

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

## Issued by the Chief Inspector

Name of designated centre:	The Bay
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	18 September 2024
Centre ID:	OSV-0003434
Fieldwork ID:	MON-0036397

## About the designated centre

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

The Bay is a designated centre operated by Autism Initiatives Ireland located in County Wicklow. The service provides a respite service for 10 adults with autism and other assessed complex needs. A maximum of four service users can be accommodated at one time. The centre consists of a two storey house and an adjoining apartment. The house comprises a sitting room, kitchen/dining room, office, three individual service user bedroom and shared bathrooms. The adjoining apartment comprises a sitting room, kitchen/dining room, one bedroom, office and a bathroom. The designated centre is located close to the local town with access to local shops and transport links. The centre is staffed by a person in charge, a senior social care worker, social care workers and support workers.

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

Number of residents on the date of inspection:	3
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## 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
Wednesday 18 September 2024	10:00hrs to 16:30hrs	Kieran McCullagh	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre.

The inspection was facilitated by the person in charge and the area manager for the duration of the inspection. The inspector used observations and conversations and interactions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations.

The inspector found that the centre was reflective of the aims and objectives set out in the centre's statement of purpose. The residential respite service aims to "provide a safe and relaxed environment in which each resident receives a person centred service appropriate to their needs and wishes". The inspector found that this was a service that ensured that residents received the care and support they required but also had a meaningful person-centred service delivered to them.

The designated centre is made up of one main house and a self-contained apartment and is located in a seaside town in County Wicklow. The centre provided residential respite services for approximately ten individuals at the time of inspection. A maximum of four residents could be accommodated at any one time. On the day of inspection there were three residents availing of the service. The service had the capacity to operate seven days a week and those who availed of respite services generally also received day service supports from Autism Initiatives Ireland CLG.

Residents had been made aware of the upcoming inspection and were comfortable with the presence of the inspector in their home. In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to stay in this designated centre. The inspector reviewed all surveys completed and found that feedback was generally positive, and indicated satisfaction with the service provided to them in the centre, including staff, choices and decisions, trips and events and food.

The inspector did not have an opportunity to meet with the relatives of any of the residents. However, a review of the provider's annual review of the quality and safety of care and compliments received evidenced that they were happy with the care and support that the residents received. For example, compliments recorded in the compliments log reviewed by the inspector included; "thanks for the work done on schedule and planner" and "doing a great job as always".

The inspector carried out a walk around of the designated centre in the presence of the person in charge. The main house comprised three resident bedrooms, one of

which was en-suite, two bathrooms, a staff office, two sitting rooms, a kitchen / dining room and a utility room. The apartment comprised one bedroom, a staff office, a bathroom, a sitting room and a kitchen / dining room. The main house and apartment was observed to be clean and tidy. The sitting room of the main house had an abundance of games and activities for residents to use and enjoy during their stay and there was also a computer on which they could play games.

The apartment was used to accommodate the same resident during their respite stay every week. The apartment was decorated to their individual style and preference. For example, the resident was a keen football fan and their bedroom was decorated in their favourite team's colour and also included family photographs, pictures, soft furnishings and memorabilia that were in line with their personal preferences and interests.

The inspector also observed that floor plans were clearly displayed alongside the centre's fire evacuation plan in the main home and apartment. In addition, the person in charge ensured that the centre's certificate of registration and complaints information was also on display.

The centre had its own dedicated transport which was used by staff to drive residents to various activities and outings. For example, residents were supported to attend their day services, gym, sports clubs and use local facilities including shops and restaurants.

Residents in the centre presented with a variety of communication support needs and were supported by staff to communicate and interact with the inspector over the course of the inspection. One resident showed the inspector around the apartment and spoke about the activities they enjoyed doing while in respite. The resident showed the inspector their weekly schedule, which included a wide variety of activities including; cooking, art, rugby, gardening and personal training. They told the inspector they really like the staff working with them and knew who they would talk to if they had any concerns or were unhappy with any aspect of the service. They spoke to the inspector about what they would do if the fire alarm sounded and took the inspector to where the fire assembly point was.

The inspector also had an opportunity to meet with two other residents when they returned from their day service in the afternoon. The inspector observed warm and kind interactions between residents and staff members on duty and staff members were attentive and responded quickly to the needs of residents. For example, one staff member supported a resident to complete a "My stay at The Bay" form, which was used to choose what activities the resident wanted to engage in and what they wanted for dinner. On observing residents interacting and engaging with staff, it was obvious that staff clearly interpreted what was being communicated by the residents.

Staff spoke with the inspector regarding the residents' assessed needs and described training that they had received to be able to support such needs, including autism and safe administration of medicines. The inspector found that staff members on duty were very knowledgeable of residents' needs and the supports in

place to meet those needs. Staff were aware of each resident's likes and dislikes and told the inspector they really enjoyed working in the centre.

From speaking with residents and observing their interactions with staff, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose. The service was operated through a human rights-based approach to care and support, and residents were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

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 resident living in the centre.

## Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The provider had implemented management systems to ensure that the service provided to residents in the centre was safe, consistent, and appropriate to their assessed needs. However, some improvement was required to ensure that all notifications were submitted to the Chief Inspector of Social Services.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. The inspector observed that the number and skill-mix of staff contributed to positive outcomes for residents using the service. For example, the inspector saw residents being supported to participate in a variety of home and community based activities of their own choosing. In addition, the provider had also ensured that the centre was well-resourced. For example, a vehicle was available in the designated centre for residents to access their day services and wider community during their respite stay.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. A supervision schedule and supervision records of all staff were maintained in the designated centre. The inspector saw that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and professional development.

The provider ensured that the building and all contents, including residents' property, were appropriately insured. The insurance in place also covered against risks in the centre, including injury to residents.

The registered provider had implemented management systems to monitor the

quality and safety of service provided to residents and the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre for 2023, which included consultation with residents and their families and representatives.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described what the service does, who the service is for and information about how and where the service is delivered.

The person in charge was aware of their regulatory responsibility to ensure that notifications were submitted to the Chief Inspector. However, following a review not all notifications had been submitted in relation to the use of restrictive practices.

There was an effective complaints procedure in place that was accessible and in a format that residents could understand. Residents were supported through the complaints process, which included having access to an advocate when making a complaint or raising a concern. The inspector found that there was a culture of openness and transparency that welcomed feedback, the raising of concerns and the making of suggestions and complaints.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

## Regulation 15: Staffing

On the day of the inspection the provider had ensured there was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times in line with the statement of purpose and size and layout of the designated centre.

The person in charge had recently commenced in their position and they were supported in their role by the area manager and a team of social care workers and support workers. The inspector spoke to the person in charge and area manager and to three staff members on duty, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

The person in charge maintained a planned and actual staff roster. On the day of inspection, there were three staff on duty during the day and two staff at night-



time, both in a waking capacity. The inspector reviewed the planned and actual roster for the months of August and September 2024 and found that regular staff were employed, meaning continuity of care was maintained for residents. In addition, the rosters reviewed accurately reflected the staffing arrangements in the centre, including the full names of staff on duty during both day and night shifts.

The inspector reviewed three staff records and found that they contained all the required information in line with Schedule 2.

Judgment: Compliant

## Regulation 16: Training and staff development

Systems to record and regularly monitor staff training were in place and were effective. For example, the inspector reviewed the staff training matrix and found that all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, managing behaviour that is challenging and safeguarding of vulnerable adults.

The inspector noted that staff due refresher training were already booked in to complete this. For example, the person in charge provided evidence to the inspector to demonstrate provisions had been made for a number of staff to attend refresher training in managing behaviour that is challenging over the coming months.

In addition, further training was provided in areas such as autism, safe administration of medication, assisted decision making and infection, prevention and control (IPC).

The person in charge had developed a schedule of supervision for 2024 for all staff members. The inspector reviewed this and found that all staff were in receipt of regular formal supervision and informal support relevant to their roles from the person in charge.

In addition, the inspector reviewed three staff members supervision records, all of which included a review of the staff members' personal development and provided an opportunity for them to raise any concerns.

Judgment: Compliant

## Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the

application to renew the registration of the centre.

The inspector reviewed the insurance and found that it ensured that the building and all contents, including residents' property, were appropriately insured.

In addition, the insurance in place also covered against risks in the centre, including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had arrangements in place to assure that a safe, high-quality service was being provided to residents and that national standards and guidance were being implemented.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge and they were supported in their role by an area manager. They had a comprehensive understanding of the service needs and had structures in place to support them in meeting their regulatory responsibilities. In addition, they were supported by a staff team, who was knowledgeable about the support needs of the respite residents.

An annual review of the quality and safety of care had been completed for 2023. Residents, staff and family members were all consulted in the annual review. An unannounced visit to the centre had also been completed in April 2024. The inspector reviewed the report following this and found that actions were identified and were being used to drive continuous service improvement. In addition to the unannounced six monthly visits, as required by the regulations, the provider was also conducting announced audits of the service every eight weeks. These audits were completed by members of the management team and were also being used as a means to drive continuous service improvement.

Furthermore, there was a suite of local management audits in place including; medicine, finance, restrictive practices, infection, prevention and control (IPC), health and safety, fire safety and monthly manager reports.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the

service provided and met the requirements of the regulations.

The inspector reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre. The statement of purpose was available to residents and their representatives in a format appropriate to their communication needs and preferences.

In addition, a walk around of the designated centre confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 31: Notification of incidents

Prior to and during the course of the inspection the inspector completed a review of notifications submitted to the Chief Inspector and found that the person in charge did not notify the Office of the Chief Inspector in writing of the occurrence of the events set out in Regulation 31(3) on a quarterly basis.

For example, the person in charge did not notify the Chief Inspector of the following events in Quarter 1 and 2 of 2024:

- Any occasion where a restrictive procedure including physical, chemical or environmental restraint was used.

There were a number of restrictive practices in use that had not been notified to the Office of the Chief Inspector. This required review in order to assure the Office of the Chief Inspector that any risk to the quality and safety of care and support has been or is being addressed.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider had established and implemented effective complaint handling processes. For example, there was a complaints, compliments and suggestions policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and demonstrated to the inspector that they had a full understanding of the policy.

Residents spoken with felt comfortable with raising concerns and providing feedback and told the inspector what they would do in the event they were unhappy with

something.

The inspector observed that the complaints procedure in place was accessible and in a format that all residents could understand. Residents were supported through the complaints process, which included having access to an advocate and staff support when making a complaint or raising a concern.

There were no open complaints on the day of inspection.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider had a comprehensive governance and oversight system in place, with clear lines of accountability and responsibility to ensure appropriate policies and procedures were in place, implemented in practice and reviewed at regular intervals.

For example, the provider had prepared written policies and procedures on the matters set out in Schedule 5.

The inspector reviewed all policies and found all policies in place were reviewed or updated where necessary every three years, as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Compliant

#### Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The provider had measures in place to ensure that a safe and quality service was delivered to residents. The findings of this inspection indicated that the provider had the capacity to operate the service in compliance with the regulations and in a manner which ensured the delivery of care was person centred.

The inspector found the atmosphere in the designated centre to be warm and relaxed, and residents appeared to be very happy in the centre and with the support they received. The inspector completed a walk around of the designated centre and found the design and layout of the premises ensured that each resident could enjoy staying in an accessible, comfortable and homely environment. The provider

ensured that the centre, both internally and externally, was of sound construction and kept in good repair. There was adequate private and communal spaces and residents had their own bedrooms for the duration of their stay, which had been decorated in line with their individual taste and preferences.

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. There were suitable arrangements in place to detect, contain and extinguish fires within the designated centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents' personal evacuation plans were reviewed regularly to ensure their specific support needs were met.

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the safe storage and administration of medicines, medicine audits, medicine sign out sheets and ongoing oversight by the person in charge and area manager.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans, which outlined the associated supports and interventions residents required.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges. The provider and person in charge ensured that the service continually promoted residents' rights to independence and a restraint-free environment. For example, restrictive practices in use were clearly documented and were subject to review by appropriate professionals.

Good practices were in place in relation to safeguarding. The inspector found that appropriate procedures were in place, which included safeguarding training for all staff, the development of personal and intimate care plans to guide staff and the support of designated safeguarding officers within the organisation.

## Regulation 17: Premises

Overall, the design and layout of the designated centre ensured that each resident could enjoy their respite visit in an accessible, spacious and comfortable environment.

The provider recognised the importance of residents' property and had created the feeling of homeliness to assist all residents with settling into the centre. For example, wall art, soft furnishings, photographs of residents and decorative accessories were displayed throughout the main house and apartment, which created a pleasant and welcoming atmosphere.

Each resident had their own bedroom for the duration of their stay. Residents could

store their belongings in individual wardrobes, drawers and lockers in their bedrooms, and laundry services were available for those who needed them.

To the front and rear of the centre there was a garden area in which residents could relax and enjoy, if they so wished. The inspector observed that all residents could access and use available spaces both within the centre and garden without restrictions.

Residents had access to facilities which were maintained in good working order. There was adequate private and communal space for them as well as suitable storage facilities and the centre was found to be comfortable, homely and overall in good structural and decorative condition.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had mitigated against the risk of fire by implementing suitable fire prevention and oversight measures. For example, the inspector observed fire and smoke detection systems, emergency lighting and firefighting equipment. Following a review of servicing records maintained in the centre, the inspector found that these were all subject to regular checks and servicing with a fire specialist company.

The inspector observed that the fire panel was addressable and easily accessed in the entrance hallway of the designated centre and all fire doors, including bedroom doors closed properly when the fire alarm was activated. All emergency exits were thumb lock operated, which ensured prompt evacuation in the event of an emergency.

The provider had put in place appropriate arrangements to support each resident's awareness of the fire safety procedures. For example, the inspector reviewed three residents' personal evacuation plans. Each plan detailed the supports residents required when evacuating in the event of an emergency. Staff spoken with were aware of the individual supports required by residents to assist with their timely evacuation. One resident the inspector spoke with was fully aware of evacuation routes, what to do in the event of an emergency and showed the inspector where the fire assembly point was.

The inspector reviewed fire safety records, including fire drill details and found that regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents in the event of an emergency.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. The provider had appropriate lockable storage in place in the designated centre for medicinal products and a review of medicine administration records indicated that medicines were administered as prescribed.

The inspector reviewed two residents' medicine administration records which clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration. Staff spoken with on the day of inspection were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Staff were competent in the administration of medicines and were in receipt of training and ongoing education in relation to medicine management.

All medicine errors and incidents were recorded, reported and analysed and learning was fed back to the staff team to improve each resident's safety and to mitigate against the risk of recurrence.

In addition, the inspector observed there were regular medicine audits being completed in order to provide appropriate oversight over medicine management.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector completed a full review of one resident's file and saw that it contained an up-to-date and comprehensive assessments of need. This was informed by the resident, their representative and the multidisciplinary team as appropriate.

The assessments of need informed comprehensive care plans which were written in a person-centred manner and detailed the resident's preferences and needs with regard to their care and support. For example, the inspector observed plans on file relating to the following:

- Personal care
- Communication
- Positive behaviour support
- Mental health
- Medication management.

In addition, the inspector completed a review of one resident's personal plan, which was in an accessible format and detailed goals and aspirations for 2024 which was important and individual to them. Examples of goals set for 2024 included; becoming more independent and having more community involvement and healthy

eating and physical activity.

The provider had in place systems to track goal progress. For example, goals were discussed with residents during key working and person-centred planning meetings. The inspector reviewed one resident's monthly key working meeting minutes and saw evidence that the following was discussed and recorded; future planning, goal progress and next steps. In addition, photographs of the resident participating in their chosen goals and how they celebrated were included in their personal plan.

Judgment: Compliant

## Regulation 7: Positive behavioural support

There were systems in place to ensure regular monitoring of behavioural supports, including the use of restrictive practices. For example, there was a policy in place with supporting procedures, which clearly directed the person in charge and staff in the centre to promote a positive approach in responding to behaviours that challenge and ensure evidence-based specialist and therapeutic interventions were effectively implemented.

Arrangements were in place to provide positive behaviour support to residents with an assessed need in this area. For example, one positive behaviour support plan reviewed by the inspector was detailed and developed by an appropriately qualified person. In addition, the plan included trigger and antecedent events, proactive and preventative strategies in order to reduce the risk of behaviours that challenge from occurring.

The provider ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of support plans in place and the inspector observed positive communications and interactions throughout the inspection between residents and staff.

There were a number of restrictive practices used in the designated centre. The inspector completed a review of these and found they were the least restrictive possible and used for the least duration possible.

The inspector found that the provider and person in charge were promoting residents' rights to independence and a restraints free environment. For example, restrictive practices in place were subject to regular review by the provider's practice support team, appropriately risk assessed and clearly documented and appropriate multidisciplinary professionals were involved in the assessment and development of the evidence-based interventions with residents.

Judgment: Compliant



## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. For example, there was a clear policy in place with supporting procedures, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit and regulatory responsibilities. For example, all safeguarding concerns were reported to the Chief Inspector in line with the regulations.

On the day of inspection there was one open safeguarding concern. Following a review of this, the inspector found that this concern had been responded to and appropriately managed. For example, an interim safeguarding plan had been prepared with appropriate actions in place to mitigate safeguarding risks. In addition, the inspector reviewed two preliminary screening forms and found that incidents, allegations or suspicions of abuse were appropriately investigated in line with national policy and best practice.

There was a clear policy and supporting procedures in place in relation to the provision of intimate and personal supports. Following a review of one resident's care plan the inspector observed that safeguarding measures were in place to ensure that staff provided personal intimate care to residents who required such assistance in line with the residents' personal plans and in a dignified manner.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Bay OSV-0003434

Inspection ID: MON-0036397

Date of inspection: 18/09/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Plan to address as follows: Submit outstanding HIQA notification – NF39A and review all Restrictive Practices in this service with Practice Support team – change as agreed. Ensure to submit updated restrictions in future quarterly notifications.	

## 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 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	30/10/2024