



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

Issued by the Chief Inspector

Name of designated centre:	Community Residential Service Limerick Group A
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	31 August 2022
Centre ID:	OSV-0003939
Fieldwork ID:	MON-0028756

About the designated centre

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

Group A Community Residential Service provides full-time residential services to twelve service users. These services are provided in three community houses in Limerick. The designated centre provides services to individuals with mild and moderate levels of intellectual disability. The aim of the designated centre is to improve the quality of life of residents through a person centred approach, ensuring they are encouraged, supported and facilitated to live as normal a life as possible in their local community. The three community houses are two-storey semi-detached houses, with front and back gardens. Each resident has their own private bedroom, some with en-suite facilities. Communal space is available in each house for residents which includes kitchen-dining rooms and sitting rooms. In addition, each house has bathroom facilities, office space/staff bedroom and utility rooms. Each house is staffed by social care staff with access to nursing staff as required. There is a minimum of one staff on duty in each house when residents are present. A staff member works sleepover duty in each house at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 31 August 2022	10:00hrs to 18:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector met with ten residents on the day of the inspection. The inspector was introduced at times during the day that fitted in with individual daily routines while adhering to public health guidelines and wearing personal protective equipment (PPE).

This was an announced inspection to monitor the provider's compliance with the regulations and inform a decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection.

On arrival, the inspector was informed that two residents were gone on a holiday with their family for one week. The holiday had been originally planned prior to the pandemic. Both residents were described by staff to have been very excited to go on the holiday as they were meeting some family members whom they had not seen for a number of years.

The person in charge outlined the individual daily routines of the residents in the designated centre. A number of residents had already left to attend their day services. The inspector was informed that two residents were being supported to commence work experience in community outlets in the weeks after this inspection. One resident had expressed their preference to engage in paid employment rather than attend their day service. This was being actively supported by the staff team, including ensuring the resident had completed all the required safety training in advance of commencing their role. One resident who was retired enjoyed spending time alone in their home. The inspector was introduced to this resident before they headed out for a walk in the community after they had enjoyed a leisurely breakfast. The resident explained they enjoyed walking and named the location where they were planning on visiting. The inspector met the other residents later in the day after they had returned from their day services.

The inspector chatted to a group of four residents in one house in the afternoon. They told the inspector that they were very happy with their home. The house was spacious and bright and contained personal items reflective of the interests and choices of the residents. One resident proudly showed the inspector their bedroom and explained how they liked to spend time in this room completing jigsaws and other preferred activities. Another resident was observed to complete some colouring activity as they listened to a favourite musician on the television. The inspector and person in charge were shown a recent graduation photograph by another resident. The resident proudly spoke of how they had graduated from a course relating to human rights in a local university. These residents also chatted among themselves and were observed to assist the staff member on duty with preparations for the evening meal. Each resident spoke to the inspector of their involvement in completing specific household chores.

In another house, three residents welcomed the inspector into their home. They had just completed their evening meal and chatted together with the inspector in the dining room. One spoke about a recent family event that they had attended which included staying in a hotel for a few days. All of the residents' spoke of a significant person in each of their lives. These individuals were very important to them and the residents either spoke frequently on the phone to the person or met them each week. The group spoke about a number of staff changes that had occurred over the previous 12 months which they described as being difficult at times. They clearly outlined issues relating to one resident experiencing difficulty accessing the current transport vehicle and how alternative transport was available for them to use at weekends. The inspector was also informed the same resident was also waiting for a power pack to be fitted to their wheelchair which would aid their ability to mobilise more independently. These residents also spoke about their wish to have a holiday as they had not gone on a holiday in over three years. This will be further discussed in the capacity and capability section of the report.

The inspector briefly met three other residents in the third house as they were just commencing their evening meal. They smiled as they spoke about a recent holiday they had taken in another county recently. The inspector saw photographs of the residents enjoying a number of different activities during this holiday including a visit to a lighthouse and travelling on a ferry.

The inspector completed a walk around of the three houses during the inspection. There was some variance observed in the designated centre between the different houses. Since the previous inspection the provider had reduced the number of residents being supported in this designated centre. All the residents had their own private bedrooms at the time of this inspection. However, the designated centre was in need of some external and internal maintenance. This will be further discussed in the quality and safety section of this report.

The inspector was given 11 completed questionnaires to review. The information included in these was consistent with what residents spoke to the inspector about during the inspection. This included residents outlining how they were very happy in their homes and how they enjoyed the company of their peers and staff. Community activities were indicted as being regularly enjoyed which included dining out, shopping, attending concerts and visiting friends. However, in the questionnaires a number of residents referred to the general maintenance and upkeep of their personal space while other residents expressed wishes to go on a holiday.

On the day of the inspection, staff were observed to support residents in a professional and respectful manner. Staff were familiar with individual residents assessed needs and communicated effectively with all residents. The atmosphere in the designated centre was homely, welcoming and the homes were filled with personal items including photographs of many locations that the residents had visited on previous holidays.

In summary, while the findings of this inspection found residents were supported to have a good quality of life, with person centred care and support provided by dedicated staff team, a number of issues required further review by the provider.

These included the oversight and governance in the designated centre, 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

Overall, the inspector found at the time of this inspection that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for the residents living in this designated centre. An action from the previous inspection that took place in August 2021 had been completed. The provider had ensured that the views and opinions of the family representatives were sought as part of the annual review of the quality and safety of the services provided in this designated centre. However, further improvements were required to ensure that actions identified by the provider's own monitoring systems were addressed in a timely manner and the supervision of staff was completed in line with the provider's own policy.

The person in charge worked full time and had remit over this designated centre only. Their hours were supernumery to the staffing complement. They had taken up the role of person in charge in this designated centre in May 2022. At the time of the inspection, the person in charge explained to the inspector how they were familiarising themselves and becoming more informed about the assessed needs of the residents, the staff team and the day-to-day activities of this designated centre. Their remit was over this designated centre only and they outlined how they were being supported by senior management in their role with regular input, scheduled meetings and supervision. All the members of the governance team were actively involved in the governance of this centre. Clear communication pathways were in place within the governance team. The person in charge had an awareness of their regulatory responsibilities such as ensuring residents were supported to have access to training and work experience in line with the expressed wishes of individual residents.

There had been a number of staff changes including persons fulfilling the role of person in charge since the previous inspection. The presence of familiar staff had been identified by the residents themselves as being an important part of consistent service delivery to them. There was an actual and planned rota in place which was subject to regular review. The staffing resources and shift patterns throughout the designated centre demonstrated flexibility to meet the individual needs of the residents. However, agency and relief staff were being utilised regularly to fill gaps in the rota due to vacancies that were present in the staff team. The person in

charge tried to ensure at least one familiar staff was on duty for residents on each shift where possible.

The registered provider had ensured the implementation of the regulatory required monitoring systems. This included an annual review of service provision for 2021 by a delegated person. Within this review, input from the residents and their family representatives was sought as already mentioned in this report. A six monthly provider led audit had been completed in March 2022. While some actions identified had been progressed and completed, for example a review of the risk register, not all actions had been completed within the time lines documented in the action plan. A post COVID-19 outbreak review had not been completed at the time of this inspection, it was due to be completed by 30 March 2022.

In addition, issues had been identified requiring improvements in the documentation of complaints, updates on the contracts of care for residents and the updating of healthcare checklists. Following a review of documentation during the inspection these issues were found to remain unresolved. The inspector was also informed that the supervision of some members of the staff team had not taken place as outlined in the provider's policy in the previous 12 months. As such the provider had not ensured that effective arrangements were consistently in place to ensure all staff were supported and performance managed to exercise their personal and professional responsibilities for the quality and safety of the services being provided in the designated centre.

The inspector was informed there were no open complaints at the time of this inspection. Following a review of the complaints log, it was noted that the satisfaction of the complainant was not always documented. In addition, the actions taken by staff and management to resolve a complaint that was made by a resident in June 2022 had not been documented. This resident was experiencing increased difficulty accessing the transport vehicle. While the inspector, was informed of actions taken by the provider, these were not documented at the time of the inspection in line with the provider's own policy on managing complaints.

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.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had in place a qualified person in charge who worked full time, who

was aware of their role and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned rota in place which demonstrated the ongoing changes required to maintain safe staffing levels in the designated centre. However, staff posts remained vacant impacting on consistency of service provision to residents at times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

A training matrix was in place in this designated centre which identified staff training completed to date and planned training during 2022 which included fire safety, safe guarding and infection prevention and control. However, at the time of the inspection training in managing behaviours that challenge remained outstanding for 20% of the staff team.

The person in charge was new to their role and outlined their plans to commence staff supervision as per the provider's policy. However, staff supervision in the previous 12 months had not consistently occurred for all staff members in line with the provider's policy. This will be actioned under Regulation 23 : Governance and management.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

While systems were in place to monitor governance in this designated centre which included annual review and six monthly audits being completed, further review was required to ensure effective governance and management arrangements, including the supervision of staff. Actions identified in the most recent unannounced provider led audit in March 2022 remained outstanding at the time of this report.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Not all residents had an up-to-date contracts of their service provision in the designated centre available for review during this inspection. This had also been identified as an issue in the provider's own unannounced audit in March 2022.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were completed by the person in charge at the time of the inspection.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge was aware of the systems in place by the provider to ensure the safety of residents who wished to avail of the support of a volunteer. One volunteer was awaiting the completion of all the required safety checks before commencing a role to provide support to one resident in line with that resident's expressed wishes.

Judgment: Compliant

Regulation 31: Notification of incidents

All quarterly reports had been submitted by the provider as required to the Chief Inspector. However, the Chief Inspector was not notified in writing of all adverse events as required by the regulations. An incident that occurred within the designated centre in August 2022 was not notified within three working days. The incident was retrospectively submitted by the provider within six days and inspector was informed the delay in reporting had occurred due to a misunderstanding between the person in charge and the person participating in management.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector was informed there were no open complaints in the designated centre at the time of this inspection. Staff were aware of the provider's complaints policy. Staff had supported residents to make complaints relating to laundry and transport issues. However, the satisfaction of the complainant was not documented in two complaints reviewed by the inspector and the interim actions taken to support a resident regarding the transport vehicle had also not been documented in line with the provider's complaints policy.

Judgment: Substantially compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support to provide a person-centred service where each resident's individuality was respected. However, further improvements were required regarding the completion of some documentation relating to healthcare for residents, the safe and correct storage of food, general maintenance of the designated centre and infection prevention and control (IPC) measures.

The inspector observed some variance in the houses within the designated centre. As the inspector arrived at the first two houses they observed a large bag of salt located at both of the entrances. These appeared to have been in position for a prolonged period of time; salt was seen to be oozing out of the damaged plastic bags. The inspector was informed the salt was present to prevent residents slipping on ice. However, there had been an extended period of warm weather for a number of weeks prior to this inspection. The inspector was also informed that two of the houses were scheduled to be re-painted and residents had been consulted on colour choices. The external contractor had been delayed commencing the planned works but were due to be completed in the weeks following this inspection. In contrast, the third house was well maintained including a number of well-maintained flower

pots with a bright array of flowering plants on display that the residents looked after with staff support.

Other issues relating to premises and general maintenance observed during the inspection, included the rear shared garden space for two of the houses. There was a damaged basketball stand that had tree branches surrounding it, rendering it unusable. Rust was evident on some garden furniture, there were missing panels to the sides and roof of a greenhouse which was been used on occasions by residents to grow plants in line with their personal goals. The access ramp to the garden area required repainting. The inspector also observed multiple damaged surfaces internally which included window sills in a number of locations that had worn and damaged paint surfaces. Broken buckets were being used by staff to perform floor cleaning duties in one house and two ovens required further cleaning. Grease build-up was evident on the internal surfaces of the ovens including the doors. A worn and damaged floor surface was evident in one bedroom and some furniture was also observed to have damaged surfaces, including a table in one of the sitting rooms.

All residents were actively supported to participate in the review of their own personal plans. Residents were supported to engage in activities of their choice regularly and progress individual personal goals such as attending concerts, meeting friends, massages and visiting pet farms. In addition, other goals were being progressed with planned activities scheduled for the months after this inspection. Residents also had access to allied healthcare professionals such as general practitioners, dietitians and consultants as required. However, improvements in some residents' records remained unresolved at the time of this inspection as outlined in the provider's most recent audit. This included tenancy agreements. The inspector noted that not all residents had up-to-date agreements in place for review at the time of the inspection. In addition, while residents were supported with their healthcare needs not all relevant documentation included in personal files had been updated. For example, one resident had a number of scheduled healthcare appointments in the weeks after this inspection. However, it was also documented that they were due to attend an appointment on 30 June 2022. At the time of this inspection, the inspector was unable to review any documentation contained within the personal plan that this appointment had taken place as scheduled.

Residents were supported to actively participate and advocate for themselves regularly including at residents meetings. This included maintaining relationships with friends, attaining work placements and decision making within their home. However, following a review of one personal plan the inspector noted a request made by family representatives of a resident regarding them meeting with a specific person. The wording used reflected that the resident had not been consulted in the decision or their views regarding the situation been considered by the provider. The inspector was not assured the document reflected a person centred approach for this resident regarding this matter. As previously mentioned, one resident had highlighted to the provider issues regarding their ability to access the transport vehicle and improve their ability to independently mobilise in their wheel chair. The inspector acknowledges that the provider had sourced alternative suitable transport at weekends and the resident was also supported to use wheel chair accessible taxis as an interim solution when needed. In addition, the resident was waiting for a

power pack for their wheel chair at the time of this inspection. However, the resident themselves and their peers strongly outlined to the inspector that the availability of a suitable vehicle in the designated centre would assist in them being able to engage in group activities more regularly together.

Residents actively participated in the preparation and cooking of meals within the designated centre, regularly. This was observed by the inspector during the inspection. However, the safe storage of open food required further review. Open food packets and jars were observed in a fridge and storage press without labels identifying the date of opening. In addition, while staff were regularly recording the temperatures of fridges and freezers in the designated centre, there was uncertainty regarding what was the acceptable range for each appliance being checked.

The designated centre had daily cleaning checklists in place and the person in charge was identified as the COVID-19 lead. Up-to-date information was available for all staff to access. As previously mentioned in this report, a post outbreak review had not been completed in this designated centre. While staff were observed to adhere to safe practices, including wearing PPE as outlined by public health guidelines, some hand dispensing units were found to be empty by the inspector during the walk around of this designated centre. One hand towel dispenser was also empty. The contingency plan given to the inspector to review was not specific to this designated centre. The information on display for staff regarding the management and use of cleaning equipment was not in line with the provider's own policy guidelines. In addition, some equipment in use at the time of the inspection was not fit for purpose. For example, a bucket and bin in one of the houses displayed obvious evidence of damage which impacted the ability for these pieces of equipment to be used as intended or be adequately and effectively cleaned after use.

It was observed by the inspector that the designated centre was provided with all expected fire safety systems including fire extinguishers, a fire alarm and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. Regular fire drills were conducted in the designated centre with all evacuations taking less than two minutes. Detailed checklists were completed which included weekly fire doors checks. However, the provider's fire policy was scheduled for further review in December 2021 but this had yet to be updated at the time of this inspection. There had also been no quarterly review of fire drills completed in June 2022, which was part of the audit schedule in the designated centre for 2022. In addition, not all current staff had reviewed the documentation contained within the fire folder as required by the provider. This will be actioned under Regulation 23: Governance and management.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate

in accordance with their needs and wishes.
Judgment: Compliant
Regulation 11: Visits
Residents were supported to have visits from family representatives and friends while adhering to public health guidelines.
Judgment: Compliant
Regulation 17: Premises
The provider had ensured the design and layout of the designated centre met the assessed needs of the residents. Ongoing maintenance was required to ensure the premises was kept in a good state of repair internally and externally.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
Residents were supported to participate in the preparation of meals and other culinary activities as per their choice. Staff were familiar with the special dietary requirements and assistance required by each of the residents in this designated centre. However, further improvement was required to ensure food was properly and safely stored.
Judgment: Substantially compliant
Regulation 20: Information for residents
The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.
Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that they were systems in place for the assessment, management and ongoing review of risk.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had procedures in place to protect residents from the risk of healthcare associated infections. However, further review of the contingency plan was required. Ongoing monitoring to ensure adequate supplies of products required to ensure effective hand hygiene were available within the designated centre at all times was required. There was also a requirement to ensure the provision of fit for purpose cleaning equipment to facilitate effective cleaning throughout the designated centre. In addition, information consistent with the provider's own IPC policy regarding the use of cleaning equipment required further review with consistent information displayed in the designated centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider ensured that there was a system in place for the management of fire and safety, including fire alarms and emergency lighting. However, improvement was required to ensure all information relating to fire safety was reviewed by all staff. Not all fire safety audits had been completed. In addition, the fire safety policy of July 2021 was due for further review in December 2021, but this had not taken place at the time of this inspection. This will be actioned under Regulation 23: Governance and management

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. Personal goals were identified and progressed which included social inclusion and re-connecting with

family representatives.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was available to each resident, with access to allied health care professionals and consultants. At the time of this inspection, it was unclear from the healthcare notes reviewed if a resident had been supported to attend a scheduled appointment in June 2022. In addition, not all healthcare checklists had up-to-date information, this was also identified as an action in the provider's own audit in March 2022 and remained unresolved at the time of this inspection.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns at the time of this inspection. The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Some residents were supported to engage in meaningful activities daily either within the designated centre or out in the community. They were supported to advocate for themselves and had access to advocacy services. However, not all residents were supported to participate in some decisions about their care and support, or given the freedom to exercise choice and control in their daily lives.

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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Community Residential Service Limerick Group A OSV-0003939

Inspection ID: MON-0028756

Date of inspection: 01/09/2022

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: The registered provider and PIC will ensure ongoing recruitment of staff to replace vacant posts continues. The PIC will continue to allocate a familiar staff on each shift where possible.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will ensure that staff attend MCB training as required.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC has ensured a schedule for staff supervision meetings is in place. The PIC has ensured that the updated fire policy (last updated 16.07.2021) is available in all houses in the centre- complete 07.09.2022.	

<p>The PIC has ensured that a review of fire drills has occurred- complete 06.09.2022, with schedule in place for quarterly reviews. The registered provider will ensure regular meetings with PPIM and PIC to oversee progress on actions identified at audit.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The PIC will follow up with the family where the return of a contract is outstanding. A contract will be issued to the centre on 30.11.22 unsigned, if not returned by family.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The registered provider and PIC will ensure that all notifications are submitted within required timeframes.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Details of resolution of the complaint had been documented in the residents personal plan. The registered provider and PIC will ensure that these details are also documented in complaints log, in line with policy.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will ensure that all required maintenance is scheduled and completed as part of a planned programme. Internal painting has been completed in communal areas and in residents private rooms with their consent. Large bags of salt are now stored in the shed.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The PIC has ensured that a system is in place to ensure all items of food are labeled when opened.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The registered provider, PPIM and PIC have ensured the following have been completed: Removal of unused dispensers Ensure that hand towel dispensers are filled Centre specific contingency plan for has been reviewed Damaged cleaning equipment has been replaced</p> <p>The registered provider, PPIM and PIC will ensure that a review is completed following outbreak of covid 19.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The PIC and PPIM have ensured that information regarding appointments scheduled and attended are clearly signposted in residents personal plans.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The PIC will ensure that consultation with residents is documented, including their views on requests made by family members.</p> <p>Residents have discussed their preferences for holidays/trips including dates & locations at monthly house meetings-proposed travel dates in November to be confirmed by residents at meeting on 20.10.2022. The trip will be supported by staff and suitable vehicles will be available.</p> <p>Power pack for wheelchair has been delivered (27.09.2022), further adjustments were identified at fitting stage (10.10.2022), scheduled for 20.10.22.</p> <p>Residents have access to suitable vehicles, service vehicles and wheelchair transport to support them engage in activities in line with their wishes. Where residents experience difficulties with accessing a particular vehicle, individual assessments are completed by Allied Health team to identify transport requirements.</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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/09/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/02/2023
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Substantially Compliant	Yellow	28/02/2023

	state of repair externally and internally.			
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2022
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Substantially Compliant	Yellow	30/11/2022
Regulation 24(3)	The registered provider shall, on admission, agree	Substantially Compliant	Yellow	30/11/2022

	in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	06/10/2022
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31/08/2022
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person	Substantially Compliant	Yellow	30/09/2022

	maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	30/09/2022
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/09/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Substantially Compliant	Yellow	30/09/2022

	disability has the freedom to exercise choice and control in his or her daily life.			
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