



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

Issued by the Chief Inspector

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| Name of designated centre: | Fininside |
| Name of provider: | Health Service Executive |
| Address of centre: | Donegal |
| Type of inspection: | Unannounced |
| Date of inspection: | 20 September 2023 and 21 September 2023 |
| Centre ID: | OSV-0008153 |
| Fieldwork ID: | MON-0035322 |

About the designated centre

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

Finnside designated centre is located within a small campus setting which contains six other designated centres operated by the provider. Finnside can provide full-time residential care and support for up to four residents, both male and female. Finnside consists of two sitting rooms, one of which has patio doors with access to the garden, a dining-room, a visitor's room, kitchen, a multi sensory room, Jacuzzi bathroom, three shower rooms and four single bedrooms. A laundry room is available where each resident if they choose can participate in their laundry. The centre is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and coffee shops. There is also transport available for residents to access community outings. Residents are supported by a staff team of nurses and healthcare assistants who provide 24 hour support, with two waking night staff in place each night.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 3 |
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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 20 September 2023 | 14:00hrs to 18:10hrs | Angela McCormack | Lead |
| Thursday 21 September 2023 | 09:30hrs to 13:15hrs | Angela McCormack | Lead |

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to monitor compliance with the regulations. As part of the inspection, the inspector met with residents, local managers and staff. Overall, residents were found to be provided with a person-centred service where residents were supported to engage in activities that were meaningful to them.

Finnside was one of seven designated centres located on a small campus setting in Co. Donegal. There were three residents living in Finnside at the time of inspection. The inspection was carried out over two half days; during early evening one day and the following morning. The inspector got the opportunity to observe practices and to meet with all residents and staff throughout the days of inspection. In addition, members of the local management team were met with and available throughout.

The inspector got the opportunity to spend time with all residents throughout both days of inspection. With support from staff, residents spoke about their interests and about the things they enjoyed. Some residents had specific communication preferences, and this was observed to be in use throughout the inspection. One resident was reported to enjoy getting their nails done professionally every few weeks, and they were observed to have colourful painted nails which they were happy to show to the inspector. They spoke briefly with the inspector and appeared happy and content in their home. Another resident was observed doing a puzzle in the sitting-room. They greeted the inspector in their own way and they chose to spend time sitting with the inspector at times throughout the inspection. They appeared comfortable in their home and with staff. Another resident spoke briefly with the inspector before going out to do personal shopping. They spoke briefly about a resident who had died in recent years. They were observed to be supported by staff in a respectful and compassionate manner.

Throughout the inspection residents were observed coming and going to various activities such as shopping trips, bus trips and one resident had plans to go to a hair appointment. Residents were observed freely moving around their home and were supported by staff where required. Where residents required support with mobility needs, there were the numbers of staff available to support this.

Some residents attended sessions at an external 'hub' for activities that they were interested in. In addition, some residents attended weekly community groups with others of a similar age profile. There were four staff on duty each day to support residents to take part in individual activities and interests. Residents had access to two vehicles also to enable individual activities to be carried out. The staffing levels, spacious environment and having access to two vehicles helped to ensure that potential safeguarding risks between residents were reduced.

The house was spacious for the needs and numbers of residents. Since the last inspection, the provider applied to change the function of some rooms. This

facilitated the development of a multi-sensory room and a manager's office. One resident was observed relaxing in this multi-sensory room during the inspection. The inspector was informed that residents had been consulted about, and involved in decorating this room. It was observed that one resident whose preference was to sit at a table for comfort, had this in place in this new room.

Residents' bedrooms were nicely decorated and were personalised with artwork, photographs, individual personal items and soft furnishings. One resident had recently decorated their bedroom. This was a personal goal that they chose at their person-centred plan (PCP) meeting. Staff spoke about how the resident was involved in choosing furniture and colours for their room, and had helped with painting the wardrobe doors.

Other personal goals that residents had chosen at their PCP meetings included; going on holidays, going on day trips, gardening projects and upcycling projects. Some residents had been involved in upcycling a book case and coffee table, and these pieces of furniture were used within their home. The inspector was informed that one resident who had been given an old horse shoe at the stables they attended, was bringing it to the 'hub' to see if they could use it for a craft project. Some residents had identified personal goals relating to gardening projects, and there were photographs in residents' personal plans of the progress and completion of the gardening projects.

Residents had access to televisions, music players and telephones. Some residents enjoyed reading magazines and newspapers, which they were supported to purchase whenever they chose to. One resident was observed to be supported to make a telephone call to a family member during the inspection when they asked for help with this.

Through discussions, observations and a review of documentation, the inspector found that residents were supported to engage in activities that were meaningful to them and that were appropriate to their stage of life. Residents who had an interest in going away overnight had been supported to go on holidays during the year. Photographs in place demonstrated residents' enjoyment of this. It was evident that staff strived to ensure that residents had access to meaningful opportunities and individual interests. For example; some residents who liked animals enjoyed 'horse therapy' sessions, and staff were following up with trying to source a 'therapy dog' for this resident. Another resident who enjoyed getting their nails and hair done, were supported to attend regular appointments for this. Staff spoken with told the inspector about how this resident was now well known in the salon. In addition, a resident whose faith was important to them was supported to attend religious ceremonies and to be part of their parish community events.

Staff spoken with appeared knowledgeable about the individual needs of residents. Staff talked about residents' interests and about what was important to them. Staff undertook 'human rights training' which was noted to be part of the centre's site specific training plan. All staff spoken with said that they found this training useful. Staff described about how one resident was supported with choosing options for redecorating their bedroom. Staff supported them to review choices using a

technological device, and they were then supported to go to a large furniture store to buy their items of choice. Staff described about how residents chose their meals and about how choices were offered each day. In addition, residents were involved in shopping for their home and choices were offered and agreed at weekly residents' meetings.

From a walk around of the centre the inspector observed a range of easy-to-read notices on display. These included fire evacuation procedures, photographs of staff working that day and night and pictures of meal choices. In addition, there were easy-to-read documents available to residents in topics such as complaints, advocacy and staying safe online. There were colourful furnishings, framed photographs and personal effects throughout the home which created a warm and homely atmosphere. The garden was accessible through double doors leading off the sitting-room and dining room. The garden was accessible for all residents, and was beautifully decorated with painted stones, garden furniture, garden ornaments and trees that were planted in memory of deceased residents.

The house was well ventilated, bright, clean and spacious. There was a small kitchenette which contained kitchen appliances. The cupboards and fridges were stocked with a variety of food items for residents to have snacks and prepare meals, if required. One resident who was a wheelchair user was supported to do baking in the adjacent dining-room. There was an open hatch between the dining-room and kitchen through which the aromas from the baking items could be smelled. Staff and residents baked banana bread and scones during the inspection, and residents and staff were observed to be sitting together enjoying the baked goods.

Overall, Finnside service was found to provide high quality, person-centred and individualised care and support to residents. Observations throughout the inspection were that residents were treated in a caring and respectful manner by staff. In addition, staff were seen to be responsive to residents' communications. Residents appeared comfortable around staff, with each other and in their home.

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

Capacity and capability

This inspection found that Finnside service had effective arrangements in place to ensure that the centre delivered a high quality service. There were good arrangements for auditing practices by the local managers and the provider. This helped to ensure good oversight and monitoring of the centre. Audits and assessments were found to be effective for identifying areas for improvement.

The centre was staffed with a skill mix of nurses and healthcare assistants. Two vacancies for healthcare assistants and one staff nurse were in progress for

completion. The inspector was informed about challenges in the region in recruiting nursing staff. Managers spoke about how this risk was escalated recently. They explained that staffing arrangements were under review to ensure that the service continued to meet the assessed needs of residents. While these vacancies were being progressed, the gaps were covered by a cohort of regular agency staff or additional staff from the campus. At times, the local management team were required to provide cover as part of the contingency arrangements. Continuity of care from familiar staff was noted as an important requirement in some resident's support plans and the management team strived to ensure this when planning the gaps in the rota.

The governance structure ensured that there were clear lines of accountability for the management team. The local management team consisted of a person in charge and a clinical nurse manager 1(CNM1). Both had responsibility for one other designated centre located on the campus. Both were present throughout the inspection. They divided their time between both centres and their office was located in Finnside. Staff spoken with were complimentary of the management team. They said that they felt well supported and that the managers were available and approachable. Both the person in charge and CNM1 worked full-time. The CNM1 supported the person in charge in the operational management of the centre. This included tasks such as completing regular audits, of which the person in charge had oversight and monitored actions.

There was a schedule in place for a suite of audits to occur at set intervals during the year to monitor the quality and safety of care in the centre. These audits included: fire safety, medicines, infection prevention and control (IPC), safeguarding, complaints, restrictive practices and personal plans. In addition, the management team completed monthly reviews of incidents that occurred. From a review of incidents that occurred over the previous months, it was evident that trending of incidents took place. Incident reports were found to consider if the impact of incidents impacted negatively on residents. This helped to ensure that any safeguarding risks could be identified.

Audits completed were found to be effective in identifying areas for improvement. For example; individual staff training needs were identified and found to be followed up to ensure completion. Actions required through various audits were included on a service quality improvement plan (QIP). The progress of these actions were then reviewed weekly by the person in charge and monthly by the director of nursing (DON). This helped to ensure that actions were completed in a timely manner.

Overall, the arrangements in place in Finnside ensured effective oversight and monitoring of the centre and actions identified through the management audits were found to be under review for completion.

Regulation 14: Persons in charge

The person in charge had the experience and qualifications to manage the

designated centre. They were knowledgeable about the needs of residents living in Finnside and it was evident that residents were familiar with them also. The arrangements in place by the provider ensured that the person in charge could manage two designated centres. This included a CNM1 who supported in the operational management of both centres under the person in charge's remit.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual rota in place which was well maintained and reflected who was working on the days of inspection. There were the numbers of staff working each day to support residents with their assessed needs. However;

- there were some staff vacancies at the time of inspection that required completion to ensure that the centre was staffed with the numbers and skill-mix of staff as outlined in the statement of purpose

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had a list of mandatory training that all staff required. In addition, the service had identified site -specific training that staff working in Finnside required. All staff had completed the mandatory training, and where refresher training was due, this had been identified and dates set for completion.

Staff were supported through annual meetings with their line manager. All staff spoken with said that they felt well supported.

Judgment: Compliant

Regulation 23: Governance and management

There were good arrangements in place for the governance and management of the centre. There was a clear and effective governance structure which included defined roles and responsibilities for the management team.

There were robust systems in place for reviewing and monitoring the centre and for ensuring that actions to improve the service were identified and kept under review

for completion.

The provider ensured that an annual review of the quality and safety of care provided in the service occurred which included consultation with residents and their representatives, as relevant.

Staff were offered opportunities to raise any concerns that they have about the operation of the service through regular team meetings. Where staff could not attend the meetings, sign off sheets were in place for staff to sign off that they read the minutes.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications that were required to be submitted to the Chief Inspector of Social Services had been completed.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place. An easy-to-read guide had been developed and was available to residents. This included information on how to make a complaint and the appeals process. 'Complaints' was discussed regularly at residents' meetings. There were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had in place all the policies and procedures as required under Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Finnside service was found to provide high quality care and support to residents. Residents were observed to be relaxed and comfortable with the care and support provided. Staff were knowledgeable about how to best support residents with their individual needs. Some improvements were required in further supporting residents' communication preferences. The management team had identified this and there was a plan in place, in conjunction with the speech and language therapist (SLT), to train staff in various communication methods.

There were good arrangements in place to assess and review residents' care and support needs. Care plans were in place to guide staff in the supports required. These were found to be up to date and kept under review for any changes. Residents' health and wellbeing were promoted in the centre. Residents were facilitated to attend any recommended healthcare appointments and medical interventions, if they chose to. Residents' choices in this regard were respected. Where residents declined particular interventions, the risks of this had been assessed to help promote the best possible health.

Residents were consulted about the running of the centre through regular residents' meetings. Residents' choices about meals, shopping items and activities were agreed and found to be followed up. These meetings also provided an opportunity to review fire procedures and other safety issues. It was noted that residents responded that they must go to the fire assembly point, when fire drills were discussed at some meetings.

Fire safety measures in the centre were kept under review through regular auditing and daily, weekly and monthly checks of various safety measures. Each resident had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements to ensure a safe evacuation from the centre. In addition, it was found that fire drills were carried out regularly and were kept under review by the management team to ensure that they were effective.

In general, residents had access to multidisciplinary team (MDT) members as required. One resident was recently referred for occupational therapy (OT) and was awaiting a review. The management team spoke about how they were seeking input from OT in relation to one resident's access to the kitchen and about their engagement in kitchen related activities to see if any adaptations were required to support their preferences.

Residents who required supports with stress management and behaviours of concern had comprehensive support plans in place. These included MDT input and outlined clear guidance on the supports required. Every effort to establish the cause of residents' behaviours were found to be explored. For example; possible physical causes were considered when a resident presented in poor form.

There had been no safeguarding concerns in the centre since the previous inspection. Staff spoken with talked about the range of measures in place to minimise safeguarding risks between residents. They said that, in general, residents appeared comfortable and happy living together. Staffing levels and the use of the environment helped to ensure that residents could enjoy individual time with their

preferred activities. Some staff felt that the increase in residents' individual activities helped to reduce safeguarding risks. As mentioned previously, safeguarding was closely monitored with each incident reviewed as to whether residents were negatively impacted or not.

In summary, this inspection found that Finnside service provided residents with a safe, high quality, person-centred service.

Regulation 10: Communication

Residents had access to magazines, newspapers, televisions, the internet, technological devices, radios and telephones in line with their individual preferences.

Each resident required some supports with communication and had communication plans in place. Residents had been assessed by a SLT in recent months. A recommendation was made by SLT for all staff to be trained in a 'total communication approach' so to optimise communication supports to residents. The following was found;

- while some staff had commenced communication training as recommended, not all staff had received the training identified

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were supported to engage in a range of leisure and recreational interests in line with their interests and stages of life. In addition, residents were supported to engage in, and be part of, activities in the wider community. For example; residents enjoyed going to music sessions in a local hotel, going to the cinema, going to local coffee shops and being part of their chosen religious community. Residents' communications and links with family and friends were promoted.

Judgment: Compliant

Regulation 17: Premises

The premises was clean, well ventilated and well maintained. Each resident had their own bedroom with storage space for personal possessions. There were two sitting-rooms, a visitor's room and a multisensory room for residents to enjoy. The centre had spacious communal bathrooms where there were level access showers

and one large bathroom contained a jacuzzi bath. There was a dedicated room for laundry. The kitchen area contained kitchen and cooking appliances, and there was a dining room adjacent to this where some residents were observed engaging in cooking activities during the inspection. The management team spoke about reviewing proposed works to the kitchen area to see if the plans remained relevant since the reduction in resident numbers. They also spoke about seeking advice from an OT in relation to a wheelchair user and their engagement in kitchen related activities.

Judgment: Compliant

Regulation 28: Fire precautions

There were good arrangements in place for fire safety. These included; fire containment measures, emergency lights, fire fighting equipment and a fire alarm panel.. There were daily, weekly and monthly checks in place for fire safety which were completed by staff. In addition, regular audits were completed by the management team in relation to staff fire safety awareness and fire measures.

Regular fire drills were carried out under different scenarios and information recorded gave good details of evacuation. These drills were found to be kept under ongoing review by the management team to ensure that all residents could be evacuated to safe locations. For example; one fire drill carried out noted an action to repeat the fire drill and this was completed the following week to ensure that all residents could be evacuated safely in a timely manner.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were policies and procedures in place both for medicine administration by nursing staff, and care staff. There were good arrangements in place for the ordering, receipt, safe storage, administration and recording of medicines. There were arrangements in place for the disposal of unused or spoiled medicines. The recording and auditing systems in place ensured safe storage and administration.

Each resident was assessed as to whether they could self-administer their own medicines and to identify what supports were required. This was completed annually, or as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident had been assessed with regard to their health, personal and social care needs. A range of care and support plans had been developed which provided clear guidance to staff on the supports each resident required with their assessed needs.

Annual review meetings occurred to review each resident's assessed needs and wellbeing, and these ensured maximum participation with residents and their representatives, as relevant. In addition, each resident was supported to identify meaningful and personal goals for the future and these were kept under review to ensure that they were completed.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing. Residents were facilitated to access a range of allied healthcare professionals where recommended, and agreed by residents. Residents had end-of-life plans in place which were kept under review with residents and their representatives. Residents had access to various MDT supports, such as psychologists and behaviour therapists. In addition, where supports were required from community based professionals, referrals had been made. For example; one resident had recently been referred to the community OT and was awaiting an appointment.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff received training in behaviour management and were found to be knowledgeable about the supports that residents required. Residents who required supports with behaviors and stress management had comprehensive support plans in place, which included input from MDT. These were found to be kept under ongoing review and it was evident that every effort was made to establish the causes of behaviours.

Restrictive practices in place in the centre were kept under ongoing review to ensure that they were the least restrictive option for the shortest duration and that they had a clear rationale for their use. The management team spoke about how they were in the process of reviewing some restrictive practices. This had been identified

as an action from a provider audit.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place for safeguarding and for the provision of intimate and personal care. Each resident had a comprehensive intimate care plan which clearly outlined the supports required and areas where residents were independent.

All staff were training in safeguarding and staff spoken with were knowledgeable about how to ensure that safeguarding risks were minimised between residents. This included maintaining appropriate staffing levels, the use of the environment and individual transport arrangements. Staff safeguarding awareness audits were completed monthly where different staff were assessed each month to review their knowledge and awareness about what abuse is, what the safeguarding processes are and about safeguarding plans.

In addition, the protection of residents was further promoted through the ongoing review of incidents that occurred to assess if incidents impacted negatively on residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were found to be respected in the centre. Weekly residents' meetings occurred where residents were offered choices in what shopping items they would like to purchase and what activities they would like to do. In addition, 'rights' were discussed at the residents' meetings, where the FREDA (fairness, respect, equality, dignity and autonomy) principles were reviewed.

Residents' choices about how they lived their lives, including practicing their faith, were found to be respected. Although main meals were received from a centralised kitchen on the campus, choices in meals were offered daily. In addition, meals could be cooked in the centre if preferred and there was a variety of food items available in the cupboards and fridge.

The provider had a 'Human Rights' Committee' in place, minutes of which were reviewed, and which demonstrated the provider's commitment to promote a rights' based culture.

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 | Compliant |
| Regulation 15: Staffing | Substantially compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Substantially compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Finnside OSV-0008153

Inspection ID: MON-0035322

Date of inspection: 20/09/2023 and 21/09/2023

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 |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. The Person in charge has liaise with the Human Resources department to facilitate the start date for two Healthcare Assistant's that will fill the two vacant positions currently in the Centre – Date for completion: 30/11/2023 2. The Person in Charge has liaise with the Human Resources department in relation to filling of the vacant staff nurse position, this position will be expressed out again to the new panel – Date for completion: 31/12/2023 3. The Person in Charge will continue to ensure that the centres roster is reviewed daily to ensure it is reflective of the staff on duty daily – Completion date: 30/09/2023 4. The Person in Charge will continue to ensure that there are regular agency staff assigned to the centre to ensure consistency for all residents – Completion date: 30/09/2023 | |
| Regulation 10: Communication | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ol style="list-style-type: none"> 1. The Person in Charge has agreed a schedule of training dates and topics with the speech and language therapist. Date completed: 11/07/2023. 2. The Person in Charge will ensure that all staff complete the scheduled communication training identified by the speech and language therapist. Date for completion: 15/01/2024 | |

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 10(1) | The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes. | Substantially Compliant | Yellow | 15/01/2024 |
| 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 purpose and the size and layout of the designated centre. | Substantially Compliant | Yellow | 31/12/2023 |