



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

Issued by the Chief Inspector

Name of designated centre:	DC1 - Praxis Care 1 (Navan)
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	26 August 2021
Centre ID:	OSV-0001907
Fieldwork ID:	MON-0033795

About the designated centre

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

The service provided was described in the providers statement of purpose, dated March 2018. The centre provided residential care and support for 11 adults experiencing a learning disability. The centre consisted of two separate, two storey dormer style houses located within a short walking distance of each other in a large town in County Meath. Each of the residents had their own bedroom which had been personalised to their own taste. There were well maintained gardens and grounds surrounding each of the houses. The centre is staffed by a centre manager, team leader and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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 - 2015 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
Thursday 26 August 2021	09:00hrs to 17:30hrs	Caroline Meehan	Lead
Thursday 26 August 2021	09:00hrs to 17:30hrs	Anna Doyle	Support

What residents told us and what inspectors observed

In June 2021 the provider for this centre was issued with a notice of proposal to refuse their application to renew their registration. The provider was required to submit representation to the Health Information and Quality Authority (HIQA) outlining the action they intended to take to ensure residents were safe, the service delivered was of a high standard and the centre operated in compliance with the regulations and standards. This inspection was conducted following receipt of the representation submitted in July 2021.

From meeting with residents, observing staff interacting with residents and reviewing documents it was evident there had been significant improvement in the quality of life for residents since the last inspection in May 2021.

Seven residents were now back attending a day service three days a week and two had a bespoke day service provided by the staff in the centre. In House 1 the inspector got to meet these two residents. One of the residents showed the inspector their newly decorated bedroom and was really happy with a new safe they had purchased where they could store their valuables. They spoke about some of the things they liked to do and how they had set some of their goals out in a picture format for the year. The resident spoke about some of these goals and was looking forward to reaching them all over the coming months.

Another resident who liked to do some of the administration work in the centre showed the inspector their newly decorated office. It was evident to the inspector that this work was very important to the resident and they spoke about doing this work in other parts of the wider organisation. This resident also spoke about some of the things they liked to do which included visiting a good friend of theirs once or twice a week. Both residents had been on a recent holiday and talked about how they had enjoyed this.

In House 2 the inspector met with two of the residents. One of the residents showed the inspector around the house which had been refurbished since the last inspection. This resident had been shopping with the staff during the day and had chosen new paint colour, and soft furnishings for their room. It was evident that since the last inspection, the residents could freely access all communal parts of the premises as they wished. With the support of staff the resident also told the inspector they had started back swimming recently and was really enjoying this.

Another resident told the inspector they had been at day services during the day and continues to enjoy going out for coffee during the week. They also told the inspector that they had walked with some of their peers into the local town and tried out a new ice-cream shop the day before. From reviewing activity records it was evident that this resident was using a broad range of amenities in the community such as day trips to city, out for meals, family lunch, and a visit to the

national stud.

Since the last inspection both houses had been extensively renovated. In House 1 a new kitchen had been installed, and outside and inside the premises had been painted. New flooring had been laid and there were plans to tile some of the floors downstairs. In House 2 a new kitchen had also been installed and the house had been painted both inside and outside. There was some additional painting and flooring due to be completed in the coming days. Throughout both premises new furniture and soft furnishings had been purchased and overall the centre was more homely, bright and welcoming. Residents bedrooms were personalised.

Staff were observed interacting with the residents in a respectful manner. It was observed that residents and staff knew each other well and enjoyed each others sense of humour. A staff member was observed using LAMH (the manual sign system used by children and adults with intellectual disability and communication needs in Ireland) with a resident to communicate. Since the last inspection staffing levels had been reviewed and an increase in staffing meant that staff had sufficient time to provide a good quality of care aligned to individual residents' needs. It also meant that the staff had the time to spend with residents, supporting them to have a meaningful day and to ensure that any potential risks relating to safeguarding concerns were mitigated. The inspectors found there was a relaxed and pleasant atmosphere in the centre, and residents appeared comfortable and happy in their home.

Since the last inspection a review of the needs of residents, the safeguarding risks and the restrictive practices had been completed. A number of restrictive practices had been reduced or discontinued and the use of restrictive practices impinging on the rights of other residents in the centre had been positively impacted as a result. Similarly the provider had ensured those measures required to minimise the occurrence of safeguarding incidents were implemented, and as a result there had been a significant reduction in peer to peer incidents in the centre, which positively impacted on the quality of life for residents.

The next two section of the report present the findings of this inspection in relation to the governance and management arrangements and how these arrangements impacted the quality of care and support being provided to residents.

Capacity and capability

This inspection was carried out as a follow up to an inspection of this centre in May 2021, where it was found that the centre was not adequately resourced or managed to ensure that residents received a safe quality service. The governance and management arrangements were not assuring effective oversight, there was insufficient staff in place to meet the needs of the residents which had resulted in significant failings being identified. As a result of these findings, HIQA took the step to issue a notice of proposal to refuse the providers application to renew the

registration of the centre and the provider was given specific time frames to indicate how they were going to meet the requirements of the regulations.

The provider subsequently submitted a representation to HIQA, with assurances which included a set of comprehensive timebound actions, indicating how the provider intended to address these issues going forward.

Some of the actions included a review of staffing levels in the centre to ensure they were adequate to meet the needs of the residents. Staff had been provided with additional training. Increased monitoring and review systems had been implemented which included a number of audits and weekly governance reports, and both houses had significant remedial works to ensure that the premises were up-to-date and decorated to a high standard.

The inspectors found that the provider had implemented all of the actions included in their assurance report and additional resources had been employed which were contributing to better outcomes for residents as evidenced from the findings of this inspection. While improvements were still required under the management of records in the centre, the provider had a plan in place to address this going forward also. The actions taken by the provider are discussed in more detail under the relevant regulations.

There were clear governance and management arrangements in place. Since the last inspection a new person in charge had been appointed, who was a qualified social care professional, with significant experience of working in management roles in disability settings. They facilitated this inspection and demonstrated a very good knowledge of the regulations and were very responsive to any areas of improvement identified at the inspection to ensure a safe quality service for the residents.

The person in charge also had the support of five team leaders between the two houses in this centre, in order to ensure oversight and accountability of the care and support being provided.

As part of the provider's assurances they had committed to commence a number of audits and reviews to ensure that the practices in the centre were effective and safe. This included weekly meetings with the person in charge and the human resource department. There were increased auditing practices in the centre, where actions were identified and addressed. For example; an audit had highlighted that a resident wanted new curtains for their bedroom and these had been purchased.

A root cause analysis had also been completed following the last inspection, and the provider had identified issues with their quality assurance mechanisms in the close off of actions from audits. As a result the provider had committed to re-auditing services at a regional director level where significant risks were identified, and additional validation by senior managers of any actions closed following regular audits of services. Improved assurances mechanisms had also meant that issues were being reported through to all levels of the organisation. For example, issues relating to this service and the actions in progress were reported to the board of management in July 2021, and there were ongoing reviews at a senior leadership level of the progress of the actions outlined in the representation submitted to

HIQA.

The provider representative visited the centre on the day of the inspection and attended the feedback meeting. It was evident that residents knew this person well as residents were coming in chatting to them. They met with an inspector to discuss the governance and management arrangements in place and outlined some of the actions in place to sustain this going forward. This included for example, ensuring the staffing levels were in line with the assessed needs of the residents, and maintaining quality assurance mechanisms to ensure that the quality and safety of care to residents remained at a high standard.

There were sufficient staff in place to meet the needs of the residents. Staff vacancies had been filled and the provider had also employed a nurse who would be working in the wider organisation to oversee the health care needs of the residents and provide advice and support to staff. In addition a new quality assurance manager was due to commence in the organisation.

Staff met said they felt supported in their role and spoke about the enhanced training that had been provided to them since the last inspection. Regular supervision was held with staff. The person in charge had also facilitated meetings with the team leaders every month to discuss issues pertaining to the centre and as a way of supporting the team leaders in their roles. Staff meetings were regularly held where issues such as risk management, restrictive practices, safeguarding, adverse incidents, and complaints were discussed. Staff meetings were also used as an opportunity to review and discuss residents' needs and their plans.

There was a planned and actual rota maintained in the centre which was now clearer and staff who met with the inspectors said they felt supported in their role and demonstrated a good knowledge of the residents' needs in the centre along with some of the procedures in place to support residents.

Training records for staff were reviewed and all staff had up-to-date training in both the mandatory and additional training required to meet the needs of the residents. All of the training as outlined in the provider's representation had been provided.

The records stored in the centre required some review to ensure that they were concise and included the most up to date information. For example; the registration number for a prescriber was not included on a medicines chart. Some of the changing needs were not included in the residents' assessment of need and a health care plan required more detail regarding monitoring of symptoms. However, the provider had plans to introduce a new computer based system which would address this going forward.

Regulation 14: Persons in charge

A new person in charge had commenced in post since the last inspection. The person in charge was a social care professional and had a number of years

management experience. The person in charge knew the residents well and was also knowledgeable on their needs and support plans. The person in charge was responsible for this centre only and was engaged in the ongoing improvements in the operational management of this centre, resulting in improved outcomes for residents.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff with the right skills and knowledge to meet the needs of the residents. The provider had reviewed the needs of the residents and staffing levels were aligned to the needs of the residents. For example, where a resident required one to one staffing this had been provided. There were two staff on duty during the day for 12 hours and one staff at night time in House 1. In House 2, there were 3 staff on duty during the day and one staff at night time. Since the last inspection, staffing support had been provided to a resident to support their transition to another centre. As there had been no new admissions to the centre, staffing levels had remained at three during the day. In addition team leaders worked during the day and overnight on a sleepover capacity.

From speaking with two staff members it was evident they had up to date knowledge on the support needs of residents, for example, the monitoring requirements and risks associated with specific healthcare conditions.

Since the last inspection the provider had recruited five staff to fill vacancies in the centre. There was one remaining staff vacancy to be filled at the time of inspection and recruitment for this post was ongoing.

There was planned and actual rota, reflecting the staff on duty both during the day and at night time in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had up-to-date training in both mandatory and additional training to meet the needs of the residents. All of the training as detailed in the provider's representation to HIQA was up-to-date, examples of which included, care of medication, medication competencies, fire safety, safeguarding, positive behaviour support, moving and handling and supervision for team leaders. In addition workshops had been facilitated by a registered nurse on all of the healthcare conditions relevant to residents and on all of the medicines in use in the

centre and the associated risks. Reference material was also available for staff on healthcare conditions and medicines.

Staff were appropriately supervised and the person in charge was in attendance in the centre five days a week to provide support to staff if required. Copies of the Health Act, 2007 had been made available to staff. Staff were also kept up-to-date on the requirements of the regulations through a review of practices in the centre at staff meetings.

Judgment: Compliant

Regulation 21: Records

Some records in the centre required updating to ensure that they were concise and included the most up to date information. For example; a healthcare plan did not have all of the details that were in place relating to monitoring a healthcare condition, and the registration number for a prescriber was not included on a medicines chart. In addition, some of the changing needs were not included in the residents' assessment of need. However, the provider had plans to introduce a new computer based system which would address this going forward.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improved governance and management arrangements had resulted in improved oversight of the services provided in the centre and better outcomes for residents. In effect, the inspectors found the services provided were now safe and effective, and there were systems in place to monitor the ongoing provision of care, support and resources in the centre.

Since the last inspection the provider had ensured, following a review, that there were sufficient staff resources in the centre. This had resulted in residents receiving the appropriate support and ensuring that safeguarding risks were mitigated. The provider had also ensured that staff had the required skills and knowledge to fulfil their duties in meeting the needs of the residents and as previously detailed, additional training and workshops had been provided. Staff were supported in their role by the person in charge, who was knowledgeable and experienced, and kept staff up-to-date on the changes being implemented in the centre.

As part of the representation submitted to HIQA the provider had outlined they would advocate for resident to return to day services, and seven residents were attending day services three days a week. Individual activities were provided for two

remaining residents during the week.

An internal review by the provider following the last inspection had found that the audit mechanisms in place were not effective in particular relating to the close off of actions at a local centre level, and subsequent reporting to senior management. As a result, the assurance mechanisms to ensure actions were completed following audits was updated, and required checking and sign off by senior managers before being closed off. More robust reporting mechanisms were also now in place. For example, a senior leadership team had met five times since the last inspection and a review of risks and safeguarding concerns in the centre were discussed. An operational governance committee and a care and development committee had also met a number of times and risks, safeguarding concerns, incidents, non compliances from inspection, and progress on the providers' representation plan were also discussed. An additional action, for regional directors to re-audit services which present with significant risks was agreed. The board of management had been informed of all issues in the centre and actions being taken to address the issues in July of this year.

At a local level there were ongoing audits being conducted in the centre. For example, medicines management audits were completed monthly, and actions arising from these audits were found to be completed on the day of inspection.

Judgment: Compliant

Quality and safety

Significant improvement had been made to the quality and safety of care and support residents received since the last inspection. Safe medicines management practices were in place and risks relating to healthcare and safeguarding concerns had been addressed and risks mitigated. There were also improved infection control practices in place, and a review and reduction in restrictive practices had resulted in residents' rights been upheld in this regard.

Since the last inspection the provider put in place a number of actions to increase the oversight of medicine management practices in the centre. Medicine kardexes were now being signed by the prescribing doctor. Workshops had been held with staff to provide information on the medicines prescribed to residents and information sheets were now in place for each prescribed medicine. All staff had completed refresher training in medication administration and competency assessments had been completed to ensure that staff were competent to administer medication following this training. There was now appropriate arrangements in place for the management of controlled drugs stored in the centre. Staff spoken with were knowledgeable around the prescribed medications.

An audit had also been conducted in June 2021 where some improvements had been identified. A sample of these actions were followed up and were found to have

been completed. For example; a fridge had been purchased for the storage of some medicines, and a lockable container had been purchased for medication that needed to be returned to the pharmacy.

Healthcare provision had also improved since the last inspection. Staff had attended workshops and a registered nurse had provided guidance and information on all healthcare conditions relevant to residents' needs. Residents' healthcare had been reviewed by a registered nurse. Health care plans had been developed and while most healthcare plans guided practices, some improvement in record keeping as mentioned previously was required. Notwithstanding this, staff were knowledgeable on the healthcare conditions and support requirements of residents. Residents attended local general practitioners (GP) and appointments as required had been facilitated. Residents could also access the support of healthcare professionals such as an occupational therapist, behaviour support specialist, psychiatrist, and dietician and their needs had been reviewed with these healthcare professionals as required.

Annual reviews had been conducted for all residents which included representation from a family member. A sample viewed indicated that one family member reported that they were happy with the care provided. The annual review included a total review of the residents care and support needs and from this actions or goals were developed to enhance the care and support to residents going forward. Since the last inspection, the person in charge had ensured that residents were facilitated with meaningful activities and engagement with in the community. For example, some residents had gone on holidays, day trips to a city had been provided, and residents used local amenities such as restaurants and swimming pools. One resident told an inspector they were looking forward to getting their hair done in town at the weekend. Activity planners were developed with residents during weekly residents' meeting and included plans for day services, community trips and activities, and activities within the centre.

The inspectors reviewed a transition plan which had been developed and implemented to support a resident moving to a new designated centre. A detailed plan involving the resident and their family had been put in place and the communication needs of the resident had been supported through the use of social stories and pictures. The provider had ensured familiar staff from the team in this centre transitioned with the resident.

Safeguarding incidents within the centre had significantly reduced since the last inspection, impacted by the return of day service provision, appropriate staffing resources and meaningful activities. Compatibility assessments had been completed for all residents living in the centre, and risk control measures were implemented to mitigate against possible safeguarding concerns. All of the actions in the provider assurance plan from January 2021 were complete on the day of inspection.

All staff had completed human rights training since the last inspection. Restrictive practices were being regularly reviewed in the centre. Since the last inspection a restrictive practice in place for one resident had been reviewed with the resident to outline their preference in relation to this. In addition restrictions in the centre which

had impacted another resident's personal care had been discontinued.

Improvements were identified in infection control procedures. Hand sanitising dispensers were installed throughout the centre and staff carried personal hand sanitisers also. Notwithstanding the remedial works in progress, the centre was clean and there was an enhanced cleaning schedules in place. Staff had signed to confirm the cleaning schedule was complete and a staff member told the inspector the cleaning tasks were now easier to complete due to sufficient staff resources. Twice daily temperature and symptom checkers were completed for staff and residents, and team leaders audited this at a change of shift daily.

Extensive renovations works were completed in the centre including new kitchens, external and internal painting, new furniture and soft furnishings, and new flooring in parts of the centre. Most of this work was complete on the day of inspection, with some painting and flooring due to be completed in the coming week. Where required additional assistive equipment was provided such as moving and handling equipment following assessment of a resident's needs by an occupational therapist. Overall both houses in this centre had significantly improved in terms of the premises, and the centre appeared homely, welcoming and well maintained.

Regulation 17: Premises

Renovation works had been carried out on the premises and most remedial works were completed on the day of inspection. Some painting and flooring was due to be completed in the coming week. As a result the centre was well maintained, and appeared homely and comfortable.

Appropriate assistive equipment was provided for a resident's use following assessment by an allied healthcare professional.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Appropriate support was provided to a resident to support their transition to another designated centre. The resident and their family had been involved in the transition process and the communication needs of the resident had been supported in the implementation of the transition plan. Familiar staff were also provided to support the resident in their move to a new home.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable procedures were in place for the prevention and control of infection. Since the last inspection appropriate hand sanitising equipment was provided. An enhanced cleaning schedule was in operation and was signed as completed by staff. Twice daily symptom and temperature checks were completed and recorded for staff and residents.

Staff were observed to wear appropriate personal protective equipment in line with public health guidelines. There was an infection control policy in place and risks relating to COVID-19 had been assessed and planned for.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate procedures were in place for the prescription and administration of medicines in the centre. All medicines on drug kardexes had been signed by the relevant prescriber, and a review of the residents' needs in terms of medicines had been completed following the last inspection. The stock of controlled medicines were checked by two staff at the time of administration and at the time of a change of shift. Improved procedures were also in place to ensure staff accompanying residents on day trips had witnessed the preparation, and took responsibility for administering and signing for medicines.

Staff had attended workshops on medicines in use in the centre and detailed guides were available on the rationale for use and risks associated with prescribed medicines. Competency assessments had also been completed for all staff relating to their knowledge and skills in managing medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need completed and allied health professional reviews were used to inform these assessments. Personal plans were in place reflecting residents' needs, wishes and aspirations. Plans were found to be implemented in practice. Residents were involved in the development of plans in order to meet their needs, for example, developing weekly activity plans, and developing goals. Activity planners were in place and residents were supported with a range of activities both in the centre and in the community. Families had been

invited to attend annual reviews of residents needs.
Judgment: Compliant
Regulation 6: Health care
Residents were supported with timely access to a range of healthcare professionals. Appropriate healthcare including monitoring of healthcare conditions was provided to residents in the centre. Staff were aware of the healthcare needs of residents and were knowledgeable on the support required to support residents in achieving good health outcomes.
Judgment: Compliant
Regulation 8: Protection
There were systems in place to ensure residents were protected from abuse. There had been a significant reduction in peer to peer incidents in the centre, and the additional resources, activities, and the reinstatement of day services, had had a positive impact for residents. The actions outlined in the provider's assurance plan submitted to HIQA in January 2021 were found to be complete on the day of inspection. All staff had up-to-date training in safeguarding. There was ongoing monitoring of safeguarding both in the centre and at a senior management level. Compatibility assessments had been completed for all residents in the centre and measures were in place to mitigate potential safeguarding risks.
Judgment: Compliant
Regulation 9: Residents' rights
Restrictive practices had been reviewed since the last inspection. One resident had been involved in a review of restrictive practices in order for them to outline their preference. A discontinuation of a restriction in one house resulted in the rights of a resident regarding their personal care being upheld. All staff had attended human right training since the last inspection.
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 - 2015 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for DC1 - Praxis Care 1 (Navan) OSV-0001907

Inspection ID: MON-0033795

Date of inspection: 26/08/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The registered provider has commenced implementation of a new online care planning system. All resident's changing health needs will be captured on a daily basis through the online care plan. The new online care planning system will be implemented by 06.11.2021.</p> <p>The registered nurse has reviewed and updated resident's health care plan records. Information pertaining to monitoring of health care conditions is detailed in the health plans. Completed 27.08.2021.</p> <p>The Person in Charge has liaised with the prescriber and ensured that the registration number is now included on medicines chart. 27.08.2021.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	06/11/2021