



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

## Issued by the Chief Inspector

Name of designated centre:	Valleyview
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	12 March 2024
Centre ID:	OSV-0001705
Fieldwork ID:	MON-0034083

## About the designated centre

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

Valleyview is a designated centre operated by Sunbeam House Services CLG. Valleyview is located in a rural town in County Wicklow. It provides full-time residential care for male and female adults with intellectual disabilities. The service can also support residents with complex medical issues. Due to their ages, most residents are retired and are supported by staff in the centre with their social and leisure activities. The centre comprises two interconnected bungalows. Residents have their own bedrooms, and there is ample communal living space including gardens. The centre is staffed by a person in charge, deputy manager, staff nurses, social care workers, and care assistants.

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

Number of residents on the date of inspection:	8
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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
Tuesday 12 March 2024	09:30hrs to 18:20hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

This announced inspection was carried out as part of the regulatory monitoring of the centre and to help inform a decision on the provider's application to renew the registration of the centre. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. Overall, the inspector found that the centre was operating at a good level of compliance with the regulations, and that residents were in receipt of a safe and quality service.

The centre comprised a large single-story building with two interconnected bungalows. The bungalows were almost identical in size and layout. The centre was located in a picturesque setting, and within walking distance to a small town with many amenities and services. There were also two vehicles available in the centre for residents to access their community and beyond.

The inspector carried out a thorough walk-around of the centre with the person in charge. Each resident had their own bedroom which were personalised to their individual tastes. One bedroom had been recently upgraded to accommodate a resident with increased mobility needs. The bedroom size had been increased, and it had been fitted with an accessible en-suite bathroom and electrical mobility equipment required by the resident. There was sufficient communal space in the centre, including sitting rooms, kitchens, dining spaces, accessible bathrooms, utility rooms, and rooms for residents to receive visitors. There were also storage rooms and staff offices. The kitchens were well-equipped, and there was a good selection and variety of food for residents to choose from.

The inspector also observed that specialised equipment was available to residents. For example, mobility equipment such as individualised chairs and overhead hoists, and sensory aids such as robotic pets.

The gardens looked onto pleasant views of the countryside. They were generally well-maintained with bright flowers and different plants, and contained nice furniture for residents to use.

Overall, the inspector found the premises to be bright, clean, comfortable, and well-maintained and equipped. Since the previous inspection of the centre in January 2023, parts of the centre had been renovated and refurbished. For example, rooms had been repainted, and there was new sitting room furniture and soft furnishings. However, some further upkeep was required, such as filling potholes in the driveway.

The inspector observed a relaxed and homely atmosphere in the centre. For example, there were nice smells from meals being cooked, and the furniture was comfortable. The centre was also nicely decorated. For example, framed photos of

residents and decorations for St. Patrick's Day were displayed.

There were also notice boards with information for residents on human rights, infection prevention and control (IPC) matters, safeguarding, the upcoming inspection, and on how to make a complaint. The staff rota was also displayed using pictures of staff to make it more accessible to residents.

There were some restrictive practices implemented in the centre, including locked doors and night-time checks. The person in charge told the inspector about the rationale for the restrictions. However, the inspector found that the implementation of some restrictions required more consideration.

The inspector observed that some of the IPC measures and fire safety precautions in the centre had improved since the previous inspection. For example, there were appropriate hand-washing facilities in the bathrooms, and the fire doors were unobstructed. The premises, IPC, fire safety, and restrictive practices are discussed further in the quality and safety section of the report.

There were seven residents present during the inspection. One resident was temporarily receiving care in a healthcare service while recovering from a serious health event, but was due to return to the centre in the coming weeks. As part of their application to renew the registration of the centre, the provider had applied to reduce the maximum number of residents in the centre from 12 to eight. The person in charge told the inspector that the reduced number of residents would contribute to a more peaceful environment and ensure that staff had sufficient resources to support residents with increasing needs as they aged.

Some residents chose to speak with the inspector. They told the inspector that they liked living in the centre, and were happy with their bedrooms. They liked the staff and got on well with the other residents. They enjoyed the food provided in the centre, and often had their favourite foods. Some residents also liked to bake. The residents had different interests and hobbies, and spoke about some of the activities they enjoyed, such as attending community groups and classes, eating out, going to musical shows, crafts, walking, and relaxing in the centre by watching television. One resident told the inspector that they had participated in fire drills and were helped by staff to evacuate the centre.

In advance of the inspection, staff had supported residents to complete surveys on what it was like to live in the centre. Their feedback was positive, and indicated that residents were safe, got on with their housemates; and were happy with the services they received in the centre such as the premises, facilities, food, staff, visiting arrangements, and activities available to them. The comments included that they are "very happy living in Valleyview."

The inspector observed staff engaging with residents in a kind and respectful manner, and spoke with met different staff members, including the person in charge, social care workers, and nurses.

The person in charge spoke warmly about the residents and demonstrated a rich understanding of their individual needs and personalities. The person in charge was

satisfied with the staffing arrangements in the centre and the availability of multidisciplinary services. They told the inspector that residents received individualised care, were happy and safe in the centre, and were compatible to live together. They were satisfied that residents had sufficient opportunities to engage in activities they liked and could exercise choice and control in their daily lives.

Social care workers described the service provided in the centre as being "person-centred" and appropriate to residents' individual needs and interests. They said that residents had good quality and active lives. They had no concerns about residents' safety, but were aware of the procedures for reporting potential concerns. A nurse spoke to the inspector about some of the IPC precautions in the centre such as the arrangements for managing bodily fluid spills. These matters are discussed further in the quality and safety section of the report.

Overall, the inspector found that residents were in receipt of a safe and quality service, and that adequate arrangements were in place to meet their assessed needs and wishes. However, some improvements were required to aspects of the service provided in the centre, such as the use of certain restrictive practices and the accessibility of residents' care plans.

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 good management systems in place to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their needs.

The provider had ensured that the centre was well-resourced. For example, staffing arrangements were appropriate to residents' needs and the premises had recently been renovated to accommodate residents' changing needs.

The provider and local management team had implemented management systems to ensure that the centre was safe and effectively monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out with actions identified to drive quality improvement.

The management structure in the centre was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time, and found to be suitably skilled, experienced, and qualified for their role. They were supported in the management of the centre by a deputy manager. The person in charge reported to a senior services manager, and there were systems for them to communicate. The senior services manager reported to a Chief Executive Officer (CEO). The CEO, appointed in November 2023, had visited the centre earlier in the

year to meet the residents and staff.

The staff skill-mix and complement was appropriate to the number and assessed needs of residents. There were no vacancies, and residents received good continuity of care. The person in charge was satisfied with the staffing arrangements, describing the staff team as "fantastic". Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

There were arrangements for the support and supervision of staff working in the centre, such as management presence and formal appraisal meetings. Staff could also contact an on-call service for support outside of normal working hours.

Staff also 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 from January 2024 which reflected discussions on audit findings, health and safety matters, residents' updates, restrictive practices, safeguarding, staffing, infection prevention and control, and incidents.

The provider had submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules, for example, insurance contracts, statement of purpose, and the residents' guide.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

Judgment: Compliant

### Regulation 14: Persons in charge

The registered provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role, and possessed relevant qualifications in nursing and management.

The person in charge had a clear understanding of the service to be provided in the centre, and was promoting a human rights-based approach to the delivery of care and support.



Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured that the staff complement and skill-mix, comprising the person in charge, deputy manager, nurses, social care workers, and healthcare assistants, was appropriate to the number and assessed needs of the residents living in the centre.

There were no vacancies in the complement, and staff leave was covered by permanent staff working additional hours to ensure that residents received continuity of care and support.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were required to complete a suite of training as part of their professional development and to support them in the delivery of appropriate care and support to residents. The training included safeguarding of residents, administration of medication, first aid, manual handling, supporting residents with modified diets, management of behaviours of concern, management of complaints, infection prevention and control, and fire safety. The training records viewed by the inspector showed that most staff were up to date with their training requirements. The person in charge had ensured that any outstanding training was scheduled by the deputy manager.

The person in charge provided informal support and formal supervision to staff in line with the provider's supervision and probation policies. Records of formal supervision and probation reviews were maintained.

Staff could also utilise an on-call service outside of normal working hours if they required support.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents and other risks in the centre including property damage. The insurance was found to be

up-to-date.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective management systems to ensure that the service provided in the centre was safe, consistent and effectively monitored. The inspector found that it was well resourced to ensure the delivery of effective care and support. For example, the staffing arrangements were appropriate to residents' needs and vehicles were available for residents to access community services.

There was a clearly defined management structure with associated lines of authority and responsibilities. The person in charge was based in the centre, and supported in their role by a deputy manager. The deputy manager's duties included overseeing and conducting staff appraisals. The person in charge reported to a senior services manager. There were effective arrangements, such as meetings, for the management team to communicate and escalate information. The person in charge also attended meetings with other managers for shared learning purposes.

The provider and local management team carried out a suite of audits, including unannounced visit reports and annual reviews (which consulted with residents), and detailed audits on health and safety, infection prevention and control, finances, medication, and medication management. The audits identified actions for quality improvement which were monitored by the person in charge.

There were effective arrangements for staff to raise concerns. In addition to the support and supervision arrangements, staff attended team meetings which provided a forum for them to raise any concerns. Staff spoken with told the inspector that they could raise concerns with the person in charge.

Judgment: 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 had recently been revised and was available in the centre to residents and their representatives.

Judgment: Compliant

## Quality and safety

The inspector found that residents' wellbeing and welfare was maintained by a good standard of care and support. However, improvements were required in relation to the accessibility of residents' personal plans, upkeep of the premises, and implementation of certain restrictive practices.

Residents were safe and had a good quality of life in centre. They were supported to engage in a wide range of social and leisure activities in accordance with their interests and preferences. There were sufficient resources to facilitate residents' chosen activities. For example, the staffing levels were sufficient and vehicles were available for residents to access services and amenities outside the centre.

The person in charge had ensured that assessments of residents' needs were carried out, which informed the development of personal plans. The inspector reviewed a sample of residents' assessments and personal plans, including plans on behaviour support, intimate care, and specific health conditions. The assessments were up to date, and the plans were readily available to guide staff practice. However, the inspector found that one mental-health care plan required further information on the interventions in place for the resident. Improvements were also required to ensure that residents' care plans were prepared in a more accessible format for them.

The registered provider and person in charge had ensured that residents received appropriate health care. Within the centre, nurses oversaw residents' healthcare needs and associated supports. Residents also had access to the provider's and community-based multidisciplinary team services.

There were a number of restrictive practices implemented in the centre and there were arrangements to assess, monitor, and review the use of most of the practices. However, the rationale for night-time checks of some residents, which could impact on their right to privacy, was not sufficiently demonstrated to show that it was proportionate to an assessed need.

Appropriate arrangements were in place to safeguard residents from abuse. For example, staff had received relevant training to support them in the prevention and appropriate response to abuse. The inspector found that previous safeguarding concerns had been managed appropriately.

The premises comprised two large interconnected bungalows. The bungalows were clean, bright, nicely decorated, and generally well-maintained. Residents had their own private bedrooms, and there was sufficient communal space, including space for residents to receive visitors. There was also adequate storage space for the array of mobility equipment used by residents. The gardens presented nice views of the countryside, and bright flowers and pleasant furniture made it an inviting space to use.

Since the previous inspection of the centre, the premises had been renovated and

refurbished. For example, walls and ceilings had been repainted, and there was new sitting room furniture. One resident's bedroom had been increased in size and fitted with an accessible en-suite bathroom to meet the residents' changing mobility needs. However, further upkeep of the premises was required, and had been reported by the person in charge to the provider's maintenance department.

The infection prevention and control (IPC) measures in the centre had improved since the previous inspection. For example, the hand-washing facilities had been enhanced, and there was a good supply of cleaning chemicals and equipment to maintain a good standard of hygiene in the centre.

There were good fire safety precautions implemented in the centre. Staff completed regular checks on the fire safety equipment and precautions, and there were arrangements for the servicing of the equipment. The fire panels at both sides of the centre were addressable. The fire blanket container in one of the kitchens was damaged and required repair, this was brought to the attention of the person in charge by the inspector as part of the inspection. Fire evacuation plans and individual evacuation plans had been prepared to be followed in the event of a fire, and the effectiveness of the plans was tested as part of fire drills carried out in the centre.

## Regulation 11: Visits

Residents could freely receive visitors in the centre and in accordance with their wishes.

The premises provided suitable communal facilities and private space for residents to spend time with visitors such as their family members.

Judgment: Compliant

## Regulation 13: General welfare and development

The registered provider had ensured that residents had sufficient access to facilities for recreation, and opportunities to participate in activities in line with their interests, capacities, and wishes.

Residents were supported by staff in the centre to engage in social and leisure activities. There was sufficient staff on duty to ensure that residents' wishes were facilitated, and two vehicles were available for residents to access their community and beyond.

Staff told the inspector that residents had active lives, and participated in a wide range of activities. Resident surveys also indicated that they were satisfied with their

opportunities for engaging in activities.

Residents planned their activities during residents' meetings, goal planning meetings, and on a day-to-day basis. Residents enjoyed attending local social clubs and groups, going on day trips, shopping, eating out, watching live music and theatre shows, and going to mass in their local church. Some residents were also supported by staff to go on holidays. For example, in 2023 some residents had enjoyed hotel breaks in Ireland and holidays in Europe, and two residents were going on another overseas holiday in April 2024. Within the centre, residents enjoyed activities such as arts and crafts, watching television, baking, gardening, games, watching television, and reading.

Judgment: Compliant

### Regulation 17: Premises

The premises were found to be appropriate to the number and needs of the residents. The premises comprised a large single-storey building with two bungalows connected by a conservatory area. The bungalows were almost identical in size and layout.

The premises were clean, bright, comfortable, and nicely decorated. There was sufficient communal and living space, including pleasant outdoor spaces. There were also sufficient bathroom and kitchen facilities, which were well-equipped and maintained. Residents' bedrooms were decorated in accordance with their personal tastes.

Parts of the premises had been renovated since the previous inspection. For example, the size of one bedroom had increased and it had been fitted with an en-suite bathroom and additional mobility equipment to accommodate a resident with additional mobility needs. There was also new furniture in the sitting rooms, and the storage arrangements had been enhanced throughout the centre.

However, some further upkeep was required. For example, the ceiling in a storage room was stained, some kitchen presses were worn on the interior, and exposed pipes in bathrooms required covering. Potholes in the driveway also required filling as they posed a trip hazard.

The provider had ensured that specialised mobility equipment such as overhead hoists and electric beds was available to residents, and there were arrangements to ensure that the equipment was kept in good working order. The provider had also recently installed a new height-adjustable bath to better meet residents' mobility needs.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The registered provider had ensured that a residents' guide was available to residents in the centre. The guide was written in an easy-to-read format. It contained information on the services and facilities provided in the centre, visiting arrangements, complaints, accessing inspection reports, and residents' involvement in the running of the centre. The person in charge made revisions to the guide during the inspection to ensure that all the information was accurate.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider had improved the infection prevention and control (IPC) measures in the centre to protect residents against infection hazards and risks.

There was a written IPC policy to guide staff practices, and an audit had been carried out to assess the implementation of the IPC arrangements. The person in charge had also prepared risk assessments on IPC matters and written procedures to manage a potential outbreak of infection in the centre (the inspector found that some of the procedures required updating and more cohesion).

The centre was clean and tidy, and there were arrangements to keep it in a hygienic state. For example, cleaning checklists were completed, and appropriate cleaning chemicals were available. There was also appropriate cleaning equipment such as colour-coded mops to reduce the risk of infection cross contamination.

There were good hand-washing facilities. For example, hand soap, paper towels, and waste receptacles were available at sinks. There was also a good supply of personal protective equipment (PPE), and measures to reduce the risk of legionella in the centre. For example, unused water outlets were regularly flushed.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider had implemented good fire safety systems in the centre. There was fire detection and fighting equipment, and emergency lights in the centre, and it was regularly serviced. Staff also completed daily, weekly, and monthly fire safety checks.

Addressable fire panels were located in both bungalows. The inspector tested a sample of the fire doors, including bedroom doors, and observed that they closed properly when released.

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they required in evacuating. Fire drills were carried out to test the effectiveness of the evacuation plans. Staff had also completed fire safety training.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments informed the development of care plans for staff to follow. The inspector viewed a sample of residents' care plans, including those on communication, nutrition, mobility, intimate care, and specific health conditions. The plans were up to date and readily available to guide staff practices. Some plans reflected multidisciplinary team input as required.

The inspector found that one mental health care-plan required further detail to reflect all the interventions in place for the resident. The inspector also found that improvements were required to ensure that residents' personal plans were prepared in a format accessible to them.

Judgment: Substantially compliant

### Regulation 6: Health care

The registered provider and person in charge had ensured that residents received appropriate health care.

Within the centre, there were nurses on duty to oversee residents' health care. Written care plans outlined the supports and interventions to be delivered to them. Residents also had access to the provider's multidisciplinary team and community services as they required. For example, general practitioners, dentists, physiotherapist, opticians, dietitians, and specialist services.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were several restrictive practices implemented in the centre, including environmental, physical and rights restrictions, such as night-time checks, locked doors, and lap belts. There were arrangements to ensure that the restrictions were implemented in line with good practice. However, some improvements were required to ensure that all restrictions were clearly based on an assessed need.

The person in charge maintained a restrictive practice register, and had referred the use of restrictions in the centre to the provider's human rights committee for approval. The person in charge demonstrated a drive to minimising the use of the restrictions in the centre. For example, the use of bedrails had been recently reviewed and deemed to be no longer necessary.

However, the inspector found that the management of night-time checks of some residents required improvement. For example, the associated documentation did not clearly outline that the checks were proportionate to an associated need. Furthermore, the exit doors were key operated and residents were not provided with keys to open them. The person in charge told the inspector that there would be no risk to residents if easy-to-open locks were installed which would remove the requirement for keys, and planned to liaise with the provider's maintenance department about this.

Arrangements were in place to support residents with behaviours of concern. Written behaviour support plans had been prepared as required and outlined strategies to support residents to manage their behaviours.

Judgment: Substantially compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The provider had prepared a written policy on the safeguarding of residents (the policy was being reviewed by the provider as it was limited in detail).

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns, and there was guidance for them in the centre to easily refer to. Staff spoken with during the inspection were aware of the safeguarding procedures.

The inspector found that safeguarding incidents in the centre had been appropriately reported, responded to, and managed.

Intimate care plans had been prepared to support staff in delivering care to



residents in a manner that respected their dignity and bodily integrity.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Valleyview OSV-0001705

Inspection ID: MON-0034083

Date of inspection: 12/03/2024

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The Provider will be installing a new kitchen in each of the bungalows.            Completion date: 01.11.25            The Provider is in the process of organising repair of the potholes.            Completion date: 31.10.24            The Provider is in the process of repairing the stain on the ceiling of the store room and the exposed pipes in bathroom.            Completion date: 30.06.24</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:            Residents have created their own personal folder together with their keyworker and this is individualised to the resident and kept in their bedroom. Folder is reviewed and updated as required. Completed 15.04.24.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The PIC has completed a risk assessment of the night time check procedure and updated accordingly in agreement with the residents. This has been sent to Rights Restrictions Committee for review. Completed 12.04.24

The PIC has reviewed specific restrictive practice regarding one resident with a sensory mat and this has been sent to Rights Restrictions Committee for review. Completed 12.04.24

The PIC has reviewed the lock system on the main doors and a new Thumb lock system is now in place. Completed 12.04.24

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/11/2025
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	15/04/2024
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where	Substantially Compliant	Yellow	15/04/2024

	appropriate, his or her representative.			
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	12/04/2024
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	12/04/2024
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	12/04/2024