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:	Mullaghmeen Centre 2
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	02 June 2021
Centre ID:	OSV-0005477
Fieldwork ID:	MON-0031871

About the designated centre

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

The designated centre is made up of a detached bungalow which can provide support to five adults with high support needs, and two self contained apartments which can provide supported living for two residents living independently. Both locations are in close proximity to the local town.
The provider describes the service as offering support for up to seven adults (male and female) with an intellectual disability, and with specific support needs in relation to behaviours of concern, high dependency needs, mental health needs, sensory impairment and autism.
The centre is staffed over 24 hours, with waking night staff in the bungalow, and sleepover staff in the apartments.
Residents have access to local amenities including restaurants, shops, leisure facilities and library. The staff team comprises of social care staff and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 June 2021	10:30hrs to 16:45hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From observing interactions between residents and staff, and from talking with staff members the inspector found residents were provided with a good quality of care and support. The residents' needs, wishes and goals were key factors in the organisation and running of the designated centre, and there was a drive towards continually enhancing the experiences of residents, thereby promoting residents' rights, participation and overall quality of life.

The inspection was completed in one unit of the designated centre, and a review of documentation took place in in a clean zone area, so as to ensure social distancing and public health guidelines could be adhered to. There were five residents living in the centre, and the inspector met with three of the residents living in one unit of the designated centre. There were two residents living in the second unit of the centre, and the premises had been configured into two apartment style units. While resident were not able to, or chose not to speak to the inspector, it was evident that residents appeared comfortable and content in their environment. One of the residents went out on a social activity in the morning and another resident went out in the afternoon. Another resident was supported to access the local shop to purchase items as was their daily preference. Residents were supported to access meaningful activities both within the centre and in the community, for example, gardening, walks, self- help skills, wildlife care, and meal planning and preparation.

The organisation and running of the centre was centred around the daily plans and preferences of residents, with a focus on engagement with residents and availing of opportunities as they presented themselves. Residents were actively involved in the development of goals which reflected their unique interests. For example, one resident had a goal to engage in more community participation, and with the support of staff had applied to the local county council to assist with litter management.

The inspector visited all parts of the unit of this centre and observed that residents were able, with assistance, to access all areas of their home. Appropriate equipment was provided to enable residents to safely access their home and community, for example, wheelchairs, handrails, and centre transport. Each resident had their own bedroom, ensuring residents' dignity and privacy could be maintained during personal care. Bedrooms were individually decorated, with residents' personal items on display.

There was ample communal space, including a kitchen, dining room, and two sitting rooms. The inspector observed that a resident was respectfully being supported to have their meal in the dining room supported by a staff member. One resident had their own living area, set up to ensure the resident could access their preferred activities, routines and personal items at their leisure. The person in charge had recently changed the delegation of staff during the day, to allow for one to one support for a resident in response to an emerging risk. This had resulted in an

improved experience and quality of life for the resident.

Residents had recently been involved in the development of a herb garden, and the upkeep of this was part of some residents daily activities. One resident had a strong interest in birds, and there were a number of bird tables and feeders on a patio area, which the resident was observed to enjoy watching. The unit was homely, nicely decorated, and clean, and residents' artwork was observed to be on display on walls. However, there was a number of issues with maintenance of the premises which are detailed further in this report.

Staff were observed to be kind and respectful when talking with, and supporting residents, and from speaking with some staff, the inspector found staff overall had a very good knowledge of residents' individual needs and wishes. Staff were also found to have a very good knowledge and understanding of residents' individual communication style, and were observed to interact using gestures, signs and speech.However, improvement was required in staff's knowledge of some residents' healthcare needs, in order to ensure appropriate healthcare was being provided.

Residents had ongoing support to enable them to develop and maintain relationships both with their families, and in the community. For example, a resident had recently started to access local shops purchasing food items needed for meals in the centre. This formed part of an overall goal to increase the resident's independent skills, as well as giving the opportunity to meet new people. Since the easing of pandemic restrictions, a resident had recently visited their family. Residents had access to technology such as the phone and electronic tablets and had been supported to make video calls to their family during the restrictions.

Overall the inspector found residents were receiving a good quality of care and support, and the centre was organised and run around the needs of residents. The focus of care and support was person centred and the rights of residents were protected and promoted in the provision of services.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found the provider had the appropriate management systems and resources in the centre to ensure the residents received an effective, safe and consistent service. There were systems in place to monitor the service provided and to respond to changes or identified risks as they emerged. Overall there were high level of compliance with the regulations found on inspection with 12 of 16

regulations found to be fully compliant, and two regulations substantially compliant. Improvements were required in the maintenance of the premises, and in some aspects of healthcare provision.

There was a clearly defined management structure in place. There was a fulltime person in charge in the centre who had recently been appointed. The inspector found the person in charge had the required skills, qualifications, knowledge and experience to fulfil their role in accordance with the regulations. Staff reported to the person in charge, and a team leader had been appointed to provide management support in the absence of the person in charge. The person in charge reported to an area director and regional director, who in turn reported to the chief executive officer. Staff spoken with told the inspector they could raise concerns about the quality and safety of care and support with the person in charge should the need arise.

The management systems in place ensured the service was safe and regularly monitored. There were a suite of audits such as medicines management, health and safety, fire safety and COVID-19 audits. The provider had completed a six monthly unannounced visit of the centre and an annual review had also been completed. With the exception of issues related to the premises, the inspector found corrective actions were taken to all other issues identified through auditing processes. There were ongoing issues with the maintenance of the centre, and despite issues being repeatedly brought to the attention of the agency responsible, corrective and timely action had not been taken. For example, external lighting had been identified in the previous inspection in May 2019, however, this had not been fixed to date.

There were sufficient staff with the right skills and qualifications to meet the assessed needs of the residents. The centre was staffed by social care workers and support staff. In the first unit there were with three staff on duty during the day, and two staff at night time. In the second unit, there were two staff on duty during the day, and at a night time, one staff in a sleepover capacity. The inspector reviewed a sample of rosters from the preceding four months, and found consistent staffing was provided, and the rosters were maintained appropriately.

Staff had been provided with a range of mandatory training including safeguarding, fire safety and managing behaviour of concern, and refresher training was planned for some staff in therapeutic techniques. Additional training had been provided in epilepsy, percutaneous endoscopic gastrostomy feeding, manual handling, medicines management and Irish sign language, and refresher training was planned for the use of nebulisers. The training provided ensured staff had the necessary skills and knowledge to meet the residents' specific needs. Staff were directly supervised on a day to day basis by the person in charge, and staff meetings were facilitated on a monthly basis.

Notifications had been made to HIQA relating to most practices in the centre; however, the use of chemical restraint for an individual had not been notified.

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre. The person in charge had recently been appointed, and had the required management experience and qualifications. The person in charge was knowledgeable on the residents' needs and on their individual support requirements.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff with the right skills and qualifications to meet the needs of the residents. Consistent staffing was provided ensuring continuity of care was maintained for residents.

There were three staff on duty during the day, and two staff at night time in one unit. In the second unit, there were two staff on duty during the day, and one staff in a sleepover capacity at night time.

The inspector reviewed a sample of rosters from a four month period, and found rosters were appropriately maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training ensuring staff had the appropriate knowledge and skills to meet the diverse needs of residents. Staff had up-to-date training in safeguarding and fire safety, and refresher train was planned for staff in behaviours of concern and therapeutic techniques.

A suite of training had been provided in infection control in response to the recent COVID-19 pandemic including, breaking the chain of infection, donning and doffing personal protective equipment (PPE), and in hand hygiene. Additional training had also been provided in epilepsy, percutaneous endoscopic gastrostomy, manual handling, medicines management and Irish sign language. Refresher training was planned for the use of nebulisers.

Staff were supervised on a day to day basis by the person in charge. Supervision records were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place had ensured the service provided to residents was safe, effective and monitored on an ongoing basis. The provider had appropriate resources in place including staffing, equipment and staff training.

There was a clearly defined management structure and staff reported to the person in charge. A team leader had been appointed to take responsibility for the day to day management of the centre in the absence of the person in charge.

An annual review of the quality and safety of care and support had been completed and considered the views of the residents and their representatives. A six monthly unannounced visit by the provider had also been completed. Most of the actions arising from the annual review and the six monthly unannounced visit were found to be completed on the day of inspection, with the exception of premises issues. The person in charge conducted regular audits of practices in the centre including medication management, health and safety, incident reviews, infection control and fire safety, and any actions arising had been progressed.

There were systems in place for staff to raise concerns and discuss issues in the centre. There was a monthly staff meeting which included a detailed review of each residents' needs, plans and goals, as well as discussion on, for example, training needs, infection control, fire safety and staffing. Staff spoken with during the inspection said they could raise concerns about the quality and safety of care and support should the need arise.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified HIQA of most practices and incidents in the centre; however, the use of chemical restraint for one individual had not been notified.

Judgment: Substantially compliant

Quality and safety

Residents were provided with a good standard of care and support, enabling their welfare and wellbeing to be maintained, and their rights to be upheld. The care and support embraced a person centred culture, developing the skills and independence of residents, while promoting their participation in their home and broader community life. Improvement was required in some aspects of healthcare needs and in fire safety.

Each resident had an assessment of need completed, which was informed by reviews and recommendations by allied healthcare professionals. Assessments were regularly reviewed, and as needs changed. Personal plans were developed and detailed the support residents required to meet their needs. However, the inspector found for some identified health care needs, there were no plans in place, and on discussion with staff, they were not knowledgeable on these needs or on the risks or support requirements. Notwithstanding, most residents' healthcare needs were monitored on an ongoing basis in accordance with plans, and residents had regular access to the appropriate healthcare professionals as required.

Residents were supported to develop and realise meaningful goals and there was regular review of the progress of goals. For example, a resident had a goal to have their own home and was progressing through a number of self-help independence skills, such as gardening, food shopping and learning to manage their own laundry. Another resident had a passion for driving and until recently had used a golf caddy on the grounds of the unit. The resident had recently expressed a wish to try fishing and plans were progressing to access this activity.

Residents were supported with their emotional needs and could access the services of a psychiatrist, psychologist and behaviour therapist. Behaviour support plans were developed and regularly reviewed. Restrictive practices were implemented in accordance with best practice and there was evidence of regular review, and reduction in restrictive practices where appropriate.

Residents were protected in the centre and a safeguarding plan had been implemented in response to a recent reported concern. Staff had up-to-date training in safeguarding and were knowledgeable on the safeguarding plans and the response to take in the event of a safeguarding allegation.

The inspector reviewed aspects of residents' rights and found residents participated and consented to decisions about their care and support. The residents views and wishes, and as such their choices, were key factors in the decisions on the way the centre was organised, and how care and support was provided. For example, a resident's preference to smoke was respected and the residents was supported to purchase cigarettes everyday as they wished. As described individual activity choices were respected and provided for, as was resident's choices on food and drink preferences. Residents' privacy and dignity was observed to be respected, in that

residents had their own rooms, personal information was securely stored, and staff were observed to assist residents in a respectful and dignified way.

There was a system in place to manage risks in the centre and to report and respond to adverse incidents. Individual risks had been identified and control measures were in place to mitigate the risks presented. Adverse incidents had been reported and recorded, with follow up actions taken to prevent reoccurrence and to inform learning.

Suitable measures were in place for the prevention and control of infection. There was sufficient PPE available in the centre and staff were observed to adhere to public health guidelines including wearing face masks, carrying out hand hygiene, and maintaining social distancing. The provider had developed a contingency plan outlining the response to a suspected or confirmed case of COVID -19. Staff had also been provided with a range of infection control training. Accessible information had been provided to residents on COVID-19, associated restrictions, and on hand hygiene.

Safe and appropriate procedures were in place in relation to medicines management and appropriate and complete records had been maintained on the supply, prescribing, and administration of medicines. Suitable safe storage was provided for medicines.

The inspector reviewed one premises of the designated centre and found it was comfortable, spacious and well laid out. However, the premises had not been appropriately maintained and there were a significant number of areas which required attention including, damaged internal walls, worn kitchen press surfaces, damaged surface to a bathroom press, internal and external painting, a broken mirror and broken external lighting. While the person in charge had highlighted and appropriately reported these issues, appropriate action had not been taken by the agency responsible.

Adequate measures were not in place for the containment of fire and one fire door on a bedroom had been damaged. This had been subsequently assessed by a fire officer and deemed not sufficient to provide adequate containment. This had also been reported a number of times by the person in charge to the responsible agency; however, it had not been rectified by the day of inspection. There were suitable procedures in place for the evacuation of the centre, and adequate fire fighting and fire detection equipment was provided. Daily, weekly and monthly fire safety checks were completed by staff and all fire equipment had been serviced as required.

Regulation 13: General welfare and development

Appropriate care and support was provided to residents, and residents had access to a range of meaningful recreation and activities both in their home and in the community. Activities were planned around the unique interests of residents, and

were incorporated into daily plans, as well as longer term goals.

Residents were also supported to maintain relationships with their families and had access to phones and electronic tablets to facilitate calls, as well as visits to their families. Opportunities for residents to develop links with the community were availed of through community volunteer work and through new shopping experiences.

Judgment: Compliant

Regulation 17: Premises

One premises of the two comprising this centre was reviewed as part of this inspection. The premises was clean, spacious and well laid out. However, this premises had not been appropriately maintained and the inspector found the following issues required attention:

- External lighting which had been highlighted on a previous inspection in May 2019 had not been fixed.
- Two internal walls were damaged.
- A number of kitchen presses had worn surfaces.
- A bathroom storage press had a damaged door surface.
- A number of internal doors were scuffed and damaged and required painting.
- The external house and garden walls were poorly maintained and required painting.
- A mirror on a wardrobe door was cracked and required replacement.

The person in charge had identified and reported these issues to the relevant agency.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was a system in place for the recording and reporting of adverse incidents occurring in the centre. Incidents had been reported and there was evidence that incidents had been followed up with the relevant professionals. For example, incidents of behaviours of concern had been reviewed by the behaviour support therapist and psychologist, with subsequent changes in staff delegation resulting in improved outcomes for the resident.

Risks had been identified and management plans outlined the measures in place to

mitigate the risks. For example, manual handling and assistive equipment was provided to mitigate the risk of injury to residents and staff from falls or moving and handling residents, and modified diets were provided for residents to mitigate known risks of choking.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable measures were in place for the prevention and control of infection. The provider had developed a contingency plan outlining the procedures for the prevention and response to COVID-19. There were adequate supplies of PPE and suitable hand sanitising equipment was provided. Staff had been provided with a range of training including breaking the chain of infection, donning and doffing PPE, and in hand hygiene. Residents had also been provided with accessible information relating to hand hygiene, and the pandemic restrictions.

Staff were observed to adhere to public health guidelines including wearing face masks, carrying out hand hygiene, and maintaining social distancing. Individual plans were developed for residents which specified the care to be provided in the event a resident was suspected of, or confirmed to have COVID-19. There was ongoing monitoring of resident and staff symptoms including respiratory symptoms and body temperature, in line with public health guidelines

Judgment: Compliant

Regulation 28: Fire precautions

Adequate measures were not in place for the containment of fire. A fire door was damaged and had been assessed by the service fire officer as not viable for the containment of fire.

Suitable procedures were in place for the evacuation of residents and staff in the event of a fire. Regular fire drills had been completed and personal emergency evacuation plans were developed outlining the support needs of residents in order to safely evacuate the centre. The was a fire alarm, emergency lighting, and fire extinguishers, and all equipment had recently been serviced. Daily, weekly and monthly fire safety checks were completed, including fire escape routes, fire alarm, extinguishers, and emergency lighting. Staff had been provided with training in fire safety, and a staff member described to the inspector the evacuation plan for residents at night time, in the event of a fire

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Suitable and safe practices were in place for medicines management. Residents availed of the services of a pharmacist in a local town. Secure storage was provided for residents' medicines. The inspector reviewed two medicines records and found all documentation relating the supply, prescribing, and administration of medicines was complete.

PRN (as the need arises) medicine records stated the maximum dosage in 24 hours to be administered, and corresponding PRN protocols stated the circumstances under which PRN medicines should be administered. Medicines had been regularly reviewed by the prescribing doctor, and a record of reviews was noted on medicine prescription records. Staff had been provided with training in medicines management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date assessment of need completed of their health, social and personal care needs. Assessments had included input from the relevant allied healthcare professionals, as they applied to each residents' individual needs. Personal plans were developed and had included the involvement of residents. For example, residents with the support of staff developed their own goals reflective of their interests and aspirations.

Accessible plans were used to support residents understanding of the implementation and progress of personal plans, for example, social stories, picture format shopping lists, photos and easy to read guidance. Personal plans were regularly reviewed taking into account changes in circumstances or need.

Judgment: Compliant

Regulation 6: Health care

The inspector found residents were supported with most of their healthcare needs; however, improvement was required to ensure staff were aware all of the healthcare needs of residents, and the support requirements. In addition, personal plans were

not developed for a number of identified healthcare needs of residents, and given the lack of staff knowledge, the inspector was not assured that residents' healthcare needs were being comprehensively met.

There were a number of identified healthcare needs whereby staff were found to be knowledgeable and there were corresponding plans to guide practice. There was ongoing monitoring of these healthcare needs, for example, fluid monitoring, PEG feeding, neurological conditions and blood monitoring. Residents could access the services of a range of healthcare professionals, for example, speech and language therapist, general practitioner, dietician and physiotherapist.

Judgment: Not compliant

Regulation 7: Positive behavioural support

Residents were appropriately supported with their emotional needs. Behaviour support plans had been developed as required for residents, following ongoing assessment, and in consultation with a psychologist and a behaviour therapist. Behaviour support plans gave detailed guidance on environmental accommodations and programmatic interventions to support residents with their emotional needs. Plans were personalised incorporating residents individual communication styles and preferences. The inspector spoke to one staff member who described some of the programmatic interventions in place for a resident.

There were some restrictive practices in use in the centre, which were applied in accordance with best practice. Restrictions had been implemented as a last resort, and there was evidence that some restrictions had reduced, and for others, plans had been implemented to reduce these practices, while also assessing the effect of such reduction in terms of risks. Restrictive practices had been regularly reviewed by a service committee.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected in the centre. Staff had up-to-date training in safeguarding, and knew the procedure to take in the event of a allegation or suspicion of abuse. A safeguarding plan was implemented in response to a recent concern and staff were knowledgeable on this plan.

Residents' finance records were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents participated in, and consented to, decisions about their care. Information in relation to care and support, was presented to residents in accessible format. Resident's choices in terms of how they wished to spend their day formed the basis of the organisation of the centre on a day to day basis, and the rights of residents to choose their lifestyle as they wished was respected.

Personal information relating to residents was securely stored, and and the dignity and privacy of residents was observed to be upheld during personal care practices.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mullaghmeen Centre 2 OSV-0005477

Inspection ID: MON-0031871

Date of inspection: 02/06/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Person in Charge will ensure a written report is provided to the chief inspector at the end of each quarter in relation to any occasion where a restrictive practice procedure to include physical, chemical or environmental is used. To be Compliant by: 31.07.2021	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To ensure a good state of repair is achieved internally and externally in the designated centre; The Person in Charge has contacted the General Operations manager, to provide a schedule for the required works; · External Lighting – 31st October, 2021 · Kitchen, worn surfaces - Kitchen to be upgraded by 31st December 2021 · Internal doors require painting (scuffed/damaged) – 31st August 2021 · Fire Door to be replaced – 31st August, 2021 · Mirror on wardrobe door requires replacement – completed 21st June 2021 · External painting of house and walls – External painting of the boundary walls completed 20th July 2021. External painting of house – 31st December 2021	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge has contacted the General Operations Manager to provide a completion date for the replacement of a damaged fire door in the designated centre. To be compliant by: 31st August 2021	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: In order to comply with Regulation 6 the Person in Charge will arrange for; 1. A review of all personal healthcare plans to ensure appropriate healthcare needs are detailed, having regard to each resident personal plan. 2. The Person in Charge will arrange for all staff to participate in an education piece/training around appropriate healthcare needs for each individual including prescribed medication. To be compliant by: 16th August 2021	

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(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical,	Substantially Compliant	Yellow	31/07/2021

	chemical or environmental restraint was used.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	16/08/2021