



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

## Issued by the Chief Inspector

Name of designated centre:	The Wren's Nest
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	22 May 2024
Centre ID:	OSV-0007980
Fieldwork ID:	MON-0041598

## About the designated centre

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

This is a service providing care and support to six children with disabilities located in county Meath. The service comprises of one large detached, two story house on its own grounds in a rural setting, but in close proximity to a large town. Two modes of transport are provided so as the children can avail of drives and social outings. Each child have their own large bedroom (one ensuite with a walk in wardrobe) and communal facilities include a large fully furnished sitting room, a fully equipped kitchen and large dining room with a TV area, a number of communal bathrooms, a utility facility and a staff office. There are gardens to the front and rear of the property, with adequate private parking to the front of the premises. A fully equipped playing area is provided for the children to the rear of the property to include swings, a trampoline, football nets and a basketball net. The service is staffed with a full-time person in charge, two senior social care professionals, a team of social care workers and direct support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	6
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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
Wednesday 22 May 2024	10:00hrs to 16:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). At the time of this inspection, there were six children living in the centre and the inspector met with four of them on and off over the inspection process. Written feedback on the quality and safety of care from the children and family representatives was also viewed by the inspector as part of this inspection process. Additionally, the inspector spoke with one family representative over the phone so as to get their feedback on the quality and safety of care provided in the service.

The centre comprised of large detached two-storey house in a quiet rural location in Co Meath providing care and support to five children. On the grounds of the property there was also a stand-alone one bedroom apartment for a sixth child. Large garden areas were provided to the front and rear of the property for the children to avail of in times of good weather.

On arrival to the centre the inspector observed that the garden areas were secured and well equipped for the children to play in. For example, there was goalposts and footballs, a basket ball net, a trampoline, swings, scooters, bicycles, go-carts and a play house. The house was also observed to be spacious, clean, warm and welcoming. All the children were at school when the inspector arrived to the house however, the inspector noticed that there were pictures of the children on the walls celebrating various holidays and on social outings. In all the pictures the children were smiling and appeared very happy.

The inspector reviewed some documentation and observed that staff had training in human rights. One staff member was asked how they put this training into practice so as to support the rights of the children and they replied by saying that the children (and family representatives) were consulted with and involved in the goal setting process and decision making process with regard to their person centred plans. This ensured that the children got to engage in meaningful social and learning activities. For example, they said that one of the children loved rugby and were part of a rugby club which they attended at weekends. Another child liked Gaelic football and they were also supported to be play football with a Gaelic club at the weekend. It was also observed that one of the children were part of a community-based inclusion cycling group and had their own bicycle which they also liked to cycle around the grounds of the house.

The staff member also said that weekly planners were completed with the children where they made their own choices on what activities to engage in. For example, some of the children liked to go for walks and drives, some liked the cinema, some liked to go out for lunch and/or dinner, some liked to go shopping and some liked to

visit fun fairs/theme parks.

The inspector observed that the children had made their own 'charter of rights' poster which they had on display in the hallway. The children had identified rights that were important to them on this poster such as the right to education, right to feel safe, right to social activities that they liked, the right to good health and the right to have options.

Over the course of this inspection the inspector saw evidence that these rights were being promoted in the house by the person in charge and staff team. For example, all of the children were being supported to attend school on a daily basis and, from reviewing one child's notes, the inspector observed that they had an individual educational plan (IEP) in place and were doing very well at school. Easy to read information on how to stay safe was available to the children and at their weekly meetings, it was explained to the children that they could make a complaint if they were not happy with any aspect of the service. The children also had access to a range of allied healthcare professionals so as to ensure positive overall health and well being and their individual choices regarding what social activities to participate in were respected.

The inspector met with one of the children later in the morning and they appeared in very good form. They were excited as they were going to make plans with staff to attend a pop concert later on in the summer. This child was also observed to be enjoying themselves playing football with staff in the garden. Staff were kind and caring in their interactions with the child and, the child was observed to enjoy the company of the staff team. The child spoke again (briefly) to the inspector later in the evening saying that they were going to see their granny and were really looking forward to this visit.

Another child arrived home from school later in the day and gave the inspector a high five. They appeared in very good form, were smiling and appeared very happy in the company and presence of staff. They were also observed to play in the garden on the swings and appeared to enjoy this activity very much. Later in the day the inspector noticed that they were playing chasing in the garden and again, appeared to be having great fun participating in this activity.

Written feedback on the quality and safety of care from five family representatives was viewed by the inspector. All family representatives reported that they were satisfied with the service with some saying staff were approachable, were extremely welcoming, very friendly, kind and caring, good to the children and there was a warm atmosphere in the house. Family members also reported that there was a good range of social activities for the children to participate in the community, the children were happy and settled, their needs were being provided for and some said they were extremely satisfied with the service. It was observed that one family member had commented on the fact that at times, there could be a lack of drivers on at the weekend and, access to psychology could be improved upon. In response to this the person in charge informed the inspector that an additional staff member with a drivers licence had been deployed to the centre and, the children were required, were now being referred to a play therapist. The person in charge also

met on a monthly basis with the multi-disciplinary team where any issues pertaining to the children could be discussed.

Staff also supported the children to provide written feedback on the quality and safety of care provided in the house. In this feedback it was reported that the children were happy in the house, happy with the toys and equipment provided to play with (swings, trampoline, go-carts, scooters, bicycles, tree house/play house, and football/basket ball nets. Some children recently had their bedrooms painted and they reported that were also happy with this. The children also reported they were happy with the social activities they were supported to participate in, felt their choices were supported and staff were easy to talk to. While one child said they didn't always like it when staff woke them in the mornings to go to school, they liked the staff team, they were easy to talk to, they knew their likes and dislikes and provided support when it was needed.

A family representative of one of the children was also spoken with over the phone as part of this inspection process. They were equally as positive about the quality and safety of care provided in the house. They said that they were 'blown away' by the care and compassion shown by staff to the children. They said the staff team were brilliant and they were very happy with the care provided to their relative. The also said that their relative was very happy in the house and that they got on very well with the staff team. They had everything that they needed and were very happy with their room (which was decorated with input from family members and to the individual style and preference of the child). They said that they felt the house was inviting, warm and welcoming and they could visit anytime they wished to. However, they also said that staff were very accommodating and ensured that their relative got to visit their family home on a very regular basis. They reported that they felt the service was safe and were very happy with the play areas provided for the children in the garden. Finally, the said their relative had a good social life in the service and that they had no complaints whatsoever about aspect of the quality or safety of care provided in the house.

Towards the end of the inspection process the inspector met briefly with three more of the children. One was in the kitchen and needed some reassurance from staff. Staff were very attentive to the child and, the inspector noted that prior to leaving the house, the child was in the kitchen singing and chatting with staff and appeared in very good form.

Another child shook the inspectors hand and smiled. Although they didn't speak directly with the inspector, they appeared very settled in the house and relaxed in the company and presence of the staff team. The third child was in the relaxation room. This therapeutic room provided a quiet space for the children with soft mood lighting and a range of tactile tiles and sensory room toys for the children to play with. The child appeared very relaxed in the room and was playing with some of the toys. Although they did not directly converse with the inspector, the child appeared happy and content and was relaxed in the company and presence of the staff member that was supporting them.

The next two sections of the report outline the findings of this inspection in relation

to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the children.

## Capacity and capability

The children appeared happy and content in their home and systems were in place to meet their assessed needs. However, a minor issue was identified with the upkeep and maintenance of the staff rosters.

The centre had a clearly defined management structure in place which was led by a person in charge and two team leaders. The person in charge was an experienced and qualified social care professional with an additional qualification in management.

They also demonstrated a good knowledge of the residents' assessed needs and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from April 2024 indicated that there were sufficient staff on duty to meet the needs of the children as described by the person in charge. However, as identified above, a minor issue was identified with the upkeep and maintenance of the staff rosters.

Staff spoken with had a good knowledge of childrens individual care plans. From reviewing three staff files, the inspector observed that staff were provided with training to ensure they had the necessary skills to respond to the needs of the children.

Additionally, the inspector noted that staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the children were included in the first section of this report: *'What residents told us and what inspectors observed'*.

## Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified social care professional with an additional qualification in management. They demonstrated a knowledge of their legal remit to the



Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision of staff and localised audits.

They also demonstrated a good knowledge of the assessed needs of the children in their care.

Judgment: Compliant

### Regulation 15: Staffing

The staff team in this service consisted of a person in charge, two team leaders (senior social care workers), social care workers and direct support workers.

A review of a sample of rosters for the month of April 2024 indicated that there were sufficient staff on duty to meet the needs of the children as described by the person in charge on the day of this inspection.

For example, throughout the day each of the six children were on 1:1 staffing support and the inspector observed that each day throughout the month of April 2024, there were six staff on duty.

Additionally, there were three live waking night staff on duty each night. Two of these were in the main house and one was in the apartment on the grounds of the property. The person in charge also confirmed to the inspector that all staff working in the designated centre had appropriate vetting on file.

It was observed that there was a shortfall of one social care worker however, these shifts were being filled by regular relief staff and, the vacancy was soon to be filled once the necessary paperwork and documentation was completed.

The maintenance of the rosters required some attention however, as it was difficult to ascertain on some days what staff were working in the centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

From reviewing the records of three staff members, the inspector found that they were provided with training to ensure they had the necessary skills to respond to the needs of the children.

For example, staff had undertaken a number of in-service training sessions which

included

- Children's First training
- safeguarding of vulnerable adults
- communicating effectively through open disclosure
- trust in care
- fire safety
- fire protection equipment demonstration training
- manual handling/people moving and handling
- epi pen training
- feeding, eating, drinking and swallowing difficulties (FEDS)
- first aid
- food safety
- health and safety
- medication management (theory and practical)
- positive behavioural support and active listening
- positive behavioural support and responding to behavioural issues
- understanding autism
- supporting people on the autistic spectrum

Staff had also undertaken training in a number of infection prevention and control programmes to include:

- infection prevention and control
- hand hygiene
- donning and doffing of personal protective equipment
- respiratory hygiene
- standard transmission based precautions

Additionally, staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the children were included in the first section of this report: *'What residents told us and what inspectors observed'*.

It was observed that staff had training in the following areas:

- putting people at the centre of decision making
- positive risk taking

The person in charge also confirmed with the inspector that all staff working in the designated centre had training in Children's First.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service.

The management structure consisted of a chief executive officer (CEO) who was also the registered provider representative. They had overall responsibility for the strategic leadership of the organisation.

They were supported in their role by a chief operations officer (COO) who was responsible for the operational delivery of the service and compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations) and the National Standards for Residential Services for Children and Adults with Disabilities. The COO was also registered as a person participating in management.

A director of operations worked directly under the COO who was responsible for the delivery of all adult and childrens services (to include residential, respite and day services).

There was also a director of nursing and a number of assistant director of operations who provided assurances to the COO and DOO that the services were operating in accordance with the organisations policies and procedures.

The provider also had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022/2023 and, a six-monthly unannounced visit to the centre had been carried out in May 2024. On completion of these audits, a corrective action plan was developed so as to address any issues identified in the audits, in a timely manner.

For example, the auditing process identified the following:

- a referral was required for one of the children to a speech and language therapist
- the directory of residents required review
- additional social care workers were required as part of the overall team

These issue had been actioned and were addressed (or in the process of being addressed) at the time of this inspection.

It was observed that aspects of the premises required some works/refurbishment however, the person in charge was aware of these issues and had a plan of action in place to address them.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the

requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the children.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

### Quality and safety

The children living in this service were supported to live their lives based on their assessed needs and individual choices (with family input and support). Systems were also in place to meet their assessed educational, health and social care needs. A minor issue was identified with the fire safety arrangements.

The childrens assessed needs were detailed in their individual plans and from viewing two of their files, they were being supported to achieve goals of their choosing, attend school and frequent community-based activities.

The children were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each child had a number of healthcare-related plans in place so as to inform and guide practice. Access to mental health and behavioural support was also provided for. Staff spoken with were familiar with childrens healthcare requirements and plans.

Systems were in place to safeguard the children however, at the time of this inspection there was no safeguarding concerns. Systems were also in place to manage and mitigate risk and support the childrens safety. There was a policy on risk management available and each child had a number of individual risk assessments on file.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire

extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

Fire drills were being conducted as required and each child had an up-to-date personal emergency evacuation plan in place. It was observed however, that the personal emergency evacuation plans required review.

The house was found to be clean, warm and welcoming on the day of this inspection with the provision of a playground area for the children to play in.

Overall this inspection found that the educational needs, individual choices and preferences of the children (with input and support from family members) were promoted in this service. On the day of this inspection the children appeared happy and content in their home and staff were observed to support them in a caring, kind and person centred manner.

## Regulation 10: Communication

The provider had ensured that each child was assisted and supported to communicate in accordance with their needs and wishes.

Staff were aware of the communication preference of each child as outlined in their personal plans.

Additionally, the children had access telephones and other types of online media so as they could keep in contact with family members.

Pictures/picture boards and easy to read information was also available to the children.

It was also observed that a speech and language therapist had been sourced so as to provide support to some of the children with their communication needs.

Judgment: Compliant

## Regulation 13: General welfare and development

The children in this centre had access to facilities for education, learning and recreational activities.

Opportunities were provided for each child to participate in activities in accordance with their interests, capacities and needs.

They were also supported to build friendships and relationships/links with the wider community through participating in sporting events, joining clubs and frequenting community-based amenities such as shops and restaurants.

The children were also supported to keep in regular contact with their family members.

Additionally, the service ensured that each child had opportunities for play time and opportunities to develop and build life skills in preparation for adulthood.

All of the children were supported to attend school on a daily basis.

Judgment: Compliant

### Regulation 17: Premises

The premises were found to be spacious, warm, clean and welcoming on the day of this inspection.

Each child had their own bedroom which were decorated to their individual style and preference.

Communal facilities included a sensory/relaxation room, a large kitchen/dining room, a sitting room, a utility room and a number of communal bathrooms.

Additionally, there was a one bedroom apartment with a bathroom on the grounds of the house for one of the children.

There was a large play area to the rear of the property with a play ground for the children to play in. Additionally, there was a football net/ and footballs, a basket ball net, a tree house/play house, scooters, go-carts and bicycles for the children to play with.

Some issues were noted with the premises to include the flooring at the top of the stairs, some painting was required, and some furniture needed replacing however, the person in charge was aware of this and had plans in place to address these issues.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and support the childrens safety

in the house.

There was a policy on risk management available and each child had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a risk related to behaviour was identified, the following control measures were in place

- staff had training in positive behavioural support
- the children where required, had positive behavioural support plans in place
- access to multi-disciplinary support was provided for
- staff were familiar with the assessed needs of the children

Additionally, so as to support the childrens safety, each child had 1:1 staffing support throughout the day.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the fire alarm system had been serviced in February 2024 as well as the emergency light system. The person in charge confirmed that the fire extinguishers were also serviced in February 2024.

Staff also completed as required checks on all fire equipment in the centre and from reviewing three staff files, they had training in fire safety. Fire drills were being conducted as required and each child had an up-to-date personal emergency evacuation plan in place.

It was observed however, that the personal emergency evacuation plans required some review so to accurately reflect the staffing level of support available at night time in the service, and to provide more information on the evacuation process for the child that lived in the apartment.

It was observed that no issues were occurring on fire drills. For example, on a drill facilitated April 05, 2024 it took the children and staff 30 seconds to evacuate the house.

Judgment: Substantially compliant

## Regulation 6: Health care

The children were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- dentist
- dietitian
- paediatrician services
- dermatology
- orthotic services
- ophthalmology
- neurology

Healthcare plans were also in place to guide and support staff practice.

Additionally, access to a team of multi-disciplinary professionals were also provided for to include:

- a consultant behavioural therapist
- child and adolescent psychiatry
- consultant psychotherapist
- a play therapist

The service also had support from a community-based nursing practitioner.

Judgment: Compliant

## Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the children however, at the time of this inspection there were no safeguarding concerns on file.

The inspector also noted the following:

- staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one.
- easy-to-read information on advocacy and safeguarding was available in the centre
- feedback from one family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided to their relative.
- written feedback from five family members on the quality and safety of care



- was generally positive
- there were no complaints about any aspect of the service on file for 2024

From a sample of three files viewed, staff had training in the following:

- Children's First training
- safeguarding of vulnerable adults
- communicating effectively through open disclosure
- trust in care

The person in charge also assured the inspector that all staff working in the centre had appropriate vetting on file and all staff had Children's First training.

Judgment: Compliant

## Regulation 9: Residents' rights

The individual choices and preferences of the children (with input and support from family representatives) were promoted and supported by management and staff.

The children were supported to choose their daily routines and engage in social, learning and recreational activities they liked and enjoyed.

Staff were observed to be respectful of the individual communication style and preferences of the children. Where required, easy-to-read materials and/or pictures were utilised to support the children with communication. For example, a visual roster was available so as they knew who was working each day.

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the children were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Wren's Nest OSV-0007980

Inspection ID: MON-0041598

Date of inspection: 22/05/2024

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            There is currently one staff WTE void in The Designated Centre, a suitably qualified candidate has been successfully recruited and are currently awaiting garda vetting clearance before they can commence employment. Candidate is due to commence employment on 2nd July 2024.            Regular relief staff have been completing available shifts in the Designated Centre to ensure appropriate staffing levels are in place to meet the care and support needs of the residents.            Due to be completed: 2nd July 2024</p> <p>The Person in Charge will monitor rosters weekly to ensure where relief staff members are completing required shifts will be appropriately displayed on actual rosters in Designated Centre.            Completed and monitored weekly by Person in Charge.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            A review of all resident’s PEEP’s was conducted by the Person in Charge. All PEEPS have been updated and now include detailed supports and guidance for staff to ensure Residents evacuate the building in the event of a fire or emergency. The document now clearing outlines the supports available and needed to residents both during the day and night.            Completed: 23rd May 2024.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	02/07/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	23/05/2024