



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

## Issued by the Chief Inspector

Name of designated centre:	Ralahine Apartments
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Announced
Date of inspection:	16 April 2024
Centre ID:	OSV-0005232
Fieldwork ID:	MON-0034444

## About the designated centre

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

This centre is located in a town in Co. Clare and provides a residential service for a maximum of three residents who are all over the age of 18 years. The centre is comprised of three separate ground floor apartments in an apartment complex. Each resident has their own apartment shared with the staff member supporting them by day and by night. Each apartment provides the resident with their own bedroom, some en-suite facilities, a main bathroom, and a combined kitchen and living area. There is a compact garden area to the rear of each apartment. The model of care is social and a staffing presence is maintained in each apartment at all times. The night time staffing arrangement is a staff member on sleepover duty in each apartment. Management and oversight of the centre is delegated to the person in charge supported by a social care worker.

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

Number of residents on the date of inspection:

3

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
Tuesday 16 April 2024	09:30hrs to 16:30hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was undertaken to monitor the provider's compliance with the regulations and standards. The provider had applied to the Chief Inspector of Social Services seeking renewal of the registration of this centre. The inspector found that the provider had sustained the improvement found at the time of the last inspection undertaken in October 2022. Overall, a good level of compliance was evidenced and, the residents and the service they received were the focus of management. However, based on these inspection findings and the findings of the providers own internal quality and safety reviews, the provider did need to review and assure itself as to the effectiveness of the governance structure.

This designated centre is comprised of three separate apartments in a larger apartment complex. One resident lived in each apartment and each resident was supported by a staff member at all times. Two residents received a full-time residential service. One resident attended the service by day and 10 nights each month. The residents presented with a variety of needs and abilities but overall residents required a high level of staff support and supervision. The inspector had the opportunity to meet with all three residents. Two residents spoke with the inspector while the third resident in the context of their assessed needs communicated by gesture, facial expression and purposeful words.

One resident came to meet and introduce themselves to the inspector while the inspector was reviewing and discussing records with the person in charge in the administration office. The resident did not receive a full-time residential service and could not precisely explain to the inspector the nights they spent in the service and the nights they spent at home with family. The resident told the inspector that they were happy and their day was going well. The resident invited the inspector to come and meet them later in their apartment.

This resident had come to the office to get a copy of the staff duty rota. This was provided to them each week. The person in charge described how all three residents required and benefited from continuity of staffing and did not respond well to staff changes and new or unfamiliar staff. The person in charge endeavoured to provide this continuity such as limiting reliance on agency staff and advising residents of any unplanned changes.

In their apartment the resident invited the inspector to view their apartment including their bedroom but declined to accompany the inspector. The inspector noted how personalised the apartment was and how the resident had been supported to bring items such as furniture from home to the apartment. There was some discussion of family, a planned holiday abroad with family and plans to commence a vocational training programme in the summer. From what the inspector observed the resident had choice and control as to how they spent their time in the service.

In the next apartment the resident was just finishing a visit they had received from a peer who lived in another designated centre. That peer chatted with the inspector who was known to them from inspections in that centre. The staff on duty also received a phone call from another centre seeking to arrange a visit from another peer. The staff asked the resident about this and the resident smiled and said yes. The staff member described the resident as very sociable and said the resident loved the company of peers. The resident was more interested in interacting with the person in charge than with the inspector. The resident smiled and took the hand of the person in charge and directed them to their visual notice board. The inspector noted how staff photographs were used to establish for the resident what staff member was coming on duty that evening. The resident smiled and put the staff photograph on their visual board. The resident looked very well and the person in charge told the inspector that the resident was doing very well following a change in their prescribed medications. The resident was dressed to go out and when the staff member asked the resident if they would like to continue with their planned outing the resident responded with a definitive yes.

The inspector met the third resident as they were returning from a short walk accompanied by their staff member. The resident had also spent sometime in the town centre earlier in the day. The resident confirmed that they were completing their daily exercise programme so as to maintain their mobility. The resident spoke of their recent milestone birthday and the great celebrations that they had with family and friends.

From these observations and discussions it was evident that each resident received an individualised service closely connected to family, peers and the wider community. The person in charge was evidently very well known, readily accessible to and readily approached by all three residents.

While the inspector did not meet with any family members residents had regular access and contact with families. Families had been invited by the person in charge to provide feedback to inform the annual service review. The feedback so far received was positive but reference was also made to an unresolved complaint and there was evident ongoing dissatisfaction. This will be discussed again in the main body of this report.

Feedback had also been sought from residents and residents had also completed the Health Information and Quality Authority (HIQA) questionnaire. Residents completed their own questionnaire where this was possible. Residents raised no particular concerns, indicated they were content and had good choice and control in their daily routines and choices.

The person in charge who facilitated this inspection could readily describe and demonstrate to the inspector how they planned and maintained oversight of the service. There was evidence of good and consistent management and oversight and, overall arrangements were in place to ensure residents enjoyed good health and a good quality of life. However, the reliance on the person in charge, the resultant workload of the person in charge and the challenge this posed to good and consistent management and oversight was also evident. For example, there was an

ongoing delay in completing the transition of residents' personal plans to the revised personal outcomes measures format. The oversight of medicines management systems was not sufficient to detect and remedy inconsistencies in those systems.

In summary, this was a good and much improved service but while the standard of governance and management was good, the provider did need to review the adequacy and effectiveness of the governance structure. The next two sections of this report will describe those governance and management arrangements and how they ensured or not the quality and safety of the service provided to residents.

## Capacity and capability

As stated in the opening section of this report the provider needed to review how the current governance and management arrangements were operating. This was needed to ensure the person in charge had the support they needed to consistently and effectively meet their regulatory responsibilities. The provider had some awareness of this as similar findings had arisen in the provider's two most recent internal quality and safety reviews.

The local management structure consisted of the person in charge supported by a social care worker and, the regional manager who the person in charge reported to. The social care worker had delegated responsibilities such as the completion of the staff duty rota and the completion of some staff supervisions.

The staff duty rota was well presented and reflected the staffing levels and arrangements described and observed. The inspector reviewed the training records for 50% of the staff members employed and was satisfied arrangements were in place that ensured staff completed baseline and refresher training.

The person in charge endeavoured to hold meetings with staff across the three apartments at least every six weeks. This was confirmed by the meeting records in place. There was good staff attendance at these meetings.

The person in charge said that they had access as needed and good support from their line manager. The regional manager attended verbal feedback of the inspection findings and was well informed of matters arising in the service such as the delay in the progression of residents' personal plans and incidents that had occurred. The person in charge maintained good and consistent oversight of these incidents, identified corrective actions to be taken and, updated the associated risk assessments. The inspector saw that the regional manager reviewed and signed off on these reviews and progressed as needed corrective actions such as requesting additional training for staff. The regional manager supported the person in charge in the completion of the 2023 service review.

The provider was completing on schedule the quality and safety reviews required by the regulations to be completed at least on a six-monthly basis. From the report of the most recent review completed in February 2024, the inspector noted that the progression of the personal plans was an outstanding action at the time the previous review completed in September 2023. Both of these internal reviews had made observations in relation to the workload of the person in charge and the gaps or delays that consequently arose due to time constraints. This was not, based on these inspection findings satisfactorily addressed.

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

The provider submitted a complete and valid application to the Chief Inspector seeking renewal of the registration of this centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full-time and had the experience, skills and qualifications required for the role. The person in charge could clearly describe and demonstrate to the inspector how they planned and monitored the service so that it was appropriate to the needs of the residents, safe and a good quality service. The person in charge largely worked from an office on-site and was available to residents and the staff team.

Judgment: Compliant

#### Regulation 15: Staffing

The staff rota was well presented and identified the staff members on duty and the hours that they worked. Many staff working in the service worked on a less than full-time basis and approximately 20 staff were employed across the three apartments. The person in charge said that each staff member had a rota that they worked and that residents were familiar with this pattern of work. This helped to manage any absence of continuity that could arise. Many staff had worked in the service for sometime and the provider had also successfully recruited staff including relief staff in response to vacancies that had arisen. This minimised the use of contingencies such as agency staff. Ordinarily there was one staff member on duty by day and by night. One resident required additional staff support to attend swimming on a weekly basis. This was evident on four of six weeks staff duty rotas reviewed. The



person in charge said that the resident had declined to go swimming on one occasion and had chosen an alternative activity on the other. Nursing advice was accessed as needed from hospital and community based resources. The regional manager was also a registered nurse and provided nursing advice and guidance as part of their general oversight.

Judgment: Compliant

### Regulation 16: Training and staff development

Based on the records reviewed by the inspector there were arrangements in place that ensured staff completed baseline and refresher training. The provider had put an additional resource in place for this but the person in charge also maintained oversight of the staff training matrix. The inspector saw that staff had completed training for example in safeguarding, fire safety and, responding to behaviour that challenged. Additional training completed by staff included a suite of infection prevention and control training, falls prevention and management, the provision of personal and intimate care and, training on the new personal planning process and templates. Some staff had completed online training on respecting and promoting human rights. The person in charge and the regional manager monitored staff training needs and input was provided as needed for example by the MDT (multi-disciplinary team). Report writing training was scheduled and a request had been made for additional training for staff in the new personal planning process.

Judgment: Compliant

### Regulation 22: Insurance

With its application seeking renewal of the registration of this centre, the provider submitted documentary evidence that it had effected appropriate contracts of insurance such as against any injury to a resident.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, there was much evidence of good informed management and oversight. The provider demonstrated an improved and good level of compliance with the regulations. However, based on these inspection findings the inspector was not assured the support required by the person in charge so that the person in charge

could consistently and effectively fulfill their role and all of their responsibilities was in place. For example, the person in charge was the person driving the review and transition of the residents' personal plans but these was not yet complete. The person in charge said that completing the transition of the plans was very challenging in the context of their overall responsibilities. The person in charge was person in charge for another designated centre. The provider had an awareness of this capacity issue as the last two internal quality and safety reviews had highlighted this and the fact that gaps were arising largely due to time constraints. In addition, the inspector was not assured that systems of management and oversight be they formal or informal always identified deficits that had the potential to compromise the safety of the service. For example, there were repeat errors in the management of medicines. These incidents were reviewed and corrective actions to improve practice were taken. However, local systems of oversight including the daily administration of medicines by staff had not identified the discrepancies noted by this inspector between the prescription and the labels affixed to each medicine. The review of the medicines management systems in place would have been a fundamental quality assurance measure in response to the errors that had occurred.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The inspector read the statement of purpose and function and, saw that it contained all of the required information such as the range of needs that could be met, and, the staffing, visiting and fire safety arrangements. The statement of purpose was an accurate description of the centre.

Judgment: Compliant

### Regulation 30: Volunteers

The person in charge was very aware of the continuity of staffing that residents needed and sought to limit for example, the use of contingencies such as staffing agencies. The person in charge understood how when needed, such arrangements operated. For example, only the agencies the provider had an agreement with were utilised. The person in charge requested evidence of completed training, of satisfactory An Garda Síochána (Irish police) vetting and, ensured suitable induction and supervision was provided.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was one unresolved complaint. The complaint had been received from a resident's representative. The complaint was about funded access to the service; an enhanced service was sought. Therefore the provider was constrained as to the autonomy it had to resolve the complaint. However, the inspector was not assured that the complaint had been managed in line with the providers own policies and procedures potentially contributing to the frustration and dissatisfaction reflected in recent feedback received from the complainant. The complaint had been received in August 2022 and was well past the resolution time-frames set out in the providers complaint management policy. The complainant had been recently met with. However, there was no evident progress update notes (including any feedback or updates provided to the complainant) in the complaint record between 2022 and April 2024. In addition, what was missing from the complaint and its management was the voice and views of the resident. For example, the complaint record stated that the resident had met three times in 2022 with the previous management team seeking an additional night in the service. However, the person in charge confirmed that the views and wishes of the resident had not been sought of late and, access to advocacy services had not been offered or explored.

Judgment: Substantially compliant

## Quality and safety

It was evident from these inspection findings that the management and oversight of this service was focused on providing each resident with a safe service and a good quality of life.

For example, the person in charge had controls in place to ensure that the delay in transitioning residents' personal plans to the revised personal outcomes measures format (POMS) did not impact on the resident. The existing personal plan remained in use and each resident had a support document to guide staff in their daily practice. The inspector reviewed the personal plan that had transitioned to the POMS format by the person in charge. It was a detailed plan.

That plan and other records seen such as feedback from residents reflected how the person in charge sought to ensure residents were consulted with and had input into decisions about their support and care. For example, in relation to the POMS it was recorded how the resident listened, smiled and said yes in response to certain questions and statements.

Residents did have healthcare needs and based on records seen, such as the healthcare folder, the person in charge ensured that residents had access to the services that they needed such as their general practitioner (GP), dentist, speech

and language therapy and, a dietitian.

Clinical reviews included the monitoring and review of any medicines prescribed. However, there was a pattern of medicines related errors. The corrective actions taken by the person in charge to address this were evident. For example, the implementation of daily and weekly stock balance counts. However, based on these inspection findings medicines management systems required a more robust review.

There were times when residents displayed behaviour that posed a risk to their own wellbeing and the safety of others including staff. One resident spoken with had evident insight into these behaviours and how they could regulate them. The person in charge ensured that positive behaviour support plans were in place and were kept under review by the positive behaviour support team. That team also met directly with and offered additional support to the staff team.

The person in charge maintained a suite of risk assessments that reflected the risks arising in the centre such as the risk posed by behaviours of concern. These risk assessments were kept under good and consistent review by the person in charge. There was a good link between these reviews and the occurrence of incidents. The person in charge had sound knowledge of controls put in place including controls that had a restrictive dimension. The person in charge sought to minimise restrictions and remove them where possible and safe to do so.

## Regulation 10: Communication

The assessed needs of the residents included communication differences. Two residents were good and effective verbal communicators. Where communication supports were needed these were set out in the resident's personal plan. For example, the resident used a visual communication board and staff said that the resident liked to lead and control the board. Residents had access to a range of media and personal devices. Even with good verbal communication skills it was recognised that there could be challenges to residents understanding what was asked or required of them at times. The person in charge utilised tools such as social stories to discuss a range of topics with residents such as staying safe and respecting personal boundaries.

Judgment: Compliant

## Regulation 11: Visits

From what residents discussed with the inspector, residents had good and consistent contact with family and home as appropriate to their individual circumstances. Each resident had their own apartment and could receive visitors without impacting on their peers. One resident did like to visit another apartment

and could do so spontaneously. There were reasonable controls in place to ensure that this did not impact on the wishes and rights of their peer.

Judgment: Compliant

### Regulation 13: General welfare and development

The support and care provided was individualised to the needs and abilities of each resident and informed by input from the MDT so that it was evidenced based. The resident saw that residents were consulted with and had reasonable control over their routines and activities. This could be a challenge as management and staff sought to keep residents well, active, develop their potential and keep them motivated. Additional staff support was provided for specific activities such as swimming and each resident had access to transport. Residents were supported to maintain and develop friendships with peers such as joining them for group activities, going for walks or visiting each others homes. One resident had previously enjoyed the experience of work. The person in charge was putting training in place for the resident and was hoping to find suitable alternative employment again for the resident.

Judgment: Compliant

### Regulation 17: Premises

Each resident had their own apartment. Overall, the apartments were well maintained and residents were free to decorate their apartment to reflect their personal tastes. The apartments were comfortable and welcoming. However, there were some outstanding maintenance issues that required more timely attention. For example, the person in charge confirmed that they were awaiting for sometime, the installation of a dishwasher in one apartment. Other outstanding works included the provision of shelving and storage so as to better support for example, the storage of cleaning equipment.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The inspector read and saw that the residents' guide contained all of the required information such as the facilities to be provided, how residents were consulted with

and, how to access any inspection reports on the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had risk management policy and procedures and systems for identifying, assessing and controlling identified risks. The six-monthly quality and safety reviews maintained oversight of how risks were identified and managed and, the person in charge had completed any recommendations made by the auditor. The inspector saw from the register of risks that the person in charge maintained good and consistent oversight of risks and their control and, that oversight was linked to the occurrence and review of incidents that occurred. Feedback and learning from incidents was shared with staff individually and collectively at the staff team meetings. The person in charge sought to minimise the impact of controls on residents and could rationalise for example, on the basis of risk, why controls such as the intermittent locking of one apartment door were needed. The inspector did note on the day of inspection that the surface of one heating radiator was very hot to the touch. The person in charge committed to address this at a matter of priority.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

More robust systems were needed for maintaining oversight of and assuring the safety of medicines management systems. For example, on noting from the log of incidents a pattern of errors that had occurred, the inspector reviewed in relation to one resident, the prescription, the administration record, the risk assessments and controls put in place in response. The inspector saw that staff were required to complete daily and weekly stock balance checks, the person in charge had put protocols in place and, had reiterated to staff the principles of good and safe medicines management practice. However, the most recent review of the associated risk assessment stated that these controls were not effective and the residual risk rating was increased. The inspector saw that medicines were securely stored. However, with regard to the possibility for errors to occur the inspector saw that the instructions on the labels affixed to medicines or supplied with the compliance aid did not correspond with the instructions of the prescription. There were differences for example in relation to the dose, the time of administration and the frequency of administration. Internal systems of oversight had not identified this.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Each resident did have a personal plan based on the assessment of their needs, abilities, preferences and wishes. The residents, the staff team, the MDT and families inputted into these plans. As mentioned previously in this report there was a delay in transitioning these personal plans over to the revised POMs format and only one of the three plans had been fully transitioned. The person in charge was anxious to ensure that the transition was correctly completed but the process was quite delayed. This is addressed in Regulation 23: Governance and management. The inspector reviewed the plan that had been completed in the POMs format. The plan was very detailed and set out how the resident's needs including their general welfare and development needs would be met.

The arrangements each resident needed to meet their needs were in place such as staffing, transport and access to the MDT. There was a request for an enhanced service. This is addressed in Regulation 34: Complaints procedure.

Judgment: Compliant

## Regulation 6: Health care

The person in charge had sound knowledge of residents' healthcare needs and ensured residents had access to the services and clinicians that they needed for their health and wellbeing. Records of appointments, reviews and recommendations made were maintained. Recommendations such as a request for blood profiling were followed through on. Staff sought to support residents to make good decisions for example in relation to their diet, exercise and general activity. The inspector saw from records that staff monitored resident wellbeing and sought medical advice and review when they had concerns. Residents were supported to access and avail of seasonal vaccinations. Clinical reviews included the review of the ongoing requirement for, and the effectiveness of prescribed medicines.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Staff had completed training including training in de-escalation and intervention techniques. The MDT inputted into the creation and review of residents' positive behaviour support plans and attended staff meetings to provide further guidance and support. On the basis of risks that arose to resident and staff safety there were some restrictions in use such as for travelling in the service vehicles or restricting resident access to certain items in their apartment. There was a risk-based rationale

for this and the required documentation was in place. The person in charge sought to ensure where possible that residents were spoken with and understood why such restrictions were implemented. The person in charge sought to reduce and remove restrictions where this was indicated. For example, from the monitoring of incidents. The person in charge monitored therapeutic interventions such as the administration of as needed medications to ensure they were administered in line with the relevant administration protocol.

Judgment: Compliant

### Regulation 8: Protection

The training records indicated that staff had completed safeguarding training. The inspector saw that safeguarding and the provider's safeguarding policies and procedures were discussed at the regular staff meetings. Tools such as social stories were used to help resident understanding of risks and how to stay safe. In their feedback residents said they felt safe and would raise any concerns they had with family or named staff including the person in charge. The person in charge initiated an investigation when concerns were raised and told the inspector there was no barrier to residents raising concerns. The person in charge visited each apartment and monitored for example how residents presented and their interactions with staff members. The personal plan reviewed by the inspector included the plan for the provision of personal and intimate care.

Judgment: Compliant

### Regulation 9: Residents' rights

This was a very individualised service where the support provided respected the different abilities and needs of the residents. The person in charge and the regional manager clearly communicated their commitment to ensuring residents received a service that respected and promoted their rights. For example, there was a plan in place for increasing each residents access and autonomy over their financial affairs. The person in charge recorded how residents were consulted with and participated in decisions about their service, support and care such as in relation to their personal plan and the need for restrictions. Residents had access to information such as the staffing arrangements for their apartments and had reasonable control over their daily routines and choices. Residents could choose to meet up with and interact with peers and enjoyed activities such as swimming, bowling and social events. Residents were visible in their local community.

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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ralahine Apartments OSV-0005232

Inspection ID: MON-0034444

Date of inspection: 16/04/2024

## 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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Roles and responsibilities of SCW will be clearly outlined within the DC, to ensure P.I.C. has adequate support to consistently and effectively carry out their role.</p> <p>Training dept will enhance POMS training for all staff to ensure the document is developed, reviewed, updated and implemented by all staff team. This will reduce the P.I.C. workload, and enable P.I.C. to pursue other opportunities for service improvement, for example, in relation to Advocacy, housing, or ADMA.</p> <p>CM will continue to carry out regular unannounced visits to the DC.</p> <p>All staff team will be given feedback from this inspection, both CM and P.I.C. will attend the feedback meeting.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The P.I.C. will meet with the individual to establish and document the individuals wishes in relation to an enhanced service.</p> <p>P.I.C. and CM will meet regularly with N.O.K. to provide updates regarding progress of business case.</p> <p>Where there is an identified disparity between N.O.K. wishes and the individual’s vision for long term placement options, a referral will be made to an independent advocate.</p> <p>Going forward, all complaints will be appropriately documented, and reviews/updates</p>	

recorded accordingly.	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: P.I.C. will liaise with maintenance department to ensure all outstanding works are completed.</p> <p>Going forward, any outstanding works will be highlighted by the Community manager, at the 6 weekly facilities meeting, and escalated to the Health and Safety officer as required.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A medication audit will be completed by Community manager. Staff will be given additional support, guidance, training, to ensure strict adherence to Medication management procedures and protocols. P.I.C. and CM will review all templates currently in use to record receipt of medications, and stock checks, and make amendments/ enhancements as required.</p> <p>SCW role, in relation to overseeing day to day management of medication, will be enhanced and clearly outlined, and P.I.C. will carry out unannounced spot checks of all medication management procedures.</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 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	31/08/2024
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	Substantially Compliant	Yellow	30/06/2024

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	01/06/2024
Regulation 34(1)(c)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall ensure the resident has access to advocacy services for the purposes of making a complaint.	Substantially Compliant	Yellow	30/06/2024
Regulation 34(2)(b)	The registered provider shall ensure that all	Substantially Compliant	Yellow	30/06/2024

	complaints are investigated promptly.			
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