

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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 5
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	07 October 2024
Centre ID:	OSV-0004079
Fieldwork ID:	MON-0036122

## About the designated centre

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

This designated centre comprises of two houses next to each other on a campus based setting in a small town in Co. Kildare. The designated centre provides support to three residents with varying needs pertaining to intellectual disability, hearing impairment and autism. One of the houses is a bungalow with four bedrooms, one of which is being used as a staff office and staff overnight room. There is a sitting room, a kitchen-dining room and a small outdoor area to the back and a garden and patio area to the front. The other house is also a bungalow with four bedrooms one of which is used as a staff office and staff overnight room. There is one en-suite and one bathroom. There is a kitchen-dining room and a sitting room. There is a large garden to the rear and side of the house with an outdoor patio and seating area. There are cars available for the use of residents in both houses. The person in charge works full-time at this designated centre.

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

Number of residents on the date of inspection:	3
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 7 October 2024	09:30hrs to 17:45hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). It was also to inform a decision on the renewal of the registration of the centre.

At the time of this inspection, there were three residents living in the centre and the inspector met and spoke with all three of them. Written feedback on the quality and safety of care from the residents was also viewed by the inspector as part of this inspection process. Additionally, on the day of this inspection the inspector spoke with two representatives over the phone so as to get their feedback on the quality and safety of service provided to the residents.

The centre comprised of two separate houses (side-by-side) and was close to a busy town in County Kildare. The first house provided a bespoke single-occupancy service for one resident and comprised of a kitchen cum dining room, a separate lounge/TV room, a relaxation room, a beauty room, two bedrooms (one being the residents bedroom and the other a staff sleepover room), an office, a utility room and two bathrooms. A garden area was also available to the resident to use in times of good weather.

The house was observed to be warm, welcoming and generally well-maintained on the day of this inspection. The resident invited the inspector in for a cup of tea and spent some time talking about things they liked to do and things they were looking forward to doing later in the year. For example, the resident liked Christmas and was already planning (with staff support) a short holiday break in Co. Galway. They said that they loved the Christmas markets in Galway city and were very much looking forward to this trip.

The resident also liked to listen to Irish and country music and, liked to watch horse-racing on the television and the inspector observed that staff ensured these interests were promoted and supported. The resident spoke to the inspector for some time about their favourite singers, favourite songs and favourite horses and was observed to be smiling throughout this conversation. They also explained to the inspector that they had plans to go shopping later in the day with staff and they liked this activity very much, especially shopping for clothes.

After a cup of tea the resident invited the inspector to view their home. It was observed to be decorated to their individual style and preference and they had very much put their own stamp on their home. For example, they liked beauty treatments and one room in the house had been reorganised as a 'beauty room' where they liked to get their hair done and avail of other beauty treatments. Their bedroom was also personalised to their individual style and preference and the main

bathroom of the house had all the equipment required to meet their assessed need.

The inspector also observed that staff at all times over the course of this inspection, were kind, caring, warm and professional in their interactions with the resident. The resident also appeared very much relaxed and content in the company and presence of staff. Staff were also respectful of the residents choices for example, asking the resident what they would like to eat with their drink and what activities they would like to do later in the day.

Written feedback from this resident on the quality and safety of care was also viewed by the inspector. Staff supported the resident to provide this feedback. The resident reported that their home was a nice place to live, they liked the food options, they made their own decisions about what to do each day, people were kind to them, they felt safe, they could see visitors in private and staff knew what is important to them. The resident also said that they got to go on holidays and outings, loved watching horse racing, loved listening to music and, keeping in contact with their family was very important to them.

The inspector spoke to a family representative of this resident over the phone so as to get their feedback on the quality and safety of care provided to their relative. They reported that they were incredibly happy with the service and that it was fantastic. They also said that the whole family were thrilled with the service reporting that their relative had everything they required and the service was custom-designed around their needs. They were very happy with the accommodation provided saying that it was very homely and, they were always made to feel welcome when they visited their relative. They were also complimentary of the staff team (person in charge and team members) reporting that their relative had a great rapport with all staff and, staff were tuned into their relatives personality. They were satisfied that their relatives healthcare-related needs were being provided for and complimentary on how staff supported them in looking their best. Finally, they said that they felt the service provided was safe, they had no complaints, nothing could be improved upon and most importantly, their relative had a very happy life living in the service.

Before leaving the house the inspector thanked the resident for their hospitality and the resident smiled, said goodbye and started to get ready to go out shopping with their support staff member.

On entering the second house that comprised this service the inspector was met with by one of the residents. They smiled and said hello and appeared in very good form. The inspector also had a cup of tea with this resident and went through a pictorial version of their person centred support plan with them which was on the residents personal computer. The resident (with staff support) spoke with and showed the inspector places that they liked to go and things that they liked to do by making reference to photographs and videos. For example, the inspector saw pictures of the resident on holidays, at social events and engaged in activities they liked, such as going to see horses and dancing. The resident appeared to be enjoying themselves in all of these photographs. Staff were also observed to be patient, kind and caring in their interactions with the resident and the resident

appeared very relaxed and happy in their home. Staff also had a positive rapport with the resident and the resident enjoyed being in the company and presence of staff.

The inspector observed that this house was also warm, homely and welcoming and individualised to the individual preferences and needs of the residents. Both residents had their own individualised bedrooms. The house also comprised of a kitchen cum dining room, a large sitting/TV room, a utility room, a shower room, a bathroom and a relaxation room.

On leaving the house the inspector observed that the resident and staff were taking a trip to the nearby national stud (horse breeding facility) as the resident loved horses and wanted to renew their annual membership. The resident said that they were very much looking forward to this trip.

Written feedback from this resident on the quality and safety of care was also viewed by the inspector. Staff supported the resident in compiling this feedback. The resident was very complimentary about the service provided saying that they liked living there, they loved their bedroom, were supported to make their own decisions (at weekly meetings), people were nice in the house, they felt safe, they chose their daily routine, staff were supportive and knew their likes and dislikes.

The inspector also spoke to a family member of this relative for their feedback on the service. They were equally as positive and complimentary about the quality and safety of care provided. For example, they said they were absolutely pleased with the service, the staff team were fantastic and they couldn't speak highly enough about them. They said that their relative had a great sense of humour and got on very well with the staff team. They also said that they had no complaints about the quality or safety of care and found staff to be open and honest. They did mention that they would like to be able to use the organisations wheelchair bus when their relative was visiting home so as to be able to go on more outings however, due to insurance-related issues, this was not possible at the time of this inspection. Notwithstanding, they said that they had no complaints about the service and that their relative was very settled and happy living in the house. They also reported that their relative was very well looked after, their healthcare-related needs were supported and the service provided a home from home like environment for their loved one.

Towards the end of the inspection process the inspector met with and spent some time talking with the third resident who availed of this service. The inspector met with them and their assigned staff member in the residents bespoke day service, just across the way from their home. The resident had their own unique style of communication which was understood and respected by the staff member. This resident was a gifted artist and in particular, liked pyrography (art of decorating wood or other materials). They showed the inspector some of the pieces that they had been working on and the staff member explained that the resident had sold some of their finished pieces of work. The resident had multiple interests such as gardening and had their own small green house to the side of their day service where they were growing their own plants and tomatoes. They also liked festive

occasions such as Easter, Christmas and Halloween and had made a number of decorations relevant to each occasion.

Later the resident invited the inspector to view a pictorial version of their person centred support plan. The inspector observed that the resident was a valued member of a number of local clubs and, was a volunteer with the local tidy towns group. The resident was very sociable, and the inspector saw numerous pictures of them at various social events enjoying meals and drinks out with other club members and helping out in the local town with the tidy towns group. The resident appeared to be enjoying themselves very much in all the photographs and their assigned staff member explained to the inspector that they were very well known and liked in their local community. The inspector also observed that the resident had a great sense of humour and positive rapport with this staff member. Additionally, the staff member was observed to be warm, caring and person centred in their interactions with the resident.

The inspector noted that staff had undertaken training in rights and enquired of them how they were using this training to support the residents quality of life. Staff reported it was important to respect the individual choices of the residents and include them in decisions about their service. For example, at residents meetings staff discussed what local events were taking place in town so as to ensure they had a choice about what upcoming activities they would like to participate in. Additionally, staff checked in with residents to see if they were happy with the service provided and to ensure residents knew that they could raise any concern about the service with them and/or the person in charge. Residents were also consulted with about this HIQA inspection of their home and informed by staff that they could speak with the inspector about the quality and safety of care provided to them. Staff were also observed to support residents with their preferred style of communication and where required, provided easy to read materials, used pictorial aids and computers and used specific hand signs/gestures so as to ensure the voice of the residents was heard and the service remained responsive to their needs.

At the end of the inspection process the inspector observed residents relaxing in their home watching television and speaking with staff. The inspector thanked the residents for their hospitality and for taking time out of their day to show the inspector their person centred support plans.

Overall this inspection found that residents appeared relaxed and very content in their home and feedback from family representatives on the quality and safety of care was both positive and complimentary.

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 care provided to the residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs. However, a minor issue was identified with regulation 16: training and development.

The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an area director.

The person in charge was an experienced, qualified healthcare professional and demonstrated their knowledge of the residents' assessed needs. They were also aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters for the months of September/October 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

From reviewing the staff training records for the centre, the inspector found that staff were generally provided with training to ensure they had the necessary skills to respond to the needs of the residents. However, it was observed that some staff required first aid responder training.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in April 2024. On completion of these audits, an action plan was developed and updated as required to address any issues identified.

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

The provider submitted a complete application to renew the registration of the centre prior to this inspection.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was a qualified and experienced healthcare professional with an additional qualification in management.

The were found to be responsive to the inspection process and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in

Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They had systems in place for the oversight and management of the centre to include local audits and supervision of their staff team.

They were also aware of the assessed needs of the residents living in the centre.

Judgment: Compliant

### Regulation 15: Staffing

A review of a sample of rosters for the month of September 06, 2024 to October 10, 2024 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

For example,

- In the first house that comprised this centre there was one staff present on a 24/7 basis to support the one resident living there. This included a sleep over arrangement. The person in charge also explained to the inspector that when the resident was recently in hospital, the staff team provided 24/7 care and support to them (in the hospital) to include waking night cover.
- In the second house there was a sleep over staff member present each day with additional support from a second staff member (when required) for social activities and holidays. Additionally, one resident in this house had a bespoke day service arrangement in place and was supported by a specific designated staff member on three days a week with this arrangement.

Three staff members spoken with by the inspector demonstrated that they had a good knowledge of the assessed needs of the residents (to include their communication needs).

Additionally, the inspector viewed two staff files and found that they contained the information as required by schedule two of the regulations to include vetting and references.

Judgment: Compliant

### Regulation 16: Training and staff development

From reviewing the training matrix for the staff team with a specific focus on four staff members, the inspector found that these staff for the most part, were provided with training to ensure they had the necessary skills and knowledge to respond to

the needs of the residents.

For example, staff had undertaken a number of in-service training courses to include:

- safe administration of medication
- administration of rescue medication
- administration of oxygen
- fire safety
- manual handling
- communicating effectively through open disclosure
- protection of vulnerable adults
- children's first
- management of behaviour
- food safety
- hand hygiene
- donning and doffing of personal protective equipment
- infection prevention and control
- dysphagia
- feeding, eating, drinking and swallowing difficulties (FEDs)
- first aid responder training
- assisted decision making

Additionally, a number of staff had training in human rights. Examples of how the used this training to support and promote an individualised service for the residents was included in section one of this report, *'What residents told us and what inspectors observed'*.

It was observed however, that not all staff had first aid responder training and training in vital signs. Taking into account the assessed needs of the residents, this required review so as the service was assured that all staff had the required training to respond to the needs of the residents.

Judgment: Substantially compliant

## Regulation 22: Insurance

The provider submitted a copy of their insurance for the designated centre as part of the application to continue with the registration of the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre was led by a qualified and experienced person in charge with the support of an area manager.

There was also a 24/7 management on call system available to staff working in this service.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in April 2024. On completion of these audits, an action plan was developed so as to address any issues identified.

For example, the auditing process identified the following:

- easy read documents were to be available on the use of restrictive practices
- a relaxation room was to be refurbished
- quarterly reviews of person centred support plans was to be scheduled
- cleaning schedules were to be updated
- the infection prevention and control folder was to be audited

These issues have been identified in the auditing process and addressed at the time of this inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the the Health Information and Quality Authority of any adverse incident occurring in the centre as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

## Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed needs.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to access facilities for recreational activities of their choosing and participate in activities in accordance with their interests and preferences.

Residents were also being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated and where required, residents had healthcare-related care plans in place so as to inform and guide practice.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were no open complaints or safeguarding concerns in the centre.

Systems were also in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations.

While the premises were located on a campus-based setting, both houses were found to be clean, warm and welcoming on the day of this inspection and generally, in a good state of repair. Additionally, residents appeared very settled and happy in their homes.

## Regulation 10: Communication

The person in charge ensured each resident was assisted and supported at all times to communicate in accordance with their preferred wishes and needs.

Where required, easy to read materials, pictorial aids, computers and specific hand signs/gestures were used by staff so as to ensure the voice of the resident was heard in the service.

Residents also had access to media such as television, radio and hand held computers to use at their leisure.

Each resident had a communication booklet on file which detailed their preferred communication style and this booklet also included their interests, likes and dislikes.

Judgment: Compliant

## Regulation 13: General welfare and development

As already highlighted in section one of this report, *'What residents told us and what inspectors observed'*, the residents living in this service were being supported to access facilities for recreational activities of their choosing and participate in activities in accordance with their interests and expressed preferences.

Residents were also supported to access their community, go shopping, go on holidays and hotel breaks and volunteer in local community based groups.

Additionally, activities that the residents were interested in were promoted and supported by the staff team. This included arts and crafts, painting, pyrography, gardening/horticulture and visiting the local national stud.

Residents were also supported to keep in very regular contact with their family members.

Judgment: Compliant

## Regulation 17: Premises

The premises were found to be clean, warm and welcoming on the day of this inspection and generally well maintained.

They comprised of a two detached bungalows beside each other with one resident living in one house and two in the other. Bedrooms were observed to be decorated to the individual style and preference of the residents.

Communal facilities in both houses included a sittings room, kitchen cum dining room, a utility facility, a relaxation room, bathrooms (and one house had a beauty room).

Both houses had garden areas for residents to avail of in times of good weather and there was adequate car parking space provided.

Although the premises were situated on a campus-based setting, residents appeared very settled, happy and content in their homes and on the day of this inspection, both houses were warm, welcoming and generally in a good state of repair.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a resident was at risk due to a swallow related issue, the following control measures were in place:

- the resident had access to a speech and language therapist and was prescribed a specialised diet
- smaller, more frequent meals were recommended
- the resident had staff support during mealtimes

Where a resident was at risk of falling, the following control measures were in place:

- hand rails and/or grab rails
- a wheelchair as provided to the resident
- ramps were in place for ease of access to the premises
- non-slip mats were provided

Judgment: Compliant

### Regulation 28: Fire precautions

Fire-fighting systems were in place in both houses that comprised this centre to include a fire alarm system, fire doors, fire extinguishers and emergency lighting.

Equipment was being serviced as required by the regulations. For example:

- the fire alarm systems had been serviced in March, May and September 2024
- emergency lighting was also serviced in March, May and September 2024
- fire extinguishers were serviced annually as required in March 2024

Staff also carried out checks on all fire equipment as required by the regulations.

Additionally, fire drills were being facilitated in both houses with no issues being reported. For example:

- in the single occupancy house a fire drill was carried out on August 08, 2024. While it was reported that the resident needed some prompting to leave the house when the alarm was sounded, it took one minute and ten seconds to complete the evacuation with no actions arising from this drill
- in the second house a fire drill was carried out in July 2024 and it was reported that it took one minute and twenty-six seconds to complete the evacuation with no issues arising from this drill.

All residents had a personal emergency evacuation plan in place detailing the support and guidance they required during a fire drill/evacuation.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- dietitian
- chiropody
- occupational therapy
- speech and language therapy
- physiotherapy
- dentist
- optician
- orthotics
- clinical nurse specialist

Care plans were also in place so as to guide practice and where or if required,

hospital appointments were being facilitated.

Residents also had access to mental health supports to include psychiatry, psychology and behavioural support as or if required.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents in their home and at the time of this inspection, there were no current safeguarding concerns in the centre.

There was a safeguarding policy available in the centre which advocated for a no tolerance approach to any type of abuse.

The inspector also noted the following:

- there were no complaints on file about the centre at the time of this inspection
- two family representatives spoken with on the day of this inspection were positive and complimentary about the quality and safety of care provided to their relatives
- easy read information on protection/safeguarding was available in the service
- details on how to contact the designated safeguarding officer and the complaints officer were available in the centre
- information on how to contact the Health Information and Quality Authority (HIQA), an independent national advocacy service, the decision support service and the confidential recipient were also available
- three staff members spoken with by the inspector said they wouldn't hesitate reporting any concerns they may have about the welfare of the residents to the person in charge

The person in charge also outlined the process of dealing with any safeguarding concern arising in the centre from informing the designated officer, preliminary screening, informing the national safeguarding team, following the trust in care policy and notifying the chief inspector.

Judgment: Compliant

### Regulation 9: Residents' rights

This service promoted the individual choices and preferences of the the residents.

Residents were consulted with about their service and decisions about their care and

support.

Residents also exercised choice and control over their daily routines and staff were observed to be respectful of residents choices.

Residents preferred activities were provided for, staff were respectful of the individual communication preference of each resident and on the day of this inspection, appeared happy and content with the service provided to them.

A number of staff had training in human rights in this service. Examples of how they used this training to support and promote an individualised service for the residents was included in section one of this report, *'What residents told us and what inspectors observed '*

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area 5 OSV-0004079

Inspection ID: MON-0036122

Date of inspection: 07/10/2024

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff identified as requiring Vital Signs and First Aid Responder training have been scheduled in with the training department to complete these in Q4 2024/ Q1 2025. All required training will be complete by 31/03/2025.	

## 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 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	31/03/2025