



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

Issued by the Chief Inspector

Name of designated centre:	Prosper Fingal Residential Respite Service 1
Name of provider:	Prosper Fingal Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	26 May 2023
Centre ID:	OSV-0001860
Fieldwork ID:	MON-0036418

About the designated centre

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

Prosper Fingal Residential Respite 1 provides respite services to approximately 90 residents and ordinarily can accommodate up to seven residents at any one time. At present the centre is operating at a reduced capacity to allow for social distancing to be maintained. The designated centre is a nurse led service who are supported by care assistants which provides service to adults with varying levels of intellectual disability. Some of these service users may also have a secondary disability, such as a physical or sensory disability, autism and or mental health needs. The service also supports individuals who may have an acute illness due to mental health difficulties. The house is located in a suburban town in Co. Dublin close to a range of local amenities. The designated centre is a spacious detached two storey house, with front and back garden and parking space to the side of the building. There is an accessible bathroom and bedroom on the ground floor for service users with reduced mobility. Public transport as well as a centre bus are available. The aim of the service is to provide residential respite which is short term, in a safe and comfortable home, in response to individuals' and carers' needs.

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
Friday 26 May 2023	10:30hrs to 17:20hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This respite service is a spacious detached two-storey house with a large back garden and parking space to the rear of the house. It is situated in a suburban town in Co. Dublin within walking distance of all amenities. The centre can accommodate up to six adults, male and female, over the age of 18 years, with varying levels of intellectual disability. The service has the capacity to operate seven days a week for a minimum of 48 weeks of the year. Those who avail of respite services here normally receive day service supports from Prosper Fingal and are not in receipt of a residential service.

The purpose of this unannounced inspection was to assess the levels of compliance with the regulations since the previous inspection in October 2021. This inspection found the centre was well managed, and there was good oversight of the care and support being delivered to respite users. The inspector identified there were good lines of communication between respite and day services managers and staff, which benefited respite users as they transferred between the two settings.

Throughout the inspection, the inspector spoke with the person in charge, a clinical nurse manager, staff members, the respite users who were staying for a respite break and with one family member briefly. During the feedback session, the inspector also met with the CEO and the quality and standards manager. In addition, a review of documentation and observations throughout the inspection were used to inform a judgment on respite users' experience during their respite breaks in the designated centre.

On arrival to the centre, the inspector was greeted by a staff member who took the inspector's identification to verify the purpose of their visit. All respite users were currently at their day services so the inspector used this time to view the building and discuss the service with staff. The person in charge was scheduled to work in another designated centred they were responsible for and made arrangements to facilitate the inspection once informed.

The physical environment of the house was found to be tidy and in good decorative and structural repair. The design and layout of the designated centre ensured that individuals could enjoy staying in an accessible and comfortable environment during their respite break. In general, the atmosphere of the house presented as welcoming and as an inviting sense of familiarity for respite users. The kitchen was the hub of the centre and all respite users freely gathered here at different times and moved around the centre with ease between the various communal areas and the privacy of their own bedrooms.

Through speaking with respite users, the person in charge and staff, through observations and a review of documentation, it was evident that the provider, person in charge and staff were striving to ensure that the respite users enjoyed their time during their respite stay and that their choices and wishes were met as

much as possible. The inspection findings were very positive, and there was clear evidence to demonstrate that high-quality services were being provided in the centre.

The inspector met with another respite user on their arrival back from their day service. The resident was spending time on their electronic device and earphones in a snug corner of the kitchen. They smiled and took off their earphones to speak to staff and the inspector briefly, but they were content listening to their music in a comfy chair.

As respite users attended day services together, they were known to each other and were friends. Respite users greeted staff that they had not yet seen on their respite break with enthusiasm having known them for many years. Respite users told the inspector they loved staying here and the one showed the inspector the bedroom they were staying in. During their respite stay, respite users were supported and encouraged to bring some of their personal possessions.

The inspector noticed a warm and kind approach from the staff team when supporting residents with their needs, and there was a sense of fun and enjoyment in the centre at the time of the inspection. The respite users informed the inspector that they had a great time staying at the centre and felt secure and at home there. When staying at the centre, they mentioned that they enjoyed seeing and spending time with their friends and other activities like watching movies, shopping and going to the beach.

Weekly respite user meetings were held where topics like being welcomed to the centre, health and safety, security and safety, comments and feedback, activity plans being created, and menu choices for the coming week were discussed, making it clear that the staff and management team valued the opinions of the respite users.

It was evident that the staff team were well familiar with the needs of the different respite users. For instance, staff members were familiar with each person's dietary preferences and preferred pastimes. The respite users were shown to be very at ease among the staff members and enjoyed their company. On observing respite users interacting and engaging with staff using non-verbal communication, it was obvious that the staff could interpret what was being communicated by the respite users. One staff member supported a conversation between a resident and the inspector that demonstrated that were aware of their communication needs.

The views of the respite users' families were very positive, as viewed across multiple documentation during the inspection. The provider frequently sought the views of respite users and their families as part of the service's ongoing commitment to quality improvement. From what the inspector was told and observed during the inspection, it was clear that respite users looked forward to their respite breaks, received a good quality of service, and were being supported through a person-centred approach.

The next two sections of the report present 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 the service being delivered to each respite user on their respite break.

Capacity and capability

The inspector found that the provider had effective arrangements in place to assure itself that a safe and high-quality service was being provided to the adults who availed of the respite service in the designated centre. The service was led by a capable person in charge, supported by a lead nurse and the provider, who were knowledgeable about the support needs of the respite residents, and this was demonstrated through good-quality safe care and support.

The centre was last inspected in October 2021 as part of a programme of inspections directed at the national standards in infection prevention and control in community services. The findings of that inspection were positive, and compliance was identified with the national standards.

The provider had sought a change to one of the terms of their registration in September 2022 by reducing the maximum number of respite users that could be accommodated from seven to six. The purpose of this change was the recognition of some increasing care needs, and the provider proactively identifying an increased staffing ratio would better meet the needs of respite users.

There was a suitably qualified and experienced person in charge that met the requirements of Regulation 14 in relation to management experience and qualifications. The person in charge had the responsibility of two designated centres, but there were systems in place to ensure the centre's day-to-day operations in the absence of the person in charge. This included a clinical nurse manager grade 1 (CNM1) who worked in the centre.

The inspector found there was a full complement of staff working in the centre as outlined in the centre's statement of purpose. The centre was staffed by nursing staff, social care workers and healthcare assistants. The centre also had dedicated driving support, housekeeping, gardening and maintenance staff. From a review of a sample of rosters, it was clear that continuity of care was being provided to respite users by staff that knew them well. There was a low turnover of staff, with many staff having worked in the centre for several years and knew the individual needs of the respite users very well. Where there were any gaps in staffing levels due to leave, these were covered by regular relief staff. Relief staff used in the centre worked in the day services, and no unfamiliar staff were used, including agency staff.

On review of the referrals and admission procedure for a new respite resident's admission to the service, the inspector found that it was determined on the basis of transparent criteria in accordance with the centre's statement of purpose and took into account the needs of all respite users availing of the services. While respite

users usually came directly to the respite house from their day services, any new respite user was afforded the opportunity to visit the house with their family before attending on a respite break.

In addition, six-monthly unannounced reviews of the quality and safety of care and support provided to respite residents were taking place, and there was a plan in place to address any concerns regarding the standard of care and support provided.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. Good quality supervision meetings to support staff performing their duties to the best of their ability took place as per the schedule in place. On review of a sample of one-to-one staff supervision meeting minutes, the inspector saw that these meetings included conversations and discussions that were supportive and reflective in nature.

Registration Regulation 8 (1)

The provider had informed the Chief Inspector of Social Services of a change to the centre's maximum capacity condition of registration as required.

One change had occurred to the layout of the house since the last inspection, where the purpose and function of one room had been modified. While the inspector found that this had a positive impact on the respite users, the provider had not made an application to vary the condition of registration relating to the floorplans of the centre as required under the regulations.

Judgment: Substantially compliant

Regulation 14: Persons in charge

A new person in charge, a social care leader, had been appointed in June 2022. The person in charge was found to be suitably skilled, qualified and experienced to fulfil the role. They were engaged in the governance, operational management and administration of the centre and were present in the centre on a regular and consistent basis.

They managed more than one designated centre and had systems in place to ensure they were maintaining oversight of both centres.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the number and skill mix of the staff team employed in the centre was appropriate to meet the number and needs of respite users who were availing of its services. There was clear evidence to demonstrate that there was continuity of care and support amongst the staff team. This had a positive impact on the respite user group, who knew the staff members well and had developed good relationships with them.

There was flexibility in the rostering arrangements to allocate a third staff member if needed due to the needs of the respite group.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in delivering effective care and support to respite users. The inspector reviewed a log of the staff training records provided by the person in charge. Staff had completed training in areas such as fire safety, safeguarding of respite users, infection prevention and control, manual handling, and medicine management.

The person in charge provided informal and formal supervision to staff. The person in charge maintained supervision records and schedules. Formal supervision took place quarterly as per the provider's policy.

Team meetings were occurring monthly in the centre, chaired by the person in charge. These were found to be respite user-focused and of a high quality so that staff were kept well informed of changing needs as well as the provider's policies and procedures. Standing agenda items included staff planning, health and safety, transport, day service, the wellbeing of respite users, events and quality improvement plans.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a high standard in this centre. The provider had self-identified the need to decrease maximum respite numbers in order to provide the required individualised supports

and care for respite users with higher support needs. This aligned with the provider's objectives in their statement of purpose of responding to individual needs.

There was a local auditing system in place by the person in charge and clinical nurse manager to evaluate and improve service provision and achieve better outcomes for respite users. Furthermore, the person in charge carried out monthly meetings with the staff team, where information relating to care and support provided to respite residents was discussed and enabled shared learning and reflective practices.

The provider had good arrangements in place to facilitate staff to raise raising concerns or improvements that could be made regarding the quality and safety of the care and support provided to respite users. Examples of this included quality supervision that allowed staff to reflect on work experiences and also through the six-month unannounced visits. The inspector viewed the most recent six-month unannounced visit from January 2023, whereby the provider's representative sought the views of staff. The summary was detailed in nature and reflected the various discussions held with regarding the positive feedback and compliments from respite users and their family members, how choice is facilitated, fire evacuation knowledge and support from management. It was evident that staff felt comfortable and supported to bring forward areas for improvement, including training and clearer guidance regarding respite users' contributions. The inspector noted these had been actioned as a result of this unannounced visit.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The designated centre's referrals and admission procedure for new respite users' admissions were found to be determined on the basis of transparent criteria in accordance with the centre's statement of purpose and took into account the needs of all respite users availing of the services.

The provider had a respite-specific admission and discharge policy. It clearly stated the procedures for eligibility for access to respite places, exclusion criteria, allocation of places, emergency placements, voluntary contributions and an appeals process.

The responsibilities for booking requests were clear in this policy, and respite weeks were allocated to the three day services. Day service staff were then responsible for co-ordinating the requests for respite, taking into consideration priority, compatibility, ability, mobility and transport requirements. The inspector found that booking requests took into consideration the compatibility of respite users to ensure the best possible respite experience for all respite users.

There was a respite pre-admission checklist in order to gain pertinent information that had occurred since the previous visit. The inspector was informed that this checklist was under review to ensure it better captured respite users' expressed

wishes and preferences.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose had been reviewed in September 2022 and contained the majority of the information set out in Schedule 1. A copy had been submitted to the Chief Inspector as part of the application to vary a condition of registration of the centre. The floor plans set out in this document required review to reflect the change of use in one room.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. A low level of incidents had occurred in this centre that required notification to the Chief Inspector.
Judgment: Compliant
Regulation 34: Complaints procedure
The provider had prepared a complaints policy which was up-to-date and accessible to respite users and their families. Information on complaints was displayed in a prominent position in the centre. No complaints had been made since the previous health information and quality authority (HIQA) inspection. One family member spoken with as part of this inspection process was very complimentary of the service overall and had no complaints.
Judgment: Compliant
Quality and safety

The inspector found that the centre provided a homely, pleasant and fun environment for respite users. It was evident that the person in charge and the staff met with during the inspection were aware of respite' needs and knowledgeable in the care practices required to meet those needs. Due to the governance and monitoring systems in place, it was determined that the service met its quality aims and objectives as laid out in the statement of purpose.

The inspector completed a walkaround of the centre with the person in charge and the lead nurse. On the ground floor, the centre contained an attractive entrance hallway, a large combined kitchen and dining room, a staff office, a utility room, a toilet, a large living room, three respite user bedrooms (one of which contained an en-suite) and a filing room. A private telephone space was available to respite users if they wanted to make a call on the service's phone. An accessible bathroom was also on the ground floor for respite users with reduced mobility. Respite users had the use of two sitting rooms and a large kitchen combined dining area to meet with their friends and staff.

On the first floor were three respite user bedrooms (one of which contained an en-suite), a second sitting room, a staff sleepover room, a toilet, a separate bathroom, a laundry room, and an administrative area with a separate entrance leading into the garden. The inspector noted that this administrative area with a keypad was not accessible to residents. The inspector was satisfied this was not a restrictive practice and operated as a separate entity.

As previously mentioned, the provider had applied to change the maximum number of respite users the centre could accommodate as required by the regulations. As a result, one bedroom was no longer required upstairs, and the provider changed the room's use to a second communal room. This gave respite users a quieter room if they so wished away from the main gathering spaces in the house.

On the day of inspection, an external cleaning company staff was present completing a deep clean of the centre. Cleaning staff were also used when there were changeovers in the respite users who were availing of breaks away so terminal cleaning could be completed.

Due to the short-term nature of the respite service, families are the main caregivers and organise relevant healthcare for their family members. However, respite users have access to multi-disciplinary supports such as occupational therapy, speech and language therapy, social work and psychology that could be accessed through pathways within the provider's organisation. Appropriate nursing care was provided to respite users within the centre, and there were clear arrangements for contacting medical care, including out-of-hours.

Respite users were encouraged to eat a varied diet and were communicated with about their meals and their food preferences. The respite users were consulted about and made choices of what they would like to eat for their meals as part of the admission meetings. The inspector found there to be adequate amounts of wholesome and nutritious food and drink available to the respite users during their respite stay.

The provider had arrangements to ensure respite users' medicines were administered by staff who were appropriately qualified or provided with appropriate training. Guidance documents were in place to ensure that medicines were administered as prescribed, and these were accurate and sufficiently detailed. Suitable arrangements were in place to ensure that medicines were stored appropriately and administered as prescribed.

The inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. The fire fighting equipment and fire alarm system were appropriately serviced and checked. Local fire safety checks took place regularly and were recorded. Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes and overall, arrangements were in place for ensuring respite users were aware of the evacuation procedure to follow.

Regulation 11: Visits

The centre had a visiting policy and had maintained a system of checks in relation to visitors attending, furthermore there was ample room in the centre to facilitate respite users and visitors privately.

Judgment: Compliant

Regulation 12: Personal possessions

Respite users were provided with the appropriate support to manage their personal possessions and finances while attending the centre. Respite users had access to appropriate storage for their personal belongings and had access to laundry facilities if required. Records were maintained of all possessions and monies received on behalf of respite users as part of the admission process to the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Respite users had opportunities to be alone if they wished and were able to express their preference of what bedroom they would like when they came into the centre. The centre had its own vehicle so respite users could avail of outings. The centre was located within walking distance of a range of local amenities and public transport. Staff had a good understanding of respite users' personal interests and

supported them to engage in associated activities of their choosing.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre were homely in nature and tastefully decorated. There was lots of space for both indoor and outdoor communal gatherings, and bedrooms were provided on both the ground floor and first floor. Bedrooms on the ground floor were fully accessible for those with reduced mobility needs, and the centre was accessible through level entry access at all entrance ways. Respite users could store their belongings in individual wardrobes, drawers and lockers in their bedrooms, and laundry services were available for those who needed them. The centre was warm and clean throughout and well-maintained to provide a comfortable living environment. Outside was a sizeable accessible garden to the rear of the property with ample space for respite users to relax and socialise in the good weather.

Judgment: Compliant

Regulation 18: Food and nutrition

During the inspection, a large grocery delivery arrived at the house, ensuring a fresh supply of food was available for respite users and the week ahead. Meals were prepared by the staff team on site, and respite users were encouraged to be involved in purchasing and preparing meals where possible. Respite users also told the inspector they sometimes had takeaways at the weekend. The inspector observed all cupboards in the kitchen labelled with pictures to support respite users' accessibility to food items and cooking utensils.

One such press was labelled as an allergy-free press. Here non-perishable food items were stored for respite users who had food allergies, including gluten-free allergies. Separate cooking utensils, such as toasters, chopping boards and utensils, were also stored here to avoid cross-contamination with non-allergy products.

Judgment: Compliant

Regulation 28: Fire precautions

Respite users' personal evacuation and emergency plans were up-to-date and reviewed on a regular basis. Fire drills were taking place at suitable intervals. The

person in charge had put a system in place to monitor the number of fire drills respite users and staff had completed on a yearly basis.

The person in charge had devised a detailed fire evacuation procedure which clearly identified the order of evacuation based on the individual and collective cognitive and physical requirements.

There were suitable fire containment measures in place, and the provider had installed self-close devices on doors to further improve containment arrangements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed that safe medical management practices were in place and were appropriately reviewed. Medicines were used in the designated centre for their therapeutic benefits and to support and improve each respite user's health and wellbeing.

The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Medicines were appropriately stored in a locked cabinet; where required, a double-locking system was in place. Respite users' medicines were stored separately, and there were satisfactory systems in place for the transfer of medicine to and from their day services.

There were numerous checks in place to ensure safe medical practice. Medicines were counted on arrival at the respite centre and thereafter on a daily basis. Where medicine was opened, they were appropriately labelled and dated. A sample of medicines contained in the medication cupboard was reviewed for expiry dates, and all were found to be in date.

The medicine policy review due was overdue however the inspector saw the policy was currently in draft format due to a significant and timely review taken at the provider level of issues surrounding the use and completion of prescription sheets. This review included consultation and numerous meetings held by the working group with external parties involved in the prescription process.

Judgment: Compliant

Regulation 6: Health care

Due to this being a respite service, respite users were supported by their families to attend any healthcare appointments and referrals. Respite users' healthcare needs were monitored by the nursing team in the

designated centre along with the person in charge. These included epilepsy, dysphagia plans and diabetes.

Were required, there were healthcare plans in place for respite users in order for staff to support them. There was a procedure in place if a respite user became unwell; the centre's nurse would review the respite user and would arrange for them to return home if applicable.

Judgment: Compliant

Regulation 8: Protection

The organisation had a policy and procedures for the safeguarding of vulnerable adults. These documents outlined the steps to be taken in the event of an allegation of suspected or confirmed abuse. A designated officer was appointed so that staff could raise concerns in line with national policy.

Staff had received training in safeguarding adults. Respite users' money was counted coming to respite for their stay and again when they left to ensure their finances were accounted for. Each respite user had an intimate care plan in place to guide staff on how to support them in this area. There were clear lines of reporting, and staff were familiar with how to report and escalate any safeguarding concerns.

Consideration of the compatibility of respite users using the respite service protected respite users from the risk of abuse by peers. Regular meetings took place between the person in charge and day services personnel to determine which respite users were compatible. This system reduced the likelihood of peer-to-peer abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that showed respect for each respite user and their families. This was confirmed via family feedback captured in the centre. Respite users were offered meal choices and room choices as well as choices in what activities they wished to engage in.

Respite users' rights were promoted through practices such as weekly respite meetings, picture schedule boards, and choice boards on display. Respite users spoken with said they felt they had a choice of what they ate and what activities they were involved with while in respite.

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	
Registration Regulation 8 (1)	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Prosper Fingal Residential Respite Service 1 OSV-0001860

Inspection ID: MON-0036418

Date of inspection: 26/05/2023

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
Registration Regulation 8 (1)	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): (a) Update designated centre floor plans to reflect change of purpose and function of one bedroom to a sitting room (b) Make an application to HIQA to vary the condition of registration, condition 1, relating to the floor plans of the centre, as required under the regulations	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: (a) Replace designated centre floor plans currently in the Statement of Purpose with the updated floor plans that reflect the change of purpose and function of one bedroom to a sitting room (b) Issue the updated Statement of Purpose	

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Substantially Compliant	Yellow	15/07/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/07/2023