



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

Issued by the Chief Inspector

Name of designated centre:	DC 14
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	24 February 2023
Centre ID:	OSV-0005315
Fieldwork ID:	MON-0038821

About the designated centre

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

DC14 is a designated centre operated by St John of Gods Kildare Services and consists of three houses located close to another in a big town in County Kildare. The centre is registered for 12 residents with a physical and or intellectual disability, both male and female. The designated centre is staffed by a person in charge, clinical nurse manager, social care leader, staff nurses, social care workers and healthcare workers. Residents have identified clinical supports from the provider such as psychology, occupational therapy and speech and language therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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
Friday 24 February 2023	10:05hrs to 17:50hrs	Erin Clarke	Lead
Friday 24 February 2023	10:05hrs to 17:50hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations. The designated centre comprises of three houses, each of which were visited by the inspectors of social services during the course of the inspection. Overall the findings of this unannounced inspection were that residents were in receipt of a good quality and safe service, however, improvements were required in relation to the oversight and the day-to-day monitoring of care and support in the centre.

The designated centre is divided into three houses and has the capacity for a maximum of 12 residents. The centre supports both male and female residents with intellectual disabilities. These residents have identified clinical supports such as psychiatry, psychology, occupational therapy, physiotherapy & speech and language therapy inputs. These supports are available to them through the clinical team. As this inspection took place during a time of COVID-19 restrictions in designated centres, enhanced infection prevention and control procedures were in place.

The inspectors first visited one house but all residents had left for day services so the inspectors made their way to the second house which was located a short drive away. Upon arrival at the second house, one resident was being supported to attend a medical appointment and a second resident was being supported in their morning routine and two residents were in day services. The resident did not communicate verbally with the inspectors. They appeared at ease in the centre and with the staff support being provided to them. It was clear that staff knew the resident well and were able to respond to and communicate effectively with them. After a short time, the person in charge arrived at the centre from their base office located on the provider's campus nearby. Residents throughout the inspection were observed to be familiar with the person in charge, and they were clearly comfortable in their presence.

The person in charge informed the inspectors that three new admissions had occurred since the previous inspection in 2021. The inspectors viewed the transition and progress notes of these residents. It was found the moves had positive outcomes for the residents and that residents had settled well. The inspectors did find that improvements were needed with the admission processes, in particular, to emergency admissions. The provider was required to ensure admissions processes took into account the requirements of the regulations. For example, it was unclear from reading the admission policy who was responsible for conducting a formal assessment of the residents' needs prior to moving into the centre and issuing the contract of care before living in the centre. This was to ensure that the centre would meet the needs of residents, compatibility assessments were carried out and residents were informed of the terms of the service and fees to be paid.

The inspectors returned to the first house to complete a walk around of the

premises in the presence of a support worker. The staff member demonstrated a good knowledge of infection, prevention and control measures in the house and shared learning from other inspections within the wider organisation. They also told the inspectors how activities were planned and organised in the house during COVID-19 to ensure residents' social interests were maintained as much as possible. For example, a small second living room served as a cinema room and bar where residents could enjoy movies and football matches on a projector screen.

In the third house, the inspectors had the opportunity to meet with the four residents living in the centre. One resident told the inspector that they loved their home but that it needed to be painted as the paint was marked in a number of areas in the house, including their bedroom. The inspectors completed a full walkthrough of the house with the person in charge. All interior spaces were found to be clean, however, there were scuff marks noted on the paintwork throughout the main living area and in a number of residents' bedrooms. It was reported that the scuff marks were a result of residents' equipment used for activities of daily living. A maintenance request was in place for the completion of the interior painting. On the walk around of the three houses, it was also observed that fire safety improvements were noted, these are discussed under the quality and safety section of the report.

The residents spoken with informed the inspectors that they were happy in their home and enjoyed a number of social events and day service activities. It was also evident through a review of documentation that residents had strong connections to family and local communities. Residents had accessible stories and goals in place that demonstrated the activities participated in over the course of the month.

Post-COVID-19 restrictions, residents were supported to return to their day services. The provider had undertaken an expressed interest survey of residents' preferences for returning to day services. Residents were supported to return to day services in line with their preferences. For some residents, they were eager to return full-time and for others, they wanted to attend on certain days or at certain times and this was facilitated. Some residents attended day services within the provider's own services, and other residents attended social farming, horticulture courses and social clubs.

Residents were supported by a team of registered intellectual disability nurses, social care workers and healthcare assistants. Residents also had access to members of the multi-disciplinary team, including physiotherapists, speech and language and occupational therapists. The inspectors observed that staff had a very positive approach with residents who appeared to really enjoy the company of staff. There was a relaxed atmosphere, with residents chatting and laughing together with staff about previous holidays and day trips.

The inspectors reviewed documentation as well as visiting all three houses, spending time with the residents, and meeting with staff and management. Documents reviewed included the most recent annual review and reports written following the most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. A review of a sample of rosters indicated that the

staffing levels at the centre were consistent with both the roster that had been prepared and the staffing levels that had been outlined in the statement of purpose. Staff training records were also reviewed, which indicated improved timely access to training was required.

There were regular residents' meetings, occurring weekly, and the inspector reviewed the minutes of several meetings. It was evident that residents were allowed to express their views and preferences and were provided with information relating to the centre and their care. For example, information on human rights, the contact details of the local advocacy service, and how to make a complaint were shared with residents. Residents also spoke about changes they would like in the centre, including bringing maintenance repairs to the staff's attention.

Feedback from family members were viewed as part of the provider's annual consultation and review of the designated centre. It was reported that feedback by families had been overall positive. Families displayed confidence in the staff members who work in the centre and outlined that staff have great relationships with residents. Families reported that they were very happy with how staff and the service supported residents throughout the pandemic.

In summary, it was found that there was good practice in the centre and residents were in receipt of a good service. From what the inspectors were told and observed during the inspection, it appeared that aspects of the care and support that residents received were of a good and safe quality. However, other aspects required improvement, for example, providing a contract of care that clearly outlined the service provided and fees charged, upkeep of the premises, fire safety precautions and infection prevention and control measures.

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

Capacity and capability

Overall the findings of this unannounced inspection were that residents were in receipt of a good quality and safe service, however, improvements were required in relation to the oversight and the day-to-day monitoring of care and support in the centre.

The inspection was facilitated by the centre's person in charge and they were found to have a good understanding of the residents' care needs and of the services and resources which were in place to support those needs. The person in charge was employed in a full-time capacity and had a strong knowledge of regulations, legislation and policy. However, the person in charge had additional governance duties outside of their role within the designated centre leaving gaps in the effective

governance, operational management and administration of the designated centre.

Since the previous inspection, the person in charge who was responsible for two designated centres had been put forward by the provider as the person in charge of a third designated centre, currently going through registration. This gave the person in charge a total of six houses which impacted their ability to effectively be involved in the day-to-day operations of the centre. While the person in charge was supported by a clinical nurse manager (CNM1) in one house gaps remained in the frequency of staff supervision, team meetings and follow-up on actions from audits.

The centre was last inspected in May 2021 where a good level of compliance was identified. In line with public health guidance at the time of the previous inspection, only one house was visited due to staffing pods and visiting restrictions. On the previous inspection, it was found improvement was needed in setting out a contract that would fully inform residents of the service they could expect to receive. The inspector found two recent admissions to the centre were not afforded a contract of care that reflected the current living environment. The inspector also identified that where contracts of care were issued, these were not regularly reviewed in line with increases in fees payable by residents. Similar findings were identified on this inspection whereby accurate contracts of care were not in place as discussed further under Regulation 24: Admissions and the contract for the provision of services.

The person in charge maintained a planned and actual roster. The inspectors found on the day of the inspection that there were two staff nurse vacancies in one house and a healthcare assistant vacancy in another house. An inspector requested the planned and actual staffing rotas for each house in the centre. They then reviewed these rotas for two separate weeks, selected at random, in the previous six months. Reviews of the roster demonstrated that these shifts were filled with regular relief and agency to ensure continuity of care and support for residents.

The inspectors reviewed the centre's statement of purpose. This is an important document by which one of the conditions of registration of the centre is registered against. The document sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. The inspectors found that the service was reflective of the statement of purpose.

Regulation 14: Persons in charge

The person in charge had the relevant qualifications, skills and experience necessary for their role; however, the person in charge has further governance duties outside of their role within the designated centre leaving gaps in the effective governance, operational management and administration of the designated centre.

Judgment: Substantially compliant

Regulation 15: Staffing

The staffing levels were in line with the statement of purpose and the identified supervision needs of residents. The staff who spoke to the inspectors were knowledgeable regarding residents' needs. Rosters allowed choice and flexibility around daily outings and activities.

Staffing arrangements were found to be flexible regarding residents' changing needs and provided for continuity of care. It was noted there was a shortfall whole-time-equivalent of three across the three houses. However, this shortfall staffing resource was being managed to ensure continuity of care to residents. Additional shifts were being completed within the staff compliment for the centre at the time of inspection and were any gaps in staffing levels due to leave; these were covered by regular relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to appropriate training as part of their continuous professional development, and to support them in delivering good care to residents. The person in charge maintained staff training records. The inspectors reviewed the training matrix received post-inspection, however, some gaps were identified in the matrix in relation to mandatory training.

- Six staff required fire safety training.
- Four staff required training in the management of behaviours of concern. The person in charge had scheduled the outstanding training to be completed by staff in the coming months.

Training records regarding infection, prevention and control and supplementary resident-specific training were not received or reviewed.

In accordance with the provider's policies, staff working in this centre were to undergo performance development reviews and also attend one-to-one supervision sessions. While supervision was completed for all staff, it had not been completed as required by the provider's policy. Furthermore the frequency of staff meetings required improvement as for one house only three staff meetings occurred in 2022.

Judgment: Not compliant

Regulation 23: Governance and management

There was evidence of regular quality assurance audits taking place to ensure the service provided was effectively monitored. These audits included the annual review for 2021 and the provider's unannounced six-monthly visits as required by the regulations.

Provider unannounced visits are required by the regulations and are important in monitoring the quality and safety of care and support provided. It was seen that the November 2022 provider's unannounced visit was reflected in a written report with an action plan to address issues identified. However, as previously mentioned a number of these actions had not been completed within the stated time frames.

An annual review for the centre, another regulatory requirement, had last been completed for the centre in February 2021. As part of the most recent annual review, surveys were sent to residents and to their representatives. Surveys were returned by some family members, however, none were returned from the residents. It was not clear how residents had been supported to complete the surveys and provide feedback. Also, while the review was noted to be resident and centre-specific, it did not assess the centre against relevant national standards as required.

Sufficient resources were available in the centre including staffing, transport, and premises and facilities. The provider had ensured that staffing levels were based on individual and collective residents' needs.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There was a repeated breach of this regulation found on this inspection and the previous inspection from May 2021.

The inspectors reviewed the arrangements in place for the admission of residents to the centre. The provider's 'Application for Supports Committee' was responsible for reviewing admissions, transitions and referrals. While minutes of these meetings were held with the committee, these were not available to review on inspection, nor were they known by the person in charge. While the provider had a policy on the admission processes as legally required, the policy required review to ensure it adequately provided clear information on the procedures and protocols in place. For instance, assessments of need had not been completed for residents prior to their admission to the centre. Therefore the roles and responsibilities relating to the formal assessment of needs and compatibility assessments were not detailed.

The inspectors reviewed a number of contracts of care. It had been identified in the

previous inspection and also the provider's six-monthly unannounced visits in November and May 2022 that residents' contracts of care required updating. It was stated that the current system of utility and food contributions would be reviewed, and any identified deficits would be addressed. A more transparent and accountable system pertaining to house purchases would be implemented and changes would be communicated with residents and reflected within contracts of care where relevant. This action remained outstanding at the time of this inspection. The fees detailed on the contracts of care differed from the amounts being paid by residents. Financial assessments and long-stay contributions calculations had not occurred as per the provider's policy and recommendations.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had prepared a written statement of purpose that set out the needs that could be supported in the designated centre, the facilities and services available, and the details as required in schedule 1 of the regulations. The inspectors found the centre was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of the resident each day and night, and there were adequate premises, facilities and supplies.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were supported to have a good quality of service, with access to day service, the local community, friends and family. Residents were supported to contribute to the running of their centre with weekly meetings in place and support meetings taking place with key workers to evaluate and develop individual goals. The inspectors reviewed the quality and safety of the service afforded to residents within the centre. The registered provider set out in their statement of purpose that they provided a residential service for individuals with an intellectual disability that may also have behavioural support needs, medical or physical disabilities. The inspector found that the service being offered matched that of the statement of purpose. The areas of improvements found during the inspection were premises, fire safety and infection prevention measures.

The inspectors reviewed the provider's fire safety management systems. There was a fire safety policy and the provider had an external fire safety expert complete a fire risk assessment of the centre in March 2022. The inspectors noted on the

walkarounds of the three houses some fire doors wedged open and self-closing devices to fire doors broken. These impacted the effectiveness of the fire safety measures in the centre. These defective devices had also been identified during the fire assessment survey undertaken but had not been actioned. Fire drills were occurring in the centre; however, improvement was required to evidence how the provider was assured that an efficient evacuation could take place during high-risk scenarios. Night-time fire drills completed by the provider did not demonstrate the scenario of the least amount of staff and the highest ratio of residents to evacuate.

There was evidence that residents' healthcare needs were being identified and that residents' had regular access to allied health professionals. Residents' needs were assessed on at least an annual basis and reviewed in line with changing needs. There were personal plans in place that were reviewed with residents and key workers to ensure effectiveness. Residents had personal plans aligned with their health, emotional and social needs and were effectively evaluated to ensure they remained current and in line with residents' circumstances.

Positive behaviour support plans were developed for residents who expressed behaviours of concern. The plans were completed by a behaviour specialist and were readily available to staff to guide them in appropriately responding to residents' behaviours. Training in positive behaviour support was also available to staff. Restrictive practices were implemented in the centre. There were protocols for the restrictions, and the use of restrictions was recorded to ensure that they were for the least amount of time required.

Inspectors reviewed some of the systems in place regarding the prevention and control of healthcare-associated infections, including COVID-19. Up-to-date public health guidance was available as well as information relating to broader infection, prevention and control matters. The provider had a contingency and isolation protocol in place to be implemented in the event of a suspected or confirmed case of COVID-19 or any other transmissible infection. Improvement was required to ensure that the information contained within was up to date and relevant.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. The inspectors viewed a communication profile for one resident. It clearly laid out the communication needs of the resident and their communication preferences. The speech and language therapist had recommended trialling alternative and augmentative devices to support the resident in making choices and more opportunities to express their opinions. Good documentation was noted in the recording of the trial period and outcomes.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider provided residents with facilities and opportunities to participate in activities in accordance with their interests. Residents were also supported to develop and maintain personal relationships and links with the community.

Throughout all three houses, residents were involved in many different community groups such as the day services, art classes, social and sporting clubs. Each house has its own vehicle to accommodate residents' choice around activities. Where residents could access their community independently, they were supported to do this.

Staff planned activities with residents on a weekly basis. The activities reflected residents' known interests. There was evidence of residents holidaying in Ireland and abroad, taking day trips and taking part in local community events.

Judgment: Compliant

Regulation 17: Premises

All residents had their own bedrooms, which were decorated to their own tastes and well-furnished. Each bedroom contained personal items such as family photos, artwork, hobbies and interests including posters of favourite sports and recreations. A number of bedrooms were equipped to facilitate residents' physical needs. Residents were observed using their bedrooms for relaxation and occupation purposes during the inspection.

Parts of the centre were in need of maintenance such as painting, addressing damaged doors, floors and other surfaces including upholstery. In one part of the designated centre storage of large accessibility equipment required review as these were stored in a residents bathroom.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Staff spoke to the inspectors about new colour-coded mop systems that had been

purchased and also were aware of the learning from other inspections under the provider in relation to infection and prevention.

Some improvements noted during the inspection included:

- Inconsistent mask-wearing in the presence of residents
- Self-isolation plans required updating as one plan referred to a resident requiring the use of a self-isolation unit which was no longer operational
- The policy for infection, prevention and control had not been updated in line with the provider's schedule and change in infection, prevention and control measures.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors observed that some fire doors were propped open instead of using a mechanism which allowed doors to remain open by choice or necessity without compromising their ability to contain flame and smoke in the event of a fire.

The provider had also completed comprehensive fire assessment survey of the centre by an external company in March 2022. However, the accompanying action plan had not yet commenced and it was unknown at the time of the inspection what works were due to take place.

Assurances were also required by the provider to test the effectiveness of the fire evacuation procedures and plans. Fire drills completed were not reflective of the most amount of residents and least amount of staff on duty in all parts of the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspectors found that the staff team knew residents well, and understood their care and support needs. Personal plans were in place for all residents. Personal plans should be informed by a comprehensive assessment of all health, personal and social needs. Conducting such assessments is important as they help identify any additional supports residents require to meet their needs. While the inspectors had identified non-adherence to the regulations in place to formally assess residents' care and support needs prior to admission to the centre, this is mentioned under the admission process. The inspectors found good practice overall in relation to residents' personal plans. Information was available to guide the supports for

residents.

The provider had implemented a goal-setting process to assist residents in developing their interests and realising their aspirations. On review of a sample of personal plans the inspectors observed this process was effectively implemented and residents' wishes and goals were explored and progressed.

Judgment: Compliant

Regulation 6: Health care

The person in charge and staff spoken with were found to have a very good understanding of the residents' healthcare needs and associated supports.

Residents had their own general practitioner, and had nursing support available as required. There was also availability of allied health services, such as speech and language therapy, occupational therapy, and physiotherapy. On review of healthcare related documentation the inspectors found that residents had individual assessment carried out on at least an annual basis, and this assessment identified the ongoing and emerging health care needs of residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that residents were supported with positive behaviour support plans. These plans had been devised by appropriately qualified professionals and were evidence based. Of the sample reviewed on inspection, they had been recently updated to reflect new guidance and recommendations for residents.

The plans were readily available to guide staff in responding to behaviours of concern.

Overall, there were a low number of restrictive practices implemented in the centre. Where they were in place, they were to manage personal risks for residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were respected in the centre with residents having choice and control in their daily lives. Key working sessions and residents meetings were used as platforms to discuss residents rights and advocacy regularly.

Residents were supported to engage in positive risk taking and be as independent as possible in their daily lives. Activity schedules were devised with residents' input.

Throughout the inspection, the inspectors observed respectful and positive interactions between staff members and residents. Residents were clearly involved and consulted into the running of their home, their care and support and decisions relating to them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for DC 14 OSV-0005315

Inspection ID: MON-0038821

Date of inspection: 24/02/2023

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Registered Provider will ensure that a new Person in Charge second area will be appointed for the second designated centre presently managed by the Person in Charge</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge has ensured that all staff identified as being out of training have been scheduled for same.</p> <p>The Person in Charge has added the infection prevention and control training has been added to the training matrix.</p> <p>The Person in Charge and the Clinical Nurse Manager 1 have designed a schedule to improve the PDR and supervision within the Designated Centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

<p>management: The Person in Charge has ensured that residents views are surveyed as part of the annual review for 2022. The Person in Charge will ensure that that the annual review is available within the designated Centre.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Registered Provider will ensure that the admissions policy is updated to ensure they adequately effect the procedures and protocol required.</p> <p>The Person in Charge will ensure that each resident has an up to date contract of care</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge has sent a maintenance request for painting and new flooring required. A new couch was delivered to replace couch highlighted in the report. The Person in Charge has ensured that the large accessibility equipment not in use by the resident has been removed from residents bathroom.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Person in Charge visited all areas to remind staff of the guidelines for mask wearing. The Person in Charge will ensure it is a standing order on staff meetings going forward. The Person in Charge has ensured that all self isolation plans have been updated to reflect the current arrangement for each area.</p>	

The Register Provider will ensure that the policy for infection, prevention and control will be reviewed

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Person in Charge has submitted a maintenance request for the automatic closures, and these should be completed by the 30/05/2023.
The Person in Charge has organised a meeting with the operation manager to discuss the external fire audit and finalise the timeframes for completion of works.
The Person in Charge has organised for the completion of a night time drill which was conducted with the maximum residents and fewest staff on duty.

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	30/05/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	13/04/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately	Not Compliant	Orange	30/04/2023

	supervised.			
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 inconvenience to residents.	Substantially Compliant	Yellow	30/09/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with	Substantially Compliant	Yellow	30/04/2023

	standards.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	17/04/2023
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	05/05/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	05/05/2023
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate,	Not Compliant	Orange	05/05/2023

	the fees to be charged.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/05/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/05/2023
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.	Not Compliant	Orange	03/03/2023