Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	DC7
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	27 October 2022
Centre ID:	OSV-0002944
Fieldwork ID:	MON-0029057

About the designated centre

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

DC 7, operated by St. John of God Community Services, is registered for 25 residents. The twenty five residents, both male and female, live across six terraced homes and one apartment backing onto a campus setting located in a large town in Co. Kildare. Within the main buildings, each resident has their own bedroom and share common areas with other residents. Residents with an intellectual disability and mental health issues are supported by social care workers, nursing staff and a healthcare assistant. Some residents attend various day programmes provided by St. John of God Kildare services, and some residents are supported to participate in activities in their local community or stay at home on days that they choose. Residents have access through a referral system to the following multi-disciplinary supports psychology, psychiatry and social work. All other clinical support is accessed through community-based primary care with a referral from the individuals GP as the need arises.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

How we inspect

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
Thursday 27 October 2022	10:15hrs to 19:20hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

A total of seven buildings make up this designated centre, which has a capacity for 25 residents. The centre consists of six adjoining terrace houses along with a separate apartment that back onto the provider's campus setting. At the time of the inspection 24 residents were living in the centre with one vacancy. Residents ranged in ages from 35 to 80's. Overall, the inspector discovered that the centre's residents were supported to lead fulfilling lives and form meaningful connections and relationships in their community. The inspector noted that the centre's residents actively decided how they spent their days.

This inspection was a registration renewal inspection and was announced. On the day of the inspection, the inspector spoke with the person in charge, staff, residents and the programme manager. Some residents communicated verbally, and other residents used other methods of communication. A review of documentation and observations throughout the course of the inspection were also used to inform a judgment on residents' experience of living in the centre.

On the day of the inspection, a majority of residents were supported to attend their day service within the main campus or in the community. Post-COVID-19 restrictions, residents were supported to return to their day service. As part of this return to day services, the provider had undertaken a preference survey of all residents to determine their preference in returning to previous timetables. It was clear that many residents had missed their busy schedules and friends and looked forward to returning to day services full-time. For other residents, some preferred having a reduced schedule or an alternative informal day service. Following this engagement work, individualised day activity programmes were developed reflective of residents' individual preferences and interests. As a result, the inspector found residents received a service more tailored to their preferences, and this was reported to be of benefit to them.

The inspector observed that residents seemed happy and at ease in their surroundings and around staff. The centre had a welcoming atmosphere, and the person in charge and staff showed residents respect and kindness through their pleasant, thoughtful, and caring interactions. It was clear from seeing residents interact and engage with staff that staff could interpret the different communication styles of residents. Staff supported the interactions between the inspector and the residents by relaying some of the non-verbal indications used by residents.

The inspector met with residents from five of the houses throughout the course of the day. Residents reported that they were happy in their homes and that they felt safe living there. They reported that they would be comfortable raising any issues with staff. One resident named the person in charge and the designated officer as the people they would contact with a complaint. One resident spoke to the inspector about a recent holiday they had been on. They also said while they were happy when they had attended day services, they preferred to stay at home since retiring

from day services. Some residents showed the inspector around their homes and told the inspector how they moved rooms after one resident had transferred to another setting. Two residents met with by the inspector were very happy with their new bedrooms as the new rooms better suited their needs. The inspector noted that several home improvements had occurred since the previous inspection, and residents pointed out new painting, furniture and bathrooms.

Maintenance issues observed during the inspection were previously identified by the person in charge and had been reported to the maintenance department. The inspector reviewed aspects of the floor plan pertaining to the application to renew the registration of the centre. The inspector found some improvements had been made to smaller communal rooms that previously were bedrooms in order to provide residents with private space for visitors and recreation. However, further works were needed so the rooms were fully functional for residents' use.

In advance of the inspection, residents were invited to complete questionnaires on their views of the service. Twenty questionnaires were completed by residents with support from staff. The feedback was very positive and indicated that residents were happy living in the centre and with the quality and safety of care they received. One questionnaire reported that a resident had previously made a complaint about the service and was satisfied with how the complaint was managed. The questionnaires highlighted that residents enjoyed a wide range of activities, including going for coffee independently, supporting the local rugby team, social farming, yoga, bocce, bingo, going to mass, using computers, music therapy and drama. Two residents stated they would like to do more volunteering for the tidy towns and visit a spa.

From talking with residents, meeting with staff, observing interactions with residents and staff, and reviewing a range of documentation, the inspector found residents were receiving a good standard of care and support. A focus was placed on ensuring residents had meaningful days while also recognising residents' individual preferences.

The inspector found that, for the most part, there were systems in place to ensure residents were safe and in receipt of good quality care and support. The inspector found that each resident’s wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. It was clear that the local management team and the staff team were working together to ensure that residents lived in a welcoming and caring environment where they had the freedom to take control of and make decisions in their day-to-day lives. Improvements in this inspection relating to staffing supports, fire safety measures, premises and residents' rights.

The next two sections of this report will 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 provided.

Capacity and capability

The inspector found that a quality assurance system was in place and that the governance and management mechanisms in place were monitored by continual audits and oversight of their performance. The standard of care and support given to residents was also the subject of six monthly, unannounced reviews, and a strategy was in place to address any issues that might have arisen. The person in charge also put in place a strong local auditing system to assess and enhance service delivery and produce better results for residents. For instance, audits of the finances of residents, health and safety, accidents and incidents, risk assessments, staff training and environmental risks.

The person in charge had the appropriate qualifications, capabilities, and management experience to oversee the designated centre and ensure that its stated purposes, goals, and objectives were met. In addition, two social care leaders, based in and working out of the houses at the designated centre, supported the person in charge. The two social care leaders carried out the programme of local audits. These audits helped the person in charge to ensure that the operational management and administration of the centre led to the delivery of services in a secure and efficient manner.

The person in charge maintained a quality improvement plan, and all actions from completed audits, reviews and inspections formed part of this plan. The quality improvement plan was located online with shared access among the senior management team. The majority of the quality improvement plan actions were either completed or progressing within the stated time frame. Overall the inspector found the improved management systems meant that risks were being responded to effectively and efficiently and residents were receiving a good standard of care and support. Delays in completed action referred to premises issues; however, the inspector was informed of the corrective measures taken to address these delays.

The centre was operating with some gaps in the staff complement. However, as discussed under Regulation 15: Staffing, this did not pose as a high risk The skill mix consisted of social care workers, nurses and day service staff. The person in charge maintained a planned and actual roster that showed the staff working in the centre. Staff completed training as part of their professional development and to enable them to deliver evidence-based care and support to residents.

There were regular staff meetings in the centre, and the inspector reviewed the minutes of several meetings chaired by the social care leaders. A range of areas were discussed, for example reviewing the COVID-19 contingency plan, staff training needs, premises improvements and safeguarding. The meetings also provided information on new developments or changes in practice; for instance, the plans in place to support a particular healthcare need were covered. The meetings were an effective way for the staff team to share knowledge and ensure consistent care delivery, as was evident from the records and from speaking with staff.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements and included all the information as set out in the schedules.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications, skills, and management experience to supervise the residential service and ensure that its stated purposes, qualifications, and objectives were met.

The person in charge was familiar with the residents' needs and ensured that they were met in practice.

The inspector discovered that the person in charge had a clear understanding of the service to be provided and a vision for how it should be delivered. With support from other members of the management team, they also developed a culture that supported the residents of this center's individual and collective rights.

Judgment: Compliant

Regulation 15: Staffing

As per the centre's statement of purpose the staffing needs are based on the needs of each house. All residents have the support of four waking night staff that work between the six houses and one apartment. The centre has a whole-time equivalence (WTE) of two social care leaders, 19 social care workers, four nurses and one healthcare assistant.

At the time of the six-month unannounced inspection in June 2022, the centre had four vacancies that left covering some shifts challenging. It was noted that a number of shifts were being covered by relief and agency staff. The inspector reviewed the previous two months' rosters and found improved consistency of core staff working in the centre. While some recent vacancies existed due to statutory leave and movement onto the relief panel, the rosters showed that regular and familiar staff were used to cover any gaps in shifts. It was clear from speaking to one social care leader that familiar staff was important to the assessed needs of some residents, and rosters reviewed reflected that consistency. A business case

had been prepared for the funder taking into account the changing needs of the residents in one area of the centre where additional staff had been deployed to support weekend and evening activities.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a training matrix using a traffic colour-coded system that could easily identify when dating was due to expire.

In response to the COVID-19 pandemic and Regulation 27 Prevention against infection-focused inspections, staff members had also completed training in infection, prevention and control of healthcare-acquired infections. These included aseptic technique, antimicrobial stewardship practice, respiratory hygiene and cough etiquette and standard and transmission-based precautions.

Staff meetings were held regularly in the centre, and records indicated that a variety of topics were addressed. These meetings and scheduled one-to-one supervision sessions ensured that effective arrangements were in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents, as is required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre had ensured the service provided was suitably resourced, was safe and effective, and was monitored on an ongoing basis.

The provider had completed an annual review and unannounced visits every six months to review the quality and safety of care provided in the centre, as required by the regulations. There was evidence that many of the actions generated from these comprehensive reports had been progressed or completed. For example, in the most recently completed six-month unannounced audit in June 2022, it was identified that the annual review for 2021 needed to provide consultation with residents' representatives as required by the regulations. The programme manager discussed with the inspector the improved plans to ensure family feedback and commentary would be captured and reflected for the annual review of 2022.

The inspector found progress had been made regarding premises and infection prevention and control risks identified on the previous inspection. Actions were

noted to be completed or had a revised time-bound plan to implement any necessary outstanding changes to bring the centre into compliance with the regulations. High levels of compliance were found on this inspection, reflective of a service providing a good standard of care and support and responding to emerging risks as they presented

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. Some revision was required to this document to ensure that the variance in support needs and, subsequently, the arrangements in place for the different fees charging depending on which houses residents resided in was transparent and clear. Amendments had been made post inspection and an updated copy sent to the Chief Inspector.

Judgment: Compliant

Regulation 31: Notification of incidents

To promote efficient learning and prevent reoccurrence, incidents that occurred in the centre were appropriately managed and analysed as part of continuous quality improvement. The person in charge had submitted notifications regarding adverse incidents within the required three working days as set out in the regulations and had ensured that quarterly and six-monthly notifications were submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. There were no open complaints at the time of this inspection. Residents were aware of their right to make a complaint and had been supported by staff to make complaints regarding issues affecting them. All complaints were reviewed and responded to in a timely manner.

Judgment: Compliant

Quality and safety

Residents were provided with a good standard of care and support, which reflected their individual needs, and was planned around the preferences of residents.The person in charge, social care leaders and programme manager were found to have a very good understanding of the residents' needs and were found to be advocating for the residents' interests and wellbeing. To further improve the standard of care provided to residents additional improvements were required in premises, fire safety measures and residents' rights.

As previously mentioned, the designated centre consisted of six adjoining houses that were home to a maximum of four residents each. One resident had their own self-contained apartment separate from the main buildings. On the previous inspection in January 2022, the inspector was informed that the provider had approved several significant refurbishments, including bathrooms, kitchens and replacing boilers. The provider had committed to addressing premises and fire safety deficits as set out in their quality improvement plan by the end of October 2022. Prior to the inspection, the inspector was informed of some delays in maintenance and premises upgrades. As observed during the inspection, the inspector saw many areas of the designated centre had been upgraded since the previous inspection, and in other parts, contractors were seen painting rooms. One house had a new 'wet-room' style bathroom installed, while another had a new shower. New boilers were in place, and painting had occurred externally and in common areas. It was also seen that the person in charge was actively assessing residents' physical and psychological needs and potential compatibility concerns when any transfers within the designated centre occurred or when a spare bedroom became available. All outstanding premises issues including painting, reflooring and works to bathrooms and kitchens had been approved but not yet completed.

The provider had undertaken an assessment of the fire safety improvement works required in the centre through an external fire safety consultant. A thorough fire risk assessment and an accompanying action plan for the breakdown of works had been prepared for the centre based on this evaluation. The improvement plan included the provision of additional fire containment measures, including fire doors and self-closures. The inspector observed progress in addressing the fire safety measures since the previous inspection with the installation of self-door closures on bedroom doors. The person in charge informed the inspector that other closures types were being reviewed that would better suit some residents that preferred to have their bedroom doors closed.

Residents had good access to multidisciplinary input as required, such as speech and language therapy, occupational therapy, and physiotherapy. Residents also had their own general practitioners and received nursing care as required. Nursing care was provided through nurses working in two of the six houses that made up the

designated centre. The inspector spoke with the person in charge about the assessed needs of the residents living in the designated houses, particularly the assessed needs of residents living in homes with nursing supports. While it was evident that some people required greater assistance in managing healthcare concerns, others did not. The mandated weekly contributions charged by residents were based on each service user's personal weekly income band and their accommodation category of nursing care. The inspector requested the provider to review the centre's statement of purpose to ensure the fees charged based on the accommodation category were clear and transparent to residents. It was unclear if a resident who moved from a lower contribution to a higher contribution house in the designated centre without requiring nursing supports had been properly informed. In discussions with management, they informed the inspector that the centre's historical staffing structure and the implications for fees payable by residents had been escalated to the provider, and the resident would be supported to review their personal circumstances.

Positive behaviour support plans were developed for residents who expressed behaviours of concern. The plans were completed by a behaviour specialist and were readily available to staff to guide them in appropriately responding to residents' behaviours. In addition, restrictive practices were implemented in the centre. These included the use of location-based watches for residents who were at risk of absconding. There were protocols for the restrictions, and the use of restrictions was recorded to ensure that they were for the least amount of time required. There was also evidence that efforts had been made to remove or reduce the restrictions.

There was a clear process regarding the management of allegations of suspected abuse, which included the appointment of a designated officer in the organisation. There were open safeguarding issues/concerns in the designated centre at the time of the inspection, which the inspector was previously aware of through notifications to the Health Information Quality Authority (HIQA). Where required, safeguarding planning was in place. It was noted in one residential house; there had been a decrease in the frequency of peer-to-peer safeguarding incidents since the previous inspection due to a transition from the centre.

The provider had a good risk management procedure in place, and the person in charge had completed risk management plans for concerns such as COVID-19 and fire safety. Additionally, individual risk assessments for each resident were carried out to enable their safety and independence. The provider also had a system in place for monitoring and responding to adverse incidents, and a review of these incidents revealed that the person in charge had appropriately responded to incidents that had occured in the centre.

Regulation 13: General welfare and development

There were many examples residents had access to opportunities and facilities for

occupation and recreation while in the centre. One resident who was a frequent swimmer was training weekly and was hopeful of getting a place on the Special Olympics team. Another resident was taking more family trips home to make up for trips that could not be taken during times of restrictions. Some residents enjoyed visiting a resident that moved from the centre recently into their new home. One resident spoke of the plans they had made for organising their 60th birthday party in a local pub.

Residents attended day services in line with their wishes and interests and there was evidence residents could be facilitated to take part in activities in the centre if they did not want to attend day services.

Judgment: Compliant

Regulation 17: Premises

Overall, since the last inspection, there had been a number of upkeep and decorative repairs completed. On the day of the inspection, the inspector observed the premises to be freshly painted in many areas. The inspector observed the centre to be clean and tidy and, overall, in good decorative and structural repair. However, during the walk-around of the centre, the inspector observed that further upkeep and repair work was needed to some areas of the house and to some of the equipment, fixtures and fittings. Improvement was also required in smaller communal rooms.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Arrangements were in place for the identification, assessment and management of risks in the centre. Individual risks had been assessed, and the controls outlined in risk management plans were implemented in practice.

Medical issues in relation to any slips, trips or falls had been reviewed by the relevant professionals within the multi-disciplinary team including general practitioner (GP), occupational therapist and physiotherapist as required.

The inspector also acknowledged the person in charge and staff's person centred management of some personal risks for residents, demonstrating a practical and person centred approach to managing risks for residents.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken steps to further protect residents from the risk of fire. There was a fire safety policy, and the provider's fire safety expert had completed a fire safety risk assessment and audit of the centre. There were fire prevention, detection, fighting, and containment equipment, such as fire doors, alarms, blankets, extinguishers, and emergency lights. An external fire company routinely checked the fire alarm and emergency lighting system, and service records were maintained within the service.

Outstanding fire safety improvement measures from the centres fire risk assessment report such as certification of fire doors were on the centres quality improvement plan for completion. In addition, the fire door closures for some residents required review to ensure ease of access around the centre.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with the care and support to meet their healthcare needs. Residents' healthcare needs were assessed by their GP and a range of healthcare professionals. The inspector reviewed a sample of healthcare plans and found these plans adequately described the care to be provided to residents. The inspector also spoke with staff during the inspection, who also described a number of healthcare supports, as well as monitoring interventions in use, as per residents' personal plans. One resident had attended the dentist during the inspection and spoke to staff on their return about their appointment.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that residents were supported with positive behaviour support plans. The behaviour support plans were overseen by the psychology team and had been recently updated. The plans were readily available to guide staff in responding to behaviours of concern.

Some restrictive practices were implemented in the centre for the health and safety of residents. There were clear protocols for the use of the restrictions, and the removal of restrictions had been trialled. It was shown that responsive action had

been taken by the person in charge and provider to review these matters.

All restrictive practices had been notified to the Chief Inspector as required.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents living in the centre. There was evidence of the person in charge and staffs understanding of national safeguarding vulnerable adults policies and procedures. Safeguarding procedures were followed and implemented following any potential or actual safeguarding incidents.

Staff completed safeguarding training in order to prevent, detect and response appropriately to safeguarding matters, and staff spoken with were aware of the safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the rights of the residents at this centre were protected. The provider supported a self-advocacy group within the organisation, and there was information about this group posted inside the centre. Residents were consulted prior to any decisions being made about their care. The inspector observed that the residents' individual plans contained consent forms and decision-making assessments.

Improvement was required to ensure all residents were informed of the terms and conditions relating to their residency and have access to advocacy services.

Judgment: Substantially 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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for DC7 OSV-0002944

Inspection ID: MON-0029057

Date of inspection: 27/10/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. Vacancies in the designated centre will be recruited for. Active monthly recruitment is in place to fill vacancies. On-going. 2. Review of rosters will be completed to ensure effective use of resources by end of 31st January 2023. 3. Additional staff currently deployed to support weekend and evening activities remain in place. On-going.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Improvements identified in smaller communal rooms will be completed by 28th February 2023. 2. Monthly environment audit carried out to identify maintenance upkeep and repair work. On-going. 3. Maintenance request log in place, reviewed monthly. Outstanding maintenance requests escalated to Registered Provider for action as required. On-going.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

1. Fire safety improvement measures from the centres fire risk assessment report will be completed. By end of March 2023. The fire door holders / closures for some residents have being reviewed to ensure ease of access around the centre. Identified work / equipment will be installed by 3rd of February 2023.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1. The Residents Guide for each location in the Designated Centre was updated to reflect the terms and conditions relating to their tenancy; and circulated to residents. Completed by 1st November 2022. 2. The Statement of Purpose for the Designated Centre was updated to reflect the charges applied at each location in the centre. Completed by 1st November 2022. 3. Residents have access to National Advocacy Service and SAGE Advocacy service. To ensure all residents are informed of the various advocacy services available to them; information sessions will be organised for residents by 31st of March 2023.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/01/2023
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall	Substantially Compliant	Yellow	28/02/2023

	be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/03/2023
Regulation 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Substantially Compliant	Yellow	31/03/2023