Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 19
Name of provider:	Stewarts Care DAC
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	27 September 2023
Centre ID:	OSV-0005853
Fieldwork ID:	MON-0037127

About the designated centre

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

Stewarts Care Adult Services Designated Centre 19 provides long stay residential care and support for up to eight adults with intellectual disabilities and complex support needs. The centre is comprised of a large bungalow, located on the provider's campus in Dublin. The centre is wheelchair accessible, and contains eight bedrooms, a small kitchen, living room, sun room, and other communal spaces. It is located in close proximity to local amenities, transport links and community facilities. The centre aims to provide a comfortable home that maintains and respects residents' independence and wellbeing, and provides a high standard of care and support to them in accordance with evidence based practice. The person in charge is full-time, and care and support is provided by a team of social care workers, nurses and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 (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 27 September 2023	09:35hrs to 16:40hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This report describes the findings of an unannounced inspection of the designated centre which was carried out as part of the ongoing regulatory monitoring of the centre. Overall, the inspector found that while residents were safe and well cared for in the centre, some aspects of the quality of service required improvement to ensure greater opportunities for residents to participate in social and leisure activities.

The centre comprised a large single-storey building located on a campus setting operated by the provider. The centre was close to many amenities and services including shops, cafés and pubs, and public transport.

The inspector carried out a thorough walk around of the centre with a staff nurse who helped to facilitate the inspection in the absence of the person in charge. The centre comprised residents' bedrooms, bathroom facilities, staff offices, storage areas, laundry rooms, small kitchen, dining room, sensory room, sun room, large living room, and a garden.

Overall, the centre was bright, clean and well maintained. However, aspects of the centre were institutional in aesthetic due to the size and design of the premises, for example, the main living space were very spacious, and cubicle style toilets were not homely. Efforts had been made to make the centre more homely, for example, it was pleasantly painted, nice photographs and pictures were displayed, and the furniture was comfortable. Most of the residents' bedrooms were small, however they were nicely decorated and personalised to their individual tastes. The inspector observed that equipment used by residents, for example, overhead hoists, was in good working order.

The inspector observed good infection prevention and control (IPC) measures such as easy access to hand hygiene facilities, and found that actions following the IPC inspection of the centre in August 2023 had been implemented.

There were good fire safety arrangements in the centre, for example, fire fighting equipment was in place and the fire doors closed properly when released by the inspector. The inspector observed some environmental restrictions in the centre, and found that the arrangements for their implementation required improvement. Fire safety and restrictive practices are discussed further in the quality and safety section of the report.

Residents did not verbally communicate with the inspector, however some of them acknowledged the inspector through gestures and eye contact. They appeared relaxed in their home, and the inspector observed staff interacting with them in a respectful manner.

The annual review of the service, carried out in January 2023, had consulted with residents and their families. Residents' feedback indicated that they were happy in

the centre, however some said that they were unhappy with the size of their bedroom and the storage facilities. Some also said that the environment was crowded, and they were dissatisfied with their choice of meals and activities. Feedback was received from two residents' families, and indicated that they were satisfied with the service provided to their loved ones, for example, comments included "… is always very happy".

As noted during the previous inspection of the centre, although the premises were large, the inspector observed the environment to be crowded at times due to the number of residents and staff. The environment was also busy, particularly in the morning when staff were attending to residents' personal care needs.

The inspector also observed that residents did not have sufficient opportunities to engage in social and leisure activities. Written weekly activity planners had been prepared, however the inspector observed that the planned activities for the morning of the inspection were not facilitated, and instead most residents spent the morning sitting in the main living area. Staff told the inspector that the time required to attend to residents' high support needs in the morning had limited their ability to facilitate the activity planners. In the afternoon, the inspector observed residents more engaged in activities, for example, two residents visited their new home in the community, two residents went for a walk with staff, one resident spent time in the sensory room, and some residents had in-house massage treatments.

The inspector spoke with different members of staff and the senior management team including the programme manager, Director of Care, chief executive officer, staff nurse, healthcare assistants, behaviour support specialists, and housekeeping staff.

The staff nurse told the inspector that residents were happy, safe, and received good care in the centre. However, they also spoke about some of the challenges in facilitating residents' social activities, such as the pressure of attending to residents' high support needs, occasional staff deficits, and a shortage of staff who could drive residents to community amenities.

One care assistant told the inspector that since the previous inspection, the staffing complement had increased and there was better availability of vehicles to facilitate residents' community activities. However, they found the centre very busy at times, and had similar concerns about residents' not having sufficient opportunities for social and leisure activities. They said that residents were safe, received good care, and had access to multidisciplinary team services. They had no safeguarding concerns, and told the inspector about the supports residents required when evacuating the centre.

A housekeeping staff told the inspector about a recent COVID-19 outbreak in the centre and the measures were that were taken to reduce its spread, such as enhanced cleaning and waste arrangements, and use of personal protective equipment (PPE). They had no concerns about residents' safety, however described the centre as being "very busy" at times.

The inspector also met behaviour support specialists while they were visiting a

resident to review their positive behaviour support plan. They told the inspector about some of the residents' behaviours of concern, and the supports they provided such as reviewing care plans and upskilling staff on implementing support strategies.

The service manager and director of care demonstrated a very good understanding of the residents' needs. They told the inspector about the plan for two residents to move to a community based centre by the end of the year. The residents (and their families) were involved in the transition plan, and some of the staff team would be moving with them to support their continuity of care.

The service manager and director told the inspector that the new centre would better suit the residents' needs and provide more opportunities for community engagement. The provider was also planning to reduce the number of residents in the centre concerned, from eight to six, which would result in more living space for the remaining residents. The service manager and director of care acknowledged that the centre was very busy at times, and that the oversight of the staffing arrangements required improvement to address the aforementioned issues.

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

Capacity and capability

There were management systems in place in the centre to support the delivery of a service that was safe, consistent, adequately resourced, and appropriate to residents' needs. However, improvements were required to ensure that the staffing arrangements in the centre were appropriate.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and a programme manager was responsible for managing the centre in their absence. They reported to a Director of Care, and there were effective systems for the management team to communicate and escalate any issues.

The registered provider had implemented good systems to monitor the service, such as annual reviews, six-monthly reports, and a wide range of audits. However, the monitoring of actions for improvements required improvement to ensure that they were progressed, for example, not all feedback from residents in the annual review had been addressed.

The staff skill-mix comprised the person in charge, nurses, healthcare assistants and a social care worker. There were some vacancies, and the inspector found that the arrangements for filling these vacancies and other staff leave required improvement

to ensure that they were adequate to effectively meet residents' needs.

Staff were required to attend training as part of their continuous professional development, and received supervision and support from the management team. However, the inspector found that some staff were overdue formal supervision and training in different areas which a posed a risk to their development and to the quality of the care and support they delivered to residents.

Staff attended team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on the safeguarding of residents, staff training, transition of residents, complaints, incidents, and premises issues.

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies were available in the centre for staff to refer to.

The registered provider had also prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose had been recently reviewed and was available to residents and their representatives to view.

Regulation 15: Staffing

The staff skill-mix comprised the person in charge, nurses, healthcare assistants, and a social care worker, and was found to be appropriate to the needs of residents. The social care leader post was vacant. Regular relief staff and permanent staff working additional hours were used to fill the vacancy and planned and unplanned staff leave. However, the inspector found that the staffing deficits were not consistently filled which posed a risk to the quality of service provided to residents.

The inspector viewed the recent planned and actual staff rotas. The inspector found that on occasion there was less than the required staff on duty, for example, on 23 September, the rota showed three and a half staff working during the day (instead of the required five). The maintenance of the actual rotas also required improvement to clearly show the hours worked by staff, for example, on 13 July, the nurse’s hours of work were not clearly recorded.

Staff told the inspector that the staffing deficits placed additional pressure on them to effectively meet residents’ care and support needs, and adversely impacted on residents’ opportunities to engage in leisure and social activities (as discussed in the next section of the report).

However, the service manager was aware of the previous staffing deficits, and had since increased their oversight of the rota to ensure that adequate staffing levels would be maintained.

Senior managers spoken with, also told the inspector that the current staff

complement in the centre would remain the same when the number of residents reduced (by the end of the year) due to the increasing needs of the residents that would remain in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents.

Staff received informal and formal support and supervision from the management team. Formal supervision was scheduled quarterly as per the provider's policy, and supervision records were maintained. The programme manager supported staff in the absence of the person in charge, and there was also an on-call service for them to contact outside of normal working hours.

Staff training logs showed that staff were required to complete training in a wide range of areas, such as fire safety, safeguarding and protection of residents, managing behaviours of concern, infection prevention and control, manual handling, epilepsy management, and supporting residents with their individual eating and drinking needs. Some staff had also completed human rights training.

However, the records showed that a small number of staff were overdue training in areas including epilepsy, infection prevention and control, and manual handling, which required improvement to ensure staff were up-to-date and knowledgeable in their skills in or to provide the best possible safe care and support to residents.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure with associated lines of authority and accountability.

The person in charge reported to a programme manager who it turn reported to a Director of Care. There were good arrangements for the management team to communicate and escalate concerns, for example, regular management meetings.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns. Staff spoken with advised the inspector that

they were confident in raising any potential concerns with the management team.

The provider had implemented systems to monitor and oversee the quality and safety of care and support provided to residents in the centre. Written reports on the safety and quality of care and support were completed every six months, and annual reviews included consultation with residents and their representatives.

Audits had been carried out in the areas of infection prevention and control, fire, health and safety, medication, and finances.

However, the effectiveness of the monitoring systems required more consideration from the provider, for example, not all of the residents' feedback in the last annual review had been addressed, and recent six-monthly reviews noted issues with staffing that had not been resolved.

In addition, the registered provider had not ensured the centre was fully resourced for the delivery of effective care and support to residents. For example, there was insufficient staffing levels at times, and the arrangements for ensuring residents' general welfare and development needs were being met required improvement.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was last revised in January 2023, and was available in the centre to residents and their representatives. A minor update was required in relation to the registration conditions.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies were available in the centre for staff to refer to.

The inspector viewed a sample of the policies and procedures, including those on the admission of residents, behavioural support, the use of restrictive procedures and restraints, residents' personal property and finances, communication with residents, visitors, and medication management. The policies had been reviewed within the previous three years (the updated policy on residents' finances was due to be approved by 31 October 2023).

Judgment: Compliant

Quality and safety

The inspector found that residents were safe in the centre and there were good arrangements to meet their healthcare needs such as access to multidisciplinary team services. However, improvements were required to the quality of the service to ensure that the use of restrictive interventions were being appropriately managed, intimate care plans were prepared to guide staff practices, and that adequate arrangements were in place to meet residents' general welfare and development.

The provider had not ensured that residents had sufficient access and opportunities to participate in social and leisure activities in accordance with their interests. Staff told the inspector that the inconsistencies in the facilitation of residents' planned social activities was due to staffing deficits and the demands of attending to residents' high support needs. The inspector also found that improvements were required in the recording of residents' activities to detail why planned activities did not take place.

Some residents required support with their behaviours of concern, and positive behaviour support plans had been prepared for staff to follow. Staff were also required to complete positive behaviour training to help inform their practices.

The implementation of restrictive practices in the centre was governed by the provider's restrictive practice policy. However, the inspector observed practices in the centre that had not been recognised by the provider or person in charge as being restrictive, and therefore, were not been managed in line with the policy.

There were good arrangements, underpinned by policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. However, written intimate care plans had not been prepared for residents requiring support in this area to ensure that the delivery of this support was in a manner that respected their privacy and dignity.

The premises comprises a large-single storey building on the provider's campus. Parts of the premises had institutional features, however, it was well maintained, clean, and efforts had been made to make it more homely. The environment was busy and crowded at times, however the upcoming planned transitions would help to alleviate these matters and create more space in the centre for the remaining residents.

There were good fire safety systems in the centre, such as servicing of fire equipment, and regular fire drills to test fire evacuation plans. However, some improvements were required to the systems, and the provider had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all

designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

The registered provider had ensured that the medicines practices in the centre were appropriate and in line with their associated written policy. However, the inspector observed a powder used to modify the consistency of liquids for residents with swallowing difficulties in an unlocked press in the dining room. This practice required more consideration from the provider to ensure that any associated risks were mitigated.

Regulation 13: General welfare and development

The registered provider had not ensured that residents had sufficient access to recreational facilities, or opportunities to participate in activities in accordance with their interests.

Written social and leisure activity planners in a timetable form were prepared on a weekly basis. During the inspection, the inspector observed that the activities outlined in the morning planner did not take place, and most residents instead spent time in the main living areas. Staff told the inspector that this was due to the time required to support residents' morning routine needs, such as personal care. They also told the inspector that residents' planned activities were regularly adversely impacted, for example, delayed or cancelled, due to staff deficits and the 'busyness' of the morning routine which had been exacerbated by the changing needs of some residents. In the afternoon, the inspector observed that residents engaged in activities, such as walks, visiting their home, massages, and spending time in the sensory room.

The inspector found that the planning of activities, and recording of actual activities required improvement, for example:

- Some activity planners were very limited in detail, for example, one 'activity' was noted as "in house activity" with no other information.
- Recent planners did not include interests noted in residents' personal plans such as going to the cinema.
- Daily notes did not record why activities had not taken place as planned.
- Activities recorded in the daily notes were mostly campus based or in-house activities which did not provide assurances that residents had sufficient access to their community.

The recent annual review, dated January 2023, had also noted that one resident would like to do a certain sporting activity. However, staff told the inspector that this wish had not been facilitated and they were unclear as to why. Staff also told the inspector that since the previous inspection of the centre in August 2023, there had been increased access to a vehicle to facilitate community activities, however there was a limited number of drivers working in the centre which impacted on

opportunities for activities outside of the centre.

Judgment: Not compliant

Regulation 17: Premises

The premises comprised a large single-storey building located on a campus operated by the provider. Overall, the centre was bright, clean, warm, and well maintained. Some minor upkeep was required, for example, some of the flooring required attention. Aspects of the premises were institutional in design and layout, for example, the cubicle style toilets. However, efforts had been made to make the premises more homely, for example, nice photos and pictures were displayed in communal areas, and residents' bedrooms were personalised to their individual tastes. Some residents had expressed dissatisfaction with the space in the centre, and provider planned to improve upon on this through the planned reduction in the number of residents (by the end of the year) which would increase the living space for residents.

Equipment used by residents, such as specialised baths, overhead hoists, and chairs, was available in the centre and there were arrangements for its servicing and maintenance.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place in the centre to protect residents from the risk of fire, such as fire safety training for staff, servicing of fire detection and fighting equipment, and scheduled fire drills (including night-time scenario drills).

However, some improvements to the systems were required; the provider has a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis. A recent fire safety audit had also been carried out by the provider's fire prevention officer and actions for improvement were underway.

During their walk-around of the centre, the inspector tested a sample of the fire safety doors, and they closed properly when released. The inspector also observed that the tumble dryer required cleaning of lint which post a risk of ignition, and the staff nurse attended to it immediately.

Each resident had their own individual evacuation plan to outline the supports they may require in evacuating. The inspector found that one of the plans was too limited in detail, and the staff nurse made handwritten amendments to the plan before the inspection concluded to ensure that it provided sufficient guidance for staff.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that the medicines practices in the centre, including the practices for the storage and administration of medicines, were appropriate and in line with their associated written policy.

The inspector observed that residents' individual medicines were clearly labelled and securely stored in locked presses and fridges the centre. The dates when medicines were opened was recorded to ensure that they were used or disposed of in the appropriate time frame.

The inspector viewed a sample of the residents' medication administration sheets and records. They contained the required information, as specified in the provider's policy, and were well maintained. The records indicated that residents received their medicines as prescribed, for example, at the appropriate time. Some of the medications for use as required, also had associated written protocols to guide staff on their administration. There were arrangements for the oversight of the medicines practices to ensure that they appropriate, for example, regular medication management audits were carried out.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern, for example, they completed positive behaviour support training, there was a written policy to guide their practices, and plans were prepared to support residents with their behaviours.

The provided had identified the use of bed sensor alarms for two residents as being restrictive interventions. The rationale for the residents' safety was clear, and approval for their use had been granted by the provider's restrictive practice oversight group. The use of the alarms was also being recorded to demonstrate that they were for the shortest duration necessary.

However, the inspector also observed audio monitors in place for the same residents

that had not been identified by the provider as being restrictive. Thus, the monitors were not being managed in accordance with the requirements of the provider's restrictive practices policy, and it was not demonstrated that the residents or their representatives had provided consent for them to be used.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems, underpinned by written policies and procedures, to safeguard residents from abuse. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

The inspector found that safeguarding concerns had been responded to and managed, for example, they were reported appropriately and safeguarding plans were prepared as required. The provider's recent unannounced visit report of the centre had noted areas for improvement in the recording of incidents, and the provider's social work department carried out a subsequent audit of the safeguarding concerns to ensure that they were managed appropriately with a follow-up audit planned.

All residents in the centre required support with their personal and intimate care. However, staff on duty told the inspector that written personal and intimate care plans had not been prepared for residents. The absence of written plans for staff to follow posed a risk to the manner of the care and support provided to residents in this area, and their dignity and bodily integrity.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector observed a powder used to modify the consistency of liquids for residents with swallowing difficulties in an unlocked press in the dining room.

This practice required more consideration from the provider to ensure that any associated risks were mitigated.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 19 OSV-0005853

Inspection ID: MON-0037127

Date of inspection: 27/09/2023

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Register Provider has ensured that a SCW candidate has been recruited and allocated to the centre in view of commencing by 30th of November 2023, and is currently in the processing of completing the required recruitment compliance documentation. In September 30, 3023, The Programme Manager has an increased oversight of the roster and has developed 4 months planned roster, where planned absences cover were identified. The Programme Manager has also developed an improved planned night rotation to ensure that there is sufficient staffing in place during the day and that it does not impact facilitating the residents' needs. The new Person in Charge has ensured that good governance and oversight of the roster is maintained by ensuring that the roster is planned in advance and reviewed weekly. A social care has been recruited for the centre and is due to commence 30th of November 2023.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The new Person in Charge has maintained oversight of the training records and is working towards ensuring improvement of the outstanding training of the small number of staff that were overdue training in areas including epilepsy, infection prevention and control, and manual handling with the view that this is completed by 29th of February 2024.	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: The Register Provider has addressed the required improvement with the Quality Team with reassurance to improve their system in place from the 1st quarter of 2024 and have considered to implement a focused quarterly review from Service Users' Survey and Family/Advocate Survey feedback to ensure the effectiveness of the monitoring of the system in place. Issues noted in the six-monthly reviews regards staffing that had not been resolved was due to ongoing nationwide recruitment challenges despite the issue being identified as part of the recruitment drive. Staffing issue is discussed regularly during HR and Care management Team on a weekly basis to ensure that deficits are monitored closely, and new recruits are allocated accordingly. A social care worker has been recruited to the centre and is due to commence on 30th of November 2023. The Programme Manager has increased oversight of staffing deficits and has put in place effective roster management by completing an overall full staffing and roster review. Improved roster planning and night rotation is now in place since 30th of September 2023 to ensure that the residents' general welfare and development needs are met.	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The Person in charge will ensure compliance with Regulation 13: general welfare and development by conducting quarterly audits of resident's personal social profile to extrapolate goals which they have identified as well as ensuring new goals are identified once others are complete. Furthermore, the Person in Charge will audit keyworker meetings monthly to again extrapolate goals which have been identified by the residents. All identified goals will be input onto the residents monthly planning calendar and at the service user weekly meeting residents will be supported by staff to identify when the goals can be achieved. The resident's monthly activity planner will be cross referenced with the residents' meaningful activity record to ensure that the goals which are planned have been completed. The Person in Charge will ensure that a resident who seeks to engage in a specific sporting activity is supported to do so by supporting the keyworker to identify the sporting club so they can support the resident to join. Furthermore, the Person in Charge will ensure that the keyworker supports the resident to access funding for specific sporting equipment for personal use. The Person in Charge is currently working on these improvements with a view to be completed by 31st of May 2024.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

The Register Provider has ensured that the form used for developing personal emergency and evacuation plans is enhanced with the recommended improvement from this inspection. The Register Provider has escalated this matter to Eclipse and ICT department who are working on this with the view of completion by 31st of January 2024.

Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge will ensure compliance with Regulation 7: positive behavior support by ensuring that all restrictive practices are being managed in accordance with the service restrictive practice policy including consent from the resident to use the restrictive practice, an up-to-date restrictive practice protocol which is reviewed by the committee on a quarterly basis and by maintaining and auditing logs of restrictive practice use. The audio monitors addressed during the inspection were submitted for review by the Restrictive Practice Committee in line with the Policy with service user's consent. One of this audio monitors was submitted for review and discontinuation. Restrictive Practice Committee has added these for discussion on 15th of November 2023.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Person in Charge will ensure compliance with Regulation 8: protection by completing person centered intimate care plans for each resident which will be subject to annual review or sooner if the need arises. The care plans will be disseminated to all staff who support the individuals and will be available to the resident and staff at all times, this will be completed by 31st of December 2023.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The powder used to modify the consistency of liquids for residents with swallowing difficulties addressed during the inspection has now been relocated to a locked press to ensure that any associated risks are mitigated. This action was completed on November 14, 2023.	

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	31/05/2024
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/05/2024
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	Substantially Compliant	Yellow	31/12/2023

	purpose and the size and layout of the designated centre.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/09/2023
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.	Substantially Compliant	Yellow	29/02/2024
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	31/05/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and	Substantially Compliant	Yellow	15/11/2023

	ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	31/01/2024
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	15/11/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	15/11/2023
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all	Substantially Compliant	Yellow	15/11/2023

	alternative measures are considered before a restrictive procedure is used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	15/11/2023
Regulation 08(6)	The person in charge shall have safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.	Substantially Compliant	Yellow	31/12/2023