



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

## Issued by the Chief Inspector

Name of designated centre:	Camphill Community Ballybay
Name of provider:	Camphill Communities of Ireland
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	20 September 2021
Centre ID:	OSV-0003603
Fieldwork ID:	MON-0026548

## About the designated centre

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

Camphill Community Ballybay is a residential service that provides care and support for 17 adults with an intellectual disability. This designated centre is located on a large campus including a farm, several workshops, outbuildings and five separate residential buildings for residents and volunteers. The provider, Camphill Communities of Ireland, operate a unique approach to service provision that aims to support people to discover and apply their personal gifts, identify their ambitions and vision, build assets and strengths and to live fulfilled lives as participating members of society and the community. Residents living at this campus participate in activities which support the overall ethos of the service and may undertake work-based activities on the campus, supported by staff and short term co-workers, who work in a voluntary capacity. Residents are also able to access the local community and services in the local town.

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

Number of residents on the date of inspection:	15
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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
Monday 20 September 2021	10:00hrs to 17:40hrs	Caroline Meehan	Lead
Monday 20 September 2021	10:00hrs to 15:05hrs	Florence Farrelly	Support
Monday 20 September 2021	10:00hrs to 17:40hrs	Karena Butler	Support

## What residents told us and what inspectors observed

From talking to residents and meeting residents and staff in their homes, the inspectors found residents were enjoying a good quality of life. Residents' interests and wishes were acknowledged and supported in their home life, daily work life, and in a broad range of activities both in the centre and in the community.

This centre was inspected following an application by the provider to renew their registration. Accommodation can be provided for up to 17 residents and there were 15 residents living there on the day of the inspection. The centre was located in a rural area, a short distance from a town, and comprises five units, the inspectors visited all units on the day of the inspection.

The inspectors met with 10 residents and residents spoke about some of the things they enjoyed doing in the centre and in the community, and about their recent holidays. For example, two of the residents in one unit told an inspector they were very happy living in the centre, had been doing gardening work on the morning and had also enjoyed a group music session. They had also really enjoyed a holiday, and had plans to go to the local library in the evening. In another unit residents were going on holiday the following week. Two of the residents were enjoying their tea break mid-morning having just returned from work in the garden. One of the residents had a keen interest in films, and went to the library every few weeks to borrow DVD's. The house coordinator showed an inspector a dedicated area in the centre where the resident liked to watch movies with their peers.

The daily life of the residents was centred around their needs and preferences, and the rights of residents were upheld in this regard. For example, one resident liked to work on the farm, and other residents enjoyed weaving, candle making and music, all of which were provided for in the centre. Some residents also took part in baking. The participation of residents in the running of the centre was evident in their work, and the baked goods, vegetables, fruit and dairy products made by residents were used in the preparation of their everyday meals. They were also supported with educational opportunities, and a teacher from the local education and training board visited weekly to support some residents with literacy classes. One of the residents had also graduated last year having completed a computer course.

Residents were also consulted with, and contributed to the running of the centre, and residents' meetings were held every week. In these meetings they planned their activities and meals for the week, shared their news, safety and security was discussed, and information from the centre and the broader Camphill community was also shared.

Some residents had expressed their specific needs about the environment they lived and worked in. For example a resident told an inspector they had moved to a unit which had a quieter environment, which they preferred. Another resident also expressed they preferred a quiet environment, and was supported with an individual

day activity plan in an dedicated area on the campus, with positive outcomes for the resident.

While residents enjoyed active lives in the centre they also availed of a number of social amenities and activities in the community. For example, residents went horse riding, enjoyed bowling, going to the cinema and out for meals, and going shopping. One of the residents helped out with the weekly grocery shopping and another resident went to a local men's shed.

The inspectors found there was a warm and homely atmosphere in the centre and residents could access all areas as they wished. Staff were observed to interact in a positive and respectful way with residents, for example, staff and residents were observed to enjoy a meal together, and a staff was seen to sing and joke with a resident, as was the resident's preference. Staff were also observed to provide support consistent with the needs of residents, for example supporting residents with their mobility and providing 1:1 support as specified. Staff also knew the residents well, and were fully aware of their support requirements to meet residents' needs and keep them safe. For example, a staff member described the daily activities residents liked to do, the safeguarding measures in place for a resident, the actions to take in the event of a suspected case of COVID-19, and the fire evacuation procedures in a unit

The inspectors reviewed questionnaires which were completed by some residents and family members prior to the inspection. Overall residents and families expressed they were happy with the service provided, and stated who they would talk to if they any concerns. A number of residents said they were really enjoyed celebrating the Camphill festivals days and were looking forward to the local Arch club starting up again. Residents spoken with stated they felt they were getting the support they needed to achieve their goals, such as, going to a theme park, to the beach, visiting a pet farm and going on holidays, as well as contributing to the centre community through baking, weaving, farming and gardening activities.

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.

## Capacity and capability

The inspector found the provider had the appropriate management systems in the centre, with residents receiving a safe and effective service, and the service was monitored on a continued basis. Overall high levels of compliance were found on this inspection; however, staffing resources remained an issue on the day of inspection, and the recruitment of appropriately skilled staffing in line with the

identified needs of residents, had yet to be completed.

While the number of staff on duty were sufficient in terms of meeting the assessed needs of residents, there continued to be a reliance on volunteers, employed as short term co-workers to deliver some care and support. The provider had completed an annual review in April 2021. This review identified that this issue had been addressed, and volunteers were no longer relied on to provide care and support to residents, and were rostered to only attend workshops and activities with residents. However, from speaking with staff and volunteers, it was evident that volunteers continued to provide direct care and support to residents, for example, intimate care, and covering staff shifts on the roster.

The provider had completed an analysis of the whole-time equivalent posts that were required in the centre, and this need had been communicated to the agency responsible for funding staffing posts. While the agency had agreed with the need for additional posts, written communication outlined the agency had not committed to the funding for these posts to date.

The inspectors reviewed a sample of rosters and found rosters were appropriately maintained. From a review of five staff files, all information as required by Schedule 2 of the regulations were in place.

There were 12 volunteers employed in the centre, and volunteers had been provided with training and support prior to working independently with residents. This included a comprehensive induction schedule, mandatory training and additional training, and two weeks shadowing with a staff member. Volunteers were supervised by staff and house coordinators on a day to day basis.

Staff had been provided with a range of mandatory and additional training to meet the needs of residents. This included safeguarding, fire safety, behavioural support, infection control, and medicines management. Additional training to meet the specific needs of residents had also been provided, for example, manual handling, autism, dysphagia, epilepsy and the administration of emergency medicines, and the use of evacuation equipment. Staff were appropriately supervised and regular supervision meetings were facilitated for staff. The inspectors reviewed a sample of staff supervision records, and found the supervision had enabled staff to discuss their role and issues relating to their role, and to identify training and development needs. A number of staff also told inspectors that they could raise concerns about the quality and safety of care and support with managers if the need arose. Staff spoken with were found to be knowledgeable on residents' support needs and on the plans in place to ensure residents' safety and to meet their specific needs.

There were appropriate management systems in place to ensure residents received appropriate, safe and timely care and support. There was a clearly defined management structure. Staff reported to a house coordinator and there were three house coordinators appointed in the centre. House coordinators reported to the person in charge, who reported to the regional manager (also a person participating in management). At weekends a house coordinator was on call for support if required.

There were systems in place for a review of the care and support and onward reporting to senior management of any issues arising. This included auditing systems, as well as team and senior management meetings, ensuring there was a process for continuous improvement in place in the centre. Community management meeting were held monthly and attended by the centre managers, as well as the regional manager, safeguarding lead, clinical support officer and day service coordinators. Team meetings were facilitated monthly and included a review of issues such as safeguarding, accidents / incidents, feedback from a national Camphill residents' group, community improvements and compliance plan. From this improvements actions were identified and strategies to achieve actions agreed.

There were a range of audits carried out in the centre for example, medicine management, infection prevention and control, finance audits, and fire safety inspection. Actions identified from audits were completed or in progress on the day of inspection. For example, a fire inspection identified a need for improvement to the external pathway of one unit, and this work was in progress on the day of inspection. Evidence was subsequently submitted to Health Information and Quality Authority (HIQA) post inspection to confirm this work was completed. Issues identified relating to a labelling of a controlled medicine supply had been dealt with immediately on receipt of supply.

A six monthly unannounced visit had been completed in May 2021 and actions to address identified issues were agreed. The inspectors reviewed a sample of actions and found these were completed on the day of inspection. An annual review of the quality and safety of care and support had also been completed in April of this year and a number of areas were identified as requiring improvement. Notwithstanding the issue in relation to volunteers, all other actions were complete on the day of inspection. For example, external lighting had been installed, a sensory room for one unit was near completion and identified compatibility assessments had been completed.

There was procedure in place for residents to make complaints if they so wished and accessible information on the complaints process was available in the centre. While there were no official complaints in the centre, a resident had raised an issue in feedback, this had been acted upon by the person in charge in order to reach a satisfactory outcome for the resident.

Residents had a contract of care which outlined the services and facilities to be provided and the fees to be charged. Contracts of care were available in easy-to-read format and had been signed by the resident and their representative. There had been no admission to the centre since the last inspection.

An application to renew the registration of this centre was received from the provider and included all of the required information. An insurance certificate had been received; however, the date of expiry was not included on the insurance documentation. This was subsequently submitted to HIQA, indicating a valid insurance was in place in the centre.



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

A full application to renew the registration of this centre was received by HIQA.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient numbers of staff on duty; however, an appropriate skill mix was not in place. An analysis of the whole-time equivalent requirements had been completed and submitted to the agency responsible for funding resources; however, funding for the additional required posts had not been secured to date. This meant there continued to be a reliance on volunteers to provide some of the care and support to residents, which the provider had previously identified as a risk, and stated was no longer the case in their annual review in April 2021.

Staffing rosters were appropriately maintained. All of the information as required by Schedule 2 of the regulations was available in staff files.

Judgment: Not compliant

## Regulation 16: Training and staff development

Staff had been provided with the appropriate mandatory and additional training in order to keep the residents safe and to meet their specific support needs. Staff were appropriately supervised on a day to day basis by house coordinators and by the person in charge. Regular formal supervision was also facilitated.

Judgment: Compliant

## Regulation 22: Insurance

Up-to-date insurance was observed to be in place in the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There were appropriate management systems in place to ensure residents received appropriate, safe and timely care and support. There was a clearly defined management structure in place and staff knew the management reporting system. Staff could raise concerns about the quality and safety of care and support should the need arise.

The care and support provided was audited on an ongoing basis, and issues or risks raised through reviews were responded to with appropriate and timely actions. A six monthly unannounced visit had been carried out in May 2021 and all actions were complete on the day of inspection. An annual review of the quality and safety of care and support had been completed and all actions were complete within the time frame specified. There were regular meetings with local and senior managers, ensuring there was continuous improvement in the centre, and appropriate communication and reporting of concerns and developments in the centre both to and from senior managers in the organisation.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Contracts of care were in place for residents, outlining the services to be provided and the fees to be charged. Additional fees were also outlined and contracts were signed by the resident and family member. Contracts of care were available in accessible format.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by inspectors, and minor amendments were required in relation to the description of the rooms in the centre. A revised statement of purpose was subsequently submitted to HIQA post inspection and contained all of the required information as required by Schedule 1 of the regulations. The statement of purpose was reflective of the services, facilities and resources as per the day of inspection.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers had appropriate support and supervision, and an induction programme along with mandatory training had been completed for volunteers. Vetting disclosures were also completed for volunteers prior to their appointment in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications had been made to HIQA with regards to incidents and practices in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an up to date policy on complaints and the complaints procedure was available in accessible format. While there was no current complaints, the person in charge had responded to an issue raised through a feedback process, and actions were in progress to reach a satisfactory outcome for a resident.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Up to date policies and procedures were in place as per Schedule 5 of the regulations, and all policies had been reviewed within the last three years

Judgment: Compliant

## Quality and safety

Inspectors found that the residents' wellbeing and welfare was maintained by a good standard of care and support. The rights of residents were found to be upheld and there was a responsive approach to risks in the centre such as safeguarding, infection control, healthcare, mobility and behavioural risks.

Residents were actively involved in the running of the centre and the day to day organisation of the centre was led by residents' needs and preferences. Residents met weekly and discussed meal options and activity plans they had for the upcoming week. Daily plans in the centre included work on the farm, weaving, gardening, and baking, as well as literacy classes, watching movies and music sessions, and residents also attended a range of community activities and amenities in line with their wishes. The privacy and dignity of residents was respected, and each resident had their own bedroom, decorated to their own preference. It was evident that residents were involved in decisions about their care and their choices in this regard were respected, for example, preferences regarding vaccinations, or facilitating a quieter environment for activities. There had been ongoing support from an external advocate with residents regarding their finances.

Residents were supported with their emotional needs and positive behavioural support plans were implemented for residents who required additional supports in this area, which had resulted in positive outcomes for residents. Plans were comprehensive and focused on the communication preferences, proactive, and preventative strategies in line with the assessed functions of behaviour and contributing factors. Reactive strategies also formed part of support plans, and plans were regularly reviewed by a clinical lead in conjunction with reported incidents. There were some restrictive practices in use in the centre, which had been implemented relative to the risk presented. Consent had been received prior to the implementation of a recent environmental restrictive practice, and measures were being implemented to reduce the need to use environmental separation for two residents.

Residents were safeguarded by the policies and procedures in place in the centre. The measures outlined in a safeguarding plan were in place and a staff member spoken with described these measures. Staff had been provided with training in safeguarding. In response to two recent safeguarding incidents, the person in charge and person participating in management had facilitated enhanced safeguarding training for all staff, and a staff member told an inspector this had been very informative. Timely and responsive actions had been taken to safeguarding concerns in the centre in order to mitigate risks. Since the last inspection 10 residents had been reimbursed by the provider, following an investigation into overpayment's by residents of their fees. The inspectors found that the effected residents had been fully reimbursed on the day of inspection. There were systems in place to protect residents' finances. All payments made on behalf of residents were checked by a two staff members and signed off daily by the house coordinator and person in charge.

Residents had access to their own money and used a range of financial applications

and facilities. Where a resident did not have full responsibility for their own money an inspector found there was adequate funds available for the resident's use.

There was a system in place for reporting, recording and learning from adverse incidents. An inspector reviewed a sample of incidents for the preceding two months. Incidents had been recorded and corrective action agreed to prevent reoccurrence. Actions were complete on the day of inspection, for example, onward referral to healthcare professionals, follow up reviews with the general practitioner (GP), and additional equipment purchased to prevent resident falls. There was a risk register maintained in the centre and control measures were implemented for risks identified. For example, an alert pager had been provided to a resident to call for assistance, safeguarding plans were implemented, and one-to-one staffing was provided to some residents consistent with their needs.

All of the units in the centre were clean and well maintained. There were two full time maintenance staff employed in the centre. While there was some remedial work required such as painting and decking repair, the inspectors were assured, having reviewed the maintenance schedule, that these works were planned for. There was evidence that as risks in the environment arose they had been attended to, for example, a boiler in one unit had been prioritised for repair, and new paving around one unit had been laid.

Suitable infection prevention and control procedures were in place. There was adequate hand sanitising equipment provided and staff were observed to wear personal protective equipment (PPE), and attend to regular hand hygiene. There was sufficient supplies of PPE in the centre. An enhanced cleaning schedule was in place and push pedal bins were available in bathrooms. There was a COVID-19 contingency plan which had been implemented in response a confirmed case of COVID -19. Measures were in place to support residents to self-isolate and appropriate zoning of premises planned for in the event a resident could not self-isolate. All residents had been offered a COVID-19 vaccination and accessible information had been provided to residents on COVID-19. Staff had been provided with appropriate training in infection control.

Suitable fire safety systems were in place. There were suitable measures for the containment of fire and fire doors with self-closures were fitted throughout the centre. Fire alarms, emergency lighting, fire extinguishers and fire blankets were available throughout the centre, and all equipment had been serviced as required. There were daily and weekly fire safety checks completed on equipment and exits, and a sign in sheet of people entering and exiting units was maintained.

Since the last inspection, a schedule of checks of lint build up in a dryer had been implemented. Each of the residents had been assessed as to their support needs in the event there was a fire in the centre and a staff member described these evacuation supports to an inspector. Additional equipment to support residents to evacuate the centre had also been provided, and staff had completed specific training in the use of this equipment. All staff had up-to-date training in fire safety. Regular fire drills had been completed and had included a night-time evacuation. From a review of fire drill records in one unit, it was evident that all residents and

staff had been evacuated within a satisfactory time.

### Regulation 12: Personal possessions

Residents had access to their own money and possessions and used a range of applications in order to access their money. There was adequate funds available for residents' use in the event they did not manage their money independently.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risks in the centre had been assessed and there were control measures implemented in order to mitigate these risks. Incidents were reported and recorded and follow up actions were taken to prevent reoccurrence and reduce risks.

Judgment: Compliant

### Regulation 27: Protection against infection

Suitable infection and prevention control measures were in place including use of PPE, regular hand hygiene, and enhanced environmental cleaning. Staff had been provided with appropriate training in infection control. A contingency plan was developed and had been implemented in response to an outbreak of COVID-19 in the centre. Measures were in place to support residents to self-isolate, and zoning of the centre planned for in the event a resident may not self-isolate.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire safety systems were in place including measures for containment, fire alarms, firefighting equipment and evacuation of the centre. All residents' support needs for evacuating the centre had been assessed, and there was adequate resources in the centre to support the evacuation of residents during the day and at night time. Additional equipment had been provided to support residents to evacuate the centre, and staff had been trained in the use of this equipment. Regular and timely fire drills were completed including a night-time drill. Regular fire

safety checks were also completed in the centre.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were provided with the appropriate support in order to manage their emotions, and behavioural support plans were implemented following assessment by a clinical lead. Restrictive practices were implemented relative to the risk presented and consent had been received prior to the implementation of a new restriction. There were measures in place to minimise the use of an environmental restrictive practice.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from harm, and safeguarding plans were implemented in order to mitigate risks against an identified safeguarding concern. Measures were also in place to ensure residents were protected from a risk of financial abuse, and there were daily checks completed by two staff, and house co-ordinators and the person in charge, to ensure residents finances were managed appropriately. Timely and corrective action had been taken in response to two recent safeguarding concerns. Staff had been provided with training in safeguarding. There was ongoing review of safeguarding in the centre and a system in place to report and respond to an allegation of abuse.

Since the last inspection ten residents had been reimbursed following an overpayment of fees to the provider.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre, and residents participated in the running of the centre. The choices and needs of residents were key factors in the day to day organisation of the centre, and residents chose how they wished to spend their day. The choices of residents in decisions about their care and support were also respected and planned for, for example, their living environment and their healthcare. Residents privacy and dignity was also respected. Residents' personal

information was kept secure, and each of the residents had their own bedroom. Residents could access the support of an external advocate, and had been provided with direct advocacy support in relation to their personal finances.

Judgment: Compliant

### Regulation 17: Premises

The premises was clean and well maintained and there was adequate communal and private space to meet the needs of the residents. Planning was in place for required remedial works, and potential risks in relation to the premises had been attended to as they emerged.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Compliant

# Compliance Plan for Camphill Community Ballybay OSV-0003603

Inspection ID: MON-0026548

Date of inspection: 20/09/2021

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The funding agency have provided confirmation that additional resources are required; negotiations have been ongoing at national level for the release of the agreed funds.</p> <p>The organisation is in the process of restructuring its frontline teams. This will mean that the House Co-ordinator’s will spend more time on shift supporting the residents and mentoring the staff. Social care workers will take on greater responsibility within their scope of practice. A shift lead will be assigned oversight responsibilities for this period of duty. Meetings have been held with local staff teams on 5/11/21 and this process has commenced.</p> <p>Additional relief posts have been approved to ensure that the appropriate skill mix can be deployed for periods of permanent staff absence.</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 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.	Not Compliant	Orange	28/02/2022