Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Alder Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	14 February 2024
Centre ID:	OSV-0004060
Fieldwork ID:	MON-0033876

About the designated centre

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

Alder Services is a service run by Ability West. The centre provides residential and respite services for up to 10 male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises two detached two-storey houses located adjacent to one another in a residential area on the outskirts of Galway city, where residents have their own bedroom, some en-suite facilities, sitting rooms, kitchen and dining area, utility, staff offices and garden area. Staff are on duty both day and night to support the residents who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 14 February 2024	09:30hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to follow-up on non-compliance's, identified during the previous inspection of this centre, to assess the provider's compliance with the regulations and following an application to the Chief Inspector to renew registration of the centre.

The findings from this inspection indicated that the provider had implemented the compliance plan submitted following the last inspection of 20 June 2023. There were substantial improvements noted to the governance and management arrangements, to the premises and in areas such as individual assessment and personal planning. There were some improvements required to the documentation to support complaints management and to provide assurances that complaints were being appropriately managed in line with the regulations.

The inspection was facilitated by the team leader and area manager, the inspector also had the opportunity to meet with other staff members and with four residents who lived and availed of respite services in the centre. Residents and service users spoken with advised that they enjoyed living in the centre and got on well with their peers and staff working in the centre. The inspector also reviewed 22 completed questionnaires that had been completed by residents and respite service users as part of the HIQA survey forwarded in advance of this inspection. The feedback received was positive and complimentary in respect of the service, of staff and of the supports available to facilitate attendance at preferred activities.

Alder services comprises two detached two-storey houses which are located adjacent to one another in a residential area on the outskirts of the city. One house provides full-time residential services and the other house provides respite services. Each house can accommodate up to five residents. On the day of inspection, there were three residents living in the residential house, one resident was in hospital and another resident had recently been discharged to a nursing home. The inspector met and spoke with two residents who lived in the residential house during the inspection. Some residents continued to experience age related changing needs, and continued to require increasing support and supervision from staff. At the time of inspection, there were five residents staying in the respite house, two of these residents were being accommodated as crisis placements and had lived in the centre for over 12 months while a total of 26 service users availed of the respite service on a rotational basis usually staying from one to three nights per month. The inspector met with and spoke with two residents being accommodated in the respite house.

Each resident had their own bedroom which was personalised and decorated in line with their preferences. Some bedrooms had en suite shower and toilet facilities and there were an adequate number of shared bathrooms. Residents had access to a variety of communal day spaces including sitting rooms, kitchen and dining room in each house. There were garden areas located to the rear of each house and outdoor garden furniture consisting of tables, chairs and parasols was provided for residents

use. Further improvements had been carried out to the premises since the last inspection. The kitchen areas had been upgraded and a new fitted kitchen and appliances had been provided. New carpets had been provided to the stairs and landings in both houses. Residents spoken with advised how they had been involved in the choosing of new soft furnishings and dining furniture. A new accessible paved patio area had been provided to the rear of the residential house. The team leader advised that a new wheelchair accessible front door was ordered and they were waiting on its delivery.

Both houses were found to be well maintained and visibly clean throughout. The houses were warm, comfortable, and furnished in a homely manner. Residents artwork was framed and displayed throughout the houses. There were framed photographs of residents and photo albums showing residents enjoying a variety of activities and events. Residents spoken with told the inspector how they continued to enjoy a variety of activities, they mentioned how they had recently enjoyed attending a number of music concerts, hotel breaks, attended the cinema, discos, shopping trips and regularly dined out. Residents in both houses regularly joined together to celebrate a variety of events including birthday parties, summer BBQ's, afternoon tea parties and spoke about how they were looking forward to celebrating St. Valentines Day with a house party later on the evening of inspection.

On the morning of inspection, the inspector met with a resident as they waited to be collected by taxi to attend a theatre workshop. They told the inspector how they continued to enjoy attending the workshop and performing as part of the group. They spoke about how they had taken part in a number of staged performances and were currently rehearsing for the next show. They stated that they liked living in the centre and there was nothing at the moment that they would like changed. They spoke about taking part in fire drills and knew what to do in the event of a fire. They mentioned how they liked to relax in the evenings and go on outings at the weekends. The inspector met with three other residents later in the afternoon. One resident told the inspector how they continued to enjoy working in a cafe and how they had recently enjoyed attending an Ed Sheeran tribute concert. Other respite service users spoken with told the inspector how they enjoyed availing of the service, got on well with one another, enjoyed the company of staff and got to partake in activities that they enjoyed. They all mentioned how they were looking forward to the St. Valentines party later in the evening. Staff spoken with, records and photographs reviewed showed that all residents and service users were supported to partake in a wide range of social activities.

There was evidence of ongoing consultation with residents. During the inspection, the inspector observed that staff consulted with individual residents regarding all aspects of supports required. There were weekly house meetings held and residents were consulted with and kept informed with regard to upcoming events, preferred activities and meal planning and choices. The minutes of recent house meetings reviewed showed that topics such as the upcoming HIQA inspection, recent visit from the new chief executive officer, assisted decision making Act, fire drills and other topical issues including St. Bridget's day and St Valentines day were discussed. Residents were given the opportunity to raise any issues of concern and to discuss what went well and what could go better each week. Residents were updated with

regard to how their peers, some of whom were in hospital over recent weeks were progressing. Residents had visited one of their peers in hospital and spoke about how they were planning to visit a resident who had recently transitioned to live in a nursing home.

Residents were supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. There was plenty of space for residents to meet with visitors in private if they wished. Residents spoken with confirmed that they regularly received visits from family members and also kept in contact by telephone. Some residents regularly visited and stayed over night with their families.

Residents' rights were promoted and a range of easy-to-read documents, posters and information was supplied to residents in a suitable format. There were a number of new notice boards provided displaying a range of information and posters of upcoming events, news letters including the weekly parish bulletin, staffing rosters in picture format, weekly menu plans and nominated complaints officers. Residents were supported to attend religious services of their choice, some liked to regularly attend local mass. Staff continued to ensure that residents' preferences were met through daily consultation, weekly house meetings, the personal planning process and ongoing communication with residents and their representatives. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Residents reported feeling safe and happy living in the centre in questionnaires completed as part of the HIQA survey. There was a warm and friendly atmosphere in the centre and residents were observed smiling as they interacted and chatted with staff in a familiar way.

In summary, the inspector observed that residents were treated with dignity and respect by staff. It was evident that residents lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very much promoted.

The next two sections of the report outline 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 residents lives.

Capacity and capability

The findings from this inspection showed that the provider had implemented the specific areas requiring improvement, as outlined in the compliance plan from the last inspection. Improvements were noted to the governance and management arrangements, staffing arrangements had been reviewed, vacant posts had been filled, and individual assessment and personal plans were found to be comprehensive and up-to-date. The regulations reviewed were generally found to be compliant, however, improvements were required to the records maintained in

relation to complaints, to provide assurances that they were being managed in line with regulations and complaints policy.

There was a clearly defined management structure in place. There had been a number of changes to the person in charge since the last inspection. A new person in charge had recently commenced in the role and was currently completing induction training. They were supported in their role by the team leader and area manager. Staffing arrangements had been reviewed and staffing levels had been increased in response to the changing needs of residents. There were no staff vacancies at the time of inspection. The staffing roster reviewed indicated that a team of consistent staff was in place to ensure continuity of support and care for residents.

Staff training records reviewed indicated that that all staff including relief staff had completed mandatory training. Further fire safety training had been provided in-house in relation to the workings of the fire alarm system. The team leader had systems in place to regularly review training needs and further training was scheduled. They advised that two staff were currently completing an eight week training programme in relation to personal planning and spoke about planned training on the Assisted Decision Making Act.

The local management team had put systems in place to ensure regular reviews of the quality and safety of care in the centre. There was an audit schedule in place and regular reviews had taken place in areas such as infection, prevention and control, incidents, key working files, service users files, medication management, fire safety and residents finances. Issues identified as a result of audits had been discussed with staff at the monthly team meetings in order to share learning and bring about improvements to the service. There was evidence that results of audits were also shared with senior management who were visiting the centre on a regular basis.The team leader also had systems in place to ensure regular oversight of residents' health checks, case reviews, PEEP's (personal emergency evacuation plans), medication prescription and administration charts, as well as servicing of equipment. A sample of these records reviewed showed that they had been regularly reviewed and were up-to date.

The provider also had systems in place for reviewing the quality and safety of the service including six monthly provider led audits and an annual review. The person in charge outlined that the annual review for 2023 was currently in progress. The provider had completed a six monthly review in November 2023. This unannounced review was found to be comprehensive and had set out a number of recommendations in an action plan. The inspector noted that many of the actions required had been addressed, for example, some identified risks had been reviewed and risk rated appropriately, all incidents of negative interactions between residents were now being logged and recorded as potential safeguarding incidents.

There was a complaints policy in place and the complaints procedure was available in an appropriate format and had been discussed with residents. While there were systems in place to record and investigate complaints, improvements were required to provide assurances that complaints were being managed appropriately. The most

recent provider led audit indicated that two complaints had been received during 2023 and had identified that improvements were required to recording further details regarding the status of the complaints and to recording the complainants satisfaction with the outcome. This action had not yet been completed.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required. An updated floor plan was submitted following the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

A new person in charge had been recently appointed and commenced in the role. They were in the process of completing induction training and were supported by a team leader and area manager. They had the required qualifications and experience for the role. They worked full-time and were responsible for the day today management of this centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. The staff roster reviewed indicated that this was the regular staffing pattern. There were no current staff vacancies. Staff spoken with were satisfied with the current staffing arrangements, were knowledgeable regarding residents' up-to-date support needs, and advised that staffing levels allowed them support residents, as required, to attend medical appointments and to participate in activities of their choice.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training in various aspects of infection prevention and control, risk assessment, administration of medication, diabetes, dementia care and use of hoists had been completed in response to the changing needs of some residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the governance and management arrangements in this centre had improved.

The provider had implemented the compliance plan submitted following the last inspection and there was good compliance with the regulations reviewed on this inspection. There was a full-time person in charge and a full compliment of staff in line with that set out in the statement of purpose. The provider and the local management team had systems in place for reviewing the quality and safety of care. Issues identified as a result of these reviews had been shared with staff and had been addressed. There was evidence of meaningful consultation with residents through weekly house meetings, where the views of residents were sought and information shared.

Some improvement and further oversight was required in relation to complaints management to ensure that accurate and up-to date records were maintained to provide assurances that complaints were being appropriately managed in line with the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose recently submitted with the application to renew registration was reviewed by the inspector. It was found to contain the information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Some improvements were required to ensure that all complaints were managed in line with the regulations and the providers own policy. There were two complaints logged for 2023. Complaints were logged on the computerised system, however, records reviewed did not provide assurances that complainants were responded to in a timely manner. While concerns raised had been addressed, the records indicated that the concern raised in May 2023 had not been discussed with the service user until November 2023. The complainants satisfaction or not with the outcome had not been recorded.

Judgment: Substantially compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well supported. Residents that met the inspector spoke about being comfortable in their environment and with staff supporting them. In general, the provider had adequate resources in place to ensure that residents got out and engaged in their desired activities on a regular basis. This was largely due to appropriate staffing and transportation arrangements, as well as efficient planning and resident consultation, with regard to their preferred activity choices.

Staff spoken with were familiar with, and knowledgeable regarding residents' up to date health-care needs. They discussed the increasing and changing needs of some residents and had identified this as one of the main risks in the centre. They described regular multidisciplinary input including ongoing screening for dementia and consultation with families with regard to the changing needs of some residents. They outlined how they recently supported a resident in consultation with their family transition to live in a nursing home and how they continued to support another resident who was in hospital at the time of inspection. Following a recent diagnosis of dementia, a residents daily morning routine had been changed to support them with their preferred slower pace. This resident had also been reviewed and assessed by the physiotherapist and occupational therapist (OT) regarding their falls risk and the suitability of their environment. A number of support grab rails had been provided to the shower and toilet area as a result.

The inspector reviewed a sample of residents files and noted that assessments and support plans had been recently reviewed and updated. There were support plans in place for all identified issues including specific health-care needs. The support plans were found to be comprehensive and provided clear guidance for staff.

Residents had access to general practitioners (GPs), out of hours GP service, consultants and a range of allied health services. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had an annual medical review. Each resident had an up-to-date hospital passport which

included important and useful information specific to each resident, in the event of they requiring hospital admission.

Personal plans had been developed in consultation with residents, family members and staff. The plans set out the services and supports provided for residents to achieve a good quality of life and realise their goals. Review meetings took place annually, at which, residents' personal goals and support needs for the coming year were discussed and progress reviewed. Each resident's personal outcomes for the year were documented in an easy-to-read picture format. It was clear that all residents were supported to progress and achieve their chosen goals. There were regular progress notes recorded and photographs demonstrating achievement of goals.

The management team had taken measures to safeguard residents from abuse. All staff had received specific training in the protection of vulnerable people. There were comprehensive and detailed personal and intimate care plans to guide staff. The management team had undertaken a review of all incidents of negative interactions between residents which were now logged and recorded as safeguarding queries to ensure that any trends or patterns could be more easily identified. There were no safeguarding concerns at the time of inspection.

There were systems in place for the management and review risk in the centre. The inspector reviewed the risk register which had been recently reviewed and was reflective of risk in the centre.

Staff on duty demonstrated good fire safety awareness and knowledge on the workings of the fire alarm panel. Regular fire drills had been completed involving staff and all residents and records reviewed, provided assurances that residents could be evacuated in a safe and timely manner. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training. The team leader had systems in place to oversee and ensure that all staff members as well as all residents were involved in completing fire drills.

There were systems in place to control the spread of infection in the centre. Issues identified during the last inspection regarding defective kitchen surfaces had been addressed. There were colour-coded cleaning systems in place and cleaning equipment was suitably stored. The laundry areas were well equipped and maintained in a clean and organised condition. Both houses were found to be visibly clean. The provider had completed works and carried out further improvement works to the premises to ensure that it met the needs and changing needs of residents.

There were systems in place for monitoring of medication management practices. All staff who administered medicines had received training in medicines management. Medicines were securely stored. A review of a sample of medicine prescribing and administration charts showed that medicines were being administered as prescribed. There were systems in place for checking medicines on receipt from the pharmacy, and systems in place for returning unused or out-of-date medicines to the

pharmacy. Some recent medication discrepancies had been noted on checking medications received from the pharmacy, these discrepancies had been recorded as medication errors. All medication errors had been discussed with staff at team meetings and the risk register updated accordingly.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members and some residents were supported to regularly visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage regularly in meaningful activities and the provider had ensured that sufficient staffing and transport arrangements were in place to facilitate this. Residents were regularly consulted with to ensure that they could partake in activities that were of specific interest to them. The centre was close to a range of amenities and facilities in the local area and nearby city. There were several photographs showing residents clearly enjoying a wide range of activities during recent months.

Judgment: Compliant

Regulation 17: Premises

Both houses in the centre were found to be well-maintained, comfortable, furnished and decorated in a homely style. Required refurbishments identified at the last inspection had been addressed and further improvement works had been completed. A new fitted kitchen, worktop and appliances were provided. New carpets had also been provided to the stairs and landings. A new level access outdoor paved patio area with ramp to the garden level had been provided. The team leader outlined that a new wheelchair accessible front door was ordered and waiting on delivery for the residential house. They advised that these works on improving accessibility to the house and outdoor areas was carried out in order to better meet the changing needs of residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The local management team had ensured that a resident received support as they transitioned to live in a nursing home. The resident had recently been discharged from the service following multiple hospital admissions, nursing and medical assessments and increased health care needs. They outlined how they had provided information and support to both the resident and their family to ensure the discharge took place in a safe and planned manner in agreement with the resident and their family. Staff reported how they supported the resident through the use of social stories while they were in hospital. Staff advised that they continued to support the resident following discharge for a number of days until they settled into their new environment and became familiar with new staff. Some staff continued to visit them and fellow residents had plans to visit in the near future.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. The risk register had been recently reviewed and updated and was reflective of risks that were relevant to the centre, at the time of this inspection. All residents had a recently updated personal emergency evacuation plan in place. All incidents were reviewed regularly by the local management team and discussed with staff to ensure learning and improvement to practice. The top five risks identified in the centre were discussed with staff at the monthly team meetings.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with with the standards for the prevention and control of healthcare associated infections. There was evidence of good practice in relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. The building, environment and equipment were visibly clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily, weekly and monthly fire safety checks were carried out and recorded. Further in-house training had been provided to all staff on the workings of the fire alarm system. Staff spoken with were knowledgeable regarding the workings of the fire alarm system and the layout of the centre. A new layout plan of the centre had been provided adjacent to the fire alarm panel clearly outlining the zones. Regular fire drills continued to take place involving both staff and residents. Staff and residents spoken with confirmed that they took part in fire drills and knew what to do in the event of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were systems in place for the safe prescribing, administration and storage of medicines in this centre. Clear prescription records were maintained. Records reviewed showed that medications were administered as prescribed. Medication audits were frequently carried out to identify any improvements that may be required and to ensure a high standard of compliance was maintained.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. The inspector reviewed a sample of residents files and noted that support plans were in place for all identified issues. Support plans were found to be individualised, person centered and provided clear guidance for staff. Residents were supported to identify and achieve personal goals. Annual meetings were held with residents and their family representatives where appropriate and regular reviews took place to track progress of identified goals. Files and photographs reviewed showed that residents had been supported to achieve their chosen goals during 2023 and action plans were in place setting out individual desired goals for 2024.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health-care that they needed. Residents' with specific medical conditions continued to be closely monitored. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of a sample of residents' files indicated that residents had been regularly reviewed by the psychologist, physiotherapist, occupational therapist, speech and language therapist, dentist and chiropodist.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents continued to be promoted through staff training, regular review by management of incidents that occurred, and the development of comprehensive intimate and personal care plans. The support of a designated safeguarding officer was also available if required. There were no active safeguarding concerns at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Information was available to residents in a suitable accessible format. Residents were supported to communicate in accordance with their needs and to avail of advocacy services. Residents were supported to attend religious services of their choice, some liked to regularly attend local church services.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Alder Services OSV-0004060

Inspection ID: MON-0033876

Date of inspection: 14/02/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person participating in management and Team Lead completed a review of the complaints within the service on the 15/02/2024. From the review a complaint log has been implemented into the service, this is located within a complaints folder. The complaints log will give the local management team access to the oversight on the progress of the complaint 15/02/2024. A complaints audit will be completed monthly by local management and learning will be shared with the staff team at the monthly staff meetings. The complaints audit will include timelines on response to complaints, discussion with residents, satisfaction or not with the outcome.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: At local management level the process of reviewing complaints will be added to the agenda at the monthly meeting, complaints will be a continuous topic on the monthly staff meetings 31/03/2024. A complaints officer has been identified and a poster is displayed in the service 31/03/2024.	

A key-working session will be completed with the resident pertaining to the complaint. The complaint will be updated to reflect the resident's comments 31/03/2024. The complaints audit will include timelines on response to complaints, discussion with residents, satisfaction or not with outcome.

Complaints are on the agenda for the monthly staff meeting and the weekly residents house meeting. All learning from complaints will be shared and discussed with the staff team.

Ability West have a Complaints policy and procedure in place. The policy and procedure is available to all staff on the intranet and staff were requested to review same on 04/03/2024.

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 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	31/03/2024
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	31/03/2024
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on	Substantially Compliant	Yellow	31/03/2024

	foot of a complaint and whether or not the resident was satisfied.			