staff team on ensuring that each resident was happy, content, relaxed and comfortable in their home. They were also motivated to ensure that residents were spending their time taking part in activities they enjoyed. The provider was making the best of the available resources in the centre, and this was ensuring that residents were in receipt of the best care and support available.

The provider was monitoring the quality of care and support for residents through their audits and reviews. They were completing an annual review of care and support which included consultation with residents and their representatives. They were also completing six monthly unannounced inspections and the staff team were regularly completing a number of audits in the centre. These audits and reviews were identifying areas for improvement, and these improvements were found to be having a positive impact on residents' lived experience in the centre. For example, plans were in place to source more garden furniture and to paint the fences in the back garden, to make it a more attractive and colourful space for residents. Residents had also identified in their annual survey that a new dryer and dishwasher were required for their home. The provider also had plans to complete some works relating to fire containment in the house.

The person in charge was found to have the qualifications, skills and experience to fulfill the role. They were found to be very knowledgeable in relation to the resident's care and support needs, and their likes, dislikes and preferences. They were supported and supervised by an area manager. From reviewing documentation it was evident that they were regularly attending meetings with other persons in charge across the organisation and sharing learning and relevant information at these meetings.

Residents were also supported by a staff team who were familiar with their care and support needs, and who had completed a number of trainings and refresher trainings to ensure they could support them in line with their assessed needs.

Throughout the inspection residents were observed to be very comfortable in the presence of staff and to receive assistance in a kind, caring and safe manner. There were systems in place to ensure the staff team were supported to carry out their roles and responsibilities. For example, the person in charge was on site at least two days every week, they were in receipt of supervision, staff meetings were occurring regularly and they had a staff communication book in place.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had employed a full time person in charge who had the qualifications, skills and experience to fulfill the role. They were identified as the person in charge for this and another designated centre and were found to have systems in place to ensure the effective governance, operational management and administration of this designated centre.

They were knowledgeable in relation to residents' care and support needs and were motivated to ensure that each residents was happy, content, relaxed and safe in the centre.

Judgment: Compliant

Regulation 15: Staffing

Residents were found to receive assistance, interventions and care in a respectful, timely and safe manner by a staff team. Staffing numbers had recently increased in the centre, as the provider had recognised the need to employ more staff in line with residents' changing needs.

Residents were in receipt of continuity of care and support. Regular relief staff were covering the required shifts, when staff were on planned and unplanned leave.

There were planned and actual rosters in place and they were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of training to enable them to provide person-centred care and support for residents living in the centre. Each staff had completed training and refresher training in line with the organisation's policy. In addition, staff had completed a variety of additional trainings in line with residents' specific care and support needs. For example, staff had completed dementia training, epilepsy training, epilepsy rescue medication training, risk management training and food safety training. In addition, staff had completed a number of infection prevention and control trainings during the pandemic.

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. Each staff who spoke with the inspector stated that they were well supported in their role.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place against the risks in the centre, including injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management systems in place that supported and promoted the delivery of a safe, quality service. The quality of care and the experience of residents was being monitored and developed on an ongoing basis.

The provider had made sure there were enough staff who were familiar with residents, supporting them. The centre was managed by a suitably qualified, skilled and experienced person in charge who had the authority, accountability and responsibility for the provision of service.

The provider was found to be self-identifying areas for improvement and there was a clear focus on person-centred care and quality improvement in this centre. They were completing an annual review of care and support and six monthly unannounced audits in the centre. Staff meetings were occurring regularly and the

staff team were regularly completing audits. As previously mentioned, these audits and reviews were leading to positive changes in relation to residents' care and support and in relation to their home.

The centre was found to be resourced to ensure the effective delivery of care and support in line with the centre's statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the Regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of accident and incident reports in the centre and found that the Chief Inspector was notified of the required incidents in line with the requirement of the Regulations.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided for residents was to a very high standard. They were in receipt of person-centred care that supported them to spend their days as they wished. They were living in a comfortable and spacious home where their safety and wellbeing was being prioritised. Their rights were supported and promoted and their talents and skills were celebrated and encouraged. Although there had been challenges due to COVID-19 restrictions, the staff team had encouraged residents to explore more home-based activities and to stay in touch with their family and friends. Residents were being supported to make decisions about their care and about the day-to-day running of the centre. Their likes, dislikes and preferences were well documented.

Residents health, personal and social care needs were assessed and care plans were developed and reviewed as required. Documents were in place to guide staff in relation to any supports they may need. They had person-centred support plans

where their goals and pictures of them achieving them were kept. The staff team were regularly supporting residents to explore different activities to see which ones they found meaningful. Examples of these activities included, household activities such as meal preparation, tidying, laundry, and putting away the dishes. They also included, life story work, reminiscence therapy, beauty therapy, massage, arts and crafts and creating and using their memory boxes.

As mentioned earlier in this report, residents were very much involved in the running and operation of their home. Regular residents' meetings were held and these facilitated residents' participation in decisions about their home. They were being kept up-to-date in relation to COVID-19 and how the levels of restrictions would impact on their lives. Information was also available in a user-friendly format in relation to areas such as, rights, complaints and advocacy.

Residents were protected by the policies procedures and practices relating to risk management and infection prevention and control. The provider had developed policies and procedures to guide staff practice. There was a risk register in place, and general and individual risk assessments were developed and reviewed as required. The premises was clean and there were systems in place to ensure that there was personal protective equipment available. Staff had completed risk management and infection prevention and control training and there were systems in place to review and learn from incidents and adverse events in the centre.

For the most part, residents were protected by the fire precautions in the centre. Suitable fire equipment was available and it was being regularly serviced. Fire drills were occurring regularly and each resident had a personal emergency evacuation plan in place to guide staff on supports they may require to safely evacuate the centre. As previously outlined, the provider had plans to complete works relating to fire containment such as the installation a number of fire doors and self-closing mechanisms in the house.

Residents were protected through the policies, and procedures and practices in place relating to safeguarding in the centre. These included training for staff, a safeguarding policy and procedures, and detailed intimate care plans for each resident. Staff who spoke with the inspector were found to be aware of their roles and responsibilities in relation to safeguarding.

Overall, the inspector found that residents were being supported to enjoy a good quality of life. They lived in a spacious and well designed home and were being supported to stay safe and enjoy activities in line with their interests and preferences. They were supported by a competent and committed staff team and they were being consulted with in relation to the day-to-day operation of the centre such as daily activities, the maintenance and upkeep of their home, food choices and meal planning.

Regulation 13: General welfare and development

Residents were engaged in social activities in line with their interests both in the centre and in their local community. They were being supported to develop and maintain personal relationships and friendships. For example, during the pandemic they were supported to stay in contact with their family and friends by telephone and through video calls.

Whilst residents' opportunities to engage in activities in their local community were limited at times during the pandemic, this was in line with public health advice and the levels of restrictions. Every effort had been made to ensure residents were going for walks locally, going for drives and getting take away meals and drinks.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre was suitable to meet residents' individual and collective needs in a comfortable and homely way. Not only was it designed and laid out to meet the current needs of residents but, adaptations had been made to ensure it could also meet their future or changing needs.

The premises had been thoughtfully decorated, taking into account the assessed needs and diagnosis of residents living there. The house was light and bright and the colour schemes, pictures and soft furnishings were contributing to the homely and relaxed feeling in the centre.

In addition to a large house with numerous private and communal spaces, there was a well maintained front garden and a large back garden which was divided into different sections. Work had commenced on painting the fence panels in the back garden different bright colours and plans were in place to get additional garden furniture and sensory equipment .

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide contained the required information and was available for residents and their representatives in the designated centre.

It contained a summary of the services and facilities available, the terms and conditions of residency, arrangements for resident's involvement in the running of the centre, details on how to access inspection reports, the procedure for complaints and the arrangements for visitors.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The provider had policies and procedure relating to the temporary absence, transition and discharge of residents. The inspector viewed a sample of transition plans in the centre and found that planned supports were put in place prior to residents transitioning to the centre.

Residents and their representatives were consulted with prior to moving to the centre and detailed transition plans were put in place to show each step in supporting residents to transition to, and settle into the centre. A review was completed prior to any transfer to review the residents' current placement, their future needs, their hobbies and interests and lifestyle choices, their individual uniqueness, their identity and culture, health and social care needs, the suitability of their new home in offering them a "valued social role", and a room by room review of the premises they are moving to.

As part of transition planning, it was identified if the resident wished to live with anyone and "right relationship" consideration and the review of any potential impacts of the transition were completed. Once residents and their representatives have an opportunity to visit the centre and the transition commenced, regular reviews were held to ensure the resident was settling in well and getting all the required supports.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures and practices in the centre. There were appropriate systems for the identification and management of risks, and systems in place to respond to emergencies. Reasonable measures were put in place to prevent accidents.

There was a risk register in place and general and individual risk assessments were developed and reviewed as required. There were also systems in place to records, investigate and learn from accidents and incidents in the centre.

There were vehicles available in the centre and systems in place to ensure they were roadworthy, maintained, serviced and insured.

Judgment: Compliant

Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. The provider had developed contingency plans and policies and procedures to guide staff practice in relation to COVID-19. Staff had completed additional training in relation to infection prevention and control.

The premises was clean throughout and there were cleaning schedules in place to ensure that each area of the centre were cleaned regularly.

There were suitable systems in place for laundry and waste management. There were systems in place to ensure there were sufficient supplies of PPE available in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires. The provider had identified at a meeting on the 18 May 2021 that further works were required in relation to fire containment, such as the installation of fire doors in the upstairs of the premises, and the installation of a number of self-closing mechanisms in the house.

There was suitable equipment in place and evidence was viewed that it was being regularly serviced and maintained.

Staff were in receipt of fire safety awareness training and fire drills were occurring regularly. It was evident that learning following drills was leading to further drills and the review and update of residents' personal emergency evacuation plans.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal plans and found that they were being regularly reviewed to ensure they were effective and reflective of residents' care and support needs. Those reviewed were detailed in nature and found to clearly identify residents' likes, dislikes and goals.

Residents and their representatives were involved in the development and review of

personal plans. For example, one residents' keyworker showed the inspector their person-centred plan and their most recent review meeting. This meeting had occurred over the phone due to the level of restrictions relating to COVID-19.

Judgment: Compliant

Regulation 6: Health care

From reviewing documentation and speaking with staff, it was evident that residents were being supported to enjoy best possible health. Each resident had access to health and social care professionals in line with their assessed needs, and meetings were occurring with the relevant professionals regularly in relation to every aspect of their care and support.

Residents were being supported to access National Screening programmes in line with the assessed needs, their wishes, and their age profile.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had access to the relevant professionals in line with their assessed needs. When required, detailed support plans were developed and those reviewed were found to be clearly guiding staff.

Restrictive practices were regularly reviewed by the relevant members of the multidisciplinary team to ensure they were applied in line with the organisation's and national policy.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems in place to ensure that allegations, disclosures or suspected abuse were reported, documented and followed up on in line with the centre's policy, and national guidance.

Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities. It was evident from reviewing documents and speaking with the staff team that every effort was being

made to ensure that each resident felt safe and protected in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were getting the right supports and were given the right amount of information to help them make choices and decisions in relation to their day-to-day lives.

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for them in relation to their rights, complaints and advocacy services. There were also systems in place to ensure that their personal belongings were respected and kept safe.

Residents were supported to have friendships and relationships and there were numerous spaces available to them to meet people in private, should they so wish.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	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	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 Community Living Area 23 OSV-0005245

Inspection ID: MON-0032155

Date of inspection: 26/05/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. The register provider will ensure that that adequate arrangements are for fire safety.</p> <p>We put plans in place to install Fire doors and self-closures on all bedrooms and any door on the escape route. This process is well underway and carries an additional cost to the organisation of approx. €140,000 which we have sought approval for from the HSE.</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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2021