



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

Issued by the Chief Inspector

Name of designated centre:	Lavanagh House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	08 April 2022
Centre ID:	OSV-0008054
Fieldwork ID:	MON-0034645

About the designated centre

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

The designated centre provides respite services to children aged between 6-18 years, both male and female, who have a primary physical/sensory disability. The services provided are planned short term respite breaks, both day and night. The maximum number of children that can be supported overnight is three. Respite breaks are provided for a maximum of two nights over two weekends in each month. The centre also provides community based day respite on two – three days per week. The aim of the service is to provide care and support in a relaxed environment that maintains the childrens' independence and enhances their social engagement with their peers and the local community. The house is designed to provide open access to the kitchen, dining room, sitting room, sensory room, play room and activity room. Each of the three bedrooms have overhead hoists with en-suite facilities. There is an easy to access secure outdoor garden area from multiple locations in the designated centre. This has been designed to support accessibility for all children attending the designated centre, including raised gardening beds and smooth surface area throughout, with areas for mini golf, ball games and swings. The centre also has a visitor's room, laundry, office, medication room, in addition to storage rooms for linen and sluice equipment. Children are supported through a social model of care with nursing staff available. Staffing levels are reflective of the health and social care needs of the children attending, with a waking and sleepover staff on duty each night. The designated centre has access to a dedicated transport vehicle which is wheel chair accessible.

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
Friday 8 April 2022	12:00hrs to 17:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet two children who were availing of respite services in the designated centre. The inspector also met with family representatives of both children. The inspector was introduced to the residents after they had arrived and settled into the centre in the late afternoon while adhering to public health guidelines and wearing personal protective equipment (PPE).

This was a short announced inspection, as the centre currently provides weekend respite on two weekends each month. The inspector contacted the person in charge the day before the inspection who confirmed that three children were scheduled to attend for respite over the weekend and would be in the designated centre from the afternoon of the planned inspection. The inspector was informed all three children scheduled to attend were friends with similar interests, such as drama, baking and art. They each also required a wheelchair to mobilise.

The inspector arrived to complete a review of documentation and meet with staff members in advance of the children arriving. The person in charge also facilitated a walk about of the designated centre with the inspector. This designated centre had commenced providing overnight respite services in October 2021 after it was registered by the Health Information and Quality Authority, (HIQA). The building was purpose built with ease of access throughout to facilitate children with mobility issues or who required to use wheelchairs to mobilise. It is a single storey building which was found to be bright, warm and clean throughout on the day of the inspection. There were photographs of children and staff members enjoying many activities including horse riding displayed on the walls. There was also artwork and age appropriate decorations evident in many areas. The outdoor garden area was a large private space that had dedicated areas for mini golf, various ball games and gardening. There was ample space for children to move around and enjoy a multitude of outdoor activities in the secure area. In addition, the design of the centre had multiple access points to the garden area, which children could independently access if they wished to.

The inspector observed staff preparing the bedrooms in advance of the arrival of the children. Items such as a night light, were placed in a room where a child known by staff to prefer to have a light on at night time. Another child required a transfer board; staff ensured this was available in another bedroom. Bed linen was put on the beds that were reflective of colours the children attending had a preference for. The inspector noted some personal items, including toys were placed on one bed by a child after they were shown to their room. Staff explained that while children could choose which bedroom they wanted, all three bedrooms were similar and none of the children attending at the time of the inspection had indicated a preference for a particular room.

The most talked about feature in the designated centre by the children, their family

representatives and the staff was the functional kitchen complete with height adjustable sink and cooking areas and accessible cupboards. Both of the children that met with the inspector, spoke excitedly about how they enjoyed being able to bake and clean up after meals. They outlined how they could not engage in such activities easily in their own homes. Family representatives, spoke of the increased independence and the development of skills in the kitchen that their children were attaining during their respite stays. This will be further discussed in the quality and safety section of this report.

The inspector was introduced to the first child that arrived in the middle of the afternoon after they had unpacked their personal items. The child was observed to move with ease in their power wheelchair, which had it's wheels decorated with a favourite animated cartoon character. The child spoke of how much they enjoyed staying in the designated centre and was looking forward to spending time with their two peers over the weekend. Staff encouraged the child to outline to the inspector how their day at school had gone. The child had received an award for drama and had enjoyed a birthday party celebration for a classmate. They went on to explain what they would like to do over the weekend, including activities in the community. However, the child outlined they needed to have a discussion with their peers in the evening before any definite plans would be made. The child was observed to enjoy completing art activities including Easter decorations while they waited for their peers to arrive. Staff were observed to support the resident to place Easter decorations around the designated centre. The child clearly guided staff as to where they wished to place the decorations. Later on in the afternoon, two staff members and the child were observed completing a colouring activity together in the activity room. They were engaged in a general conversation about plans for the weekend including meal planning. When the inspector commented on the great work being completed, the child checked the standard of the staff efforts. The child wanted to ensure their colouring was the best.

The inspector met a family representative of this child after they had talked with members of the staff team and the child had settled in. The family representative explained that their child was attending for the third time since October 2021. They enjoyed the respite so much that the child had requested that their relative was to make sure they were first to arrive on Friday and last to be collected on Sunday. They had informed their relatives that they were delighted to get to spend time with the two peers during this respite stay. Previous plans to organise this group to attend together had been impacted by illness of one of more of the group. The relative explained how their child had increased independence while staying in the designated centre, was learning new skills in the kitchen and most of all enjoyed spending time with friends doing a variety of activities. They also outlined the benefits to the family themselves, as they were able to provide more time to support other siblings during the planned respite stays for their child in this designated centre.

The excitement level rose when the second child arrived just after 17:00 hrs. Both children were evidently delighted to see each other. They chatted at speed to share up to date information on many items including a discussion about their drama scripts. The inspector was informed that both children attended different secondary

schools but do get to meet regularly at their drama classes. The children were observed to leave relatives and staff behind as they headed into the activity room to chat excitedly together. When the inspector was introduced to the second child they explained that they were delighted to be able to spend time with their friend. This was their first time availing of an over night respite stay but had previously attended the centre for day respite. They were familiar with the layout of the house. They indicated that they also wanted to join in the colouring activity and both children worked together side by side, smiling and laughing.

The inspector was able to speak with a family representative of the second child later in the afternoon after they had brought their child to the designated centre. They outlined that this was only the second time in the child's lifetime that they were going to be away from their parents for an overnight period. The previous respite stay with another organisation was approximately five years ago. The family representative spoke of the positive impact this respite service had for their child. The social aspect of spending quality time with friends was described as being very beneficial, as the child did not have any siblings. The staff team had ensured the group of children who had similar interests were supported to have a short break together. The family representative was greatly assured of their child's safety and spoke of the ongoing communication with the staff team to ensure their child's assessed needs were being met while supporting their growing independence.

During the afternoon the staff team were informed that the third child would be delayed arriving. They weren't expected to arrive until after 19:00 hours. The inspector did not get to meet this child but the staff team outlined the particular supports that were in place for the child to ensure all their assessed needs would be met. All staff spoken to on the day of the inspection were familiar with the assessed needs of the children attending on the day of the inspection. They also spoke of activities another group of children had enjoyed on another recent short break which included watching an important football match and making homemade pizzas. The inspector observed all interactions between the children and staff were positive and respectful. The children interacted with ease and engaged with all staff present in different locations in the house. In addition, the person in charge ensured that a transport vehicle that could support all three children with their wheelchairs was available for the planned respite stay. This facilitated the group to go out together as planned to enjoy some community activities

Safe practices were also observed throughout the inspection in relation to infection prevention and control. Non-touch hand sanitising dispensers were located in a number of area, all of which had adequate supply of sanitising fluid when checked by the inspector and staff were observed to use these regularly throughout the inspection. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for children availing of respite services in this designated centre.

The person in charge worked full time and had remit over this designated centre only. At the time of this inspection, 27 children were availing of respite services in the designated centre. The inspector was informed there had been a number of recent referrals with the staff team being kept busy completing assessments prior to children attending the service. Two children were due to start in the weeks following this inspection with a number of other children to be scheduled to start in the following months. The person in charge was aware of their role and responsibilities. They had completed supervision of the core staff team with scheduled dates planned for 2022. There had been regular staff meetings, including on the day of the inspection, with future dates scheduled.

At the time of this inspection, none of the children attending the respite service had complex medical needs and did not require full time nursing supports. All of the staff team had completed training in areas such as fire safety, children first, safeguarding, manual handling and infection prevention and control measures, (IPC). However, at the time of the inspection only one staff member had completed training in the area of managing behaviours that challenge. The person in charge had scheduled this training to take place in the weeks after this inspection. Other training requirements had also been identified which were also scheduled to take place in the next few months. This included first aid, oxygen therapy and medication management. Staffing levels had been maintained as outlined in the statement of purpose. Additional staff were also available when required, to facilitate individual activities as per the expressed wishes of the children. The person in charge informed the inspector that the provider had also successfully recruited an additional three staff to join the team in advance of the proposed increase of service provision. All of the training requirements for these staff would be completed in advance of commencing their roles.

The provider had ensured systems were in place to facilitate oversight and governance in the designated centre. As the centre had only been providing overnight respite short breaks since October 2021, an annual review was yet to be completed. However, the provider had ensured a six monthly led provider led audit was completed in November 2021. While this audit had concentrated mostly on regulation 27: Protection against Infection reference was also made to other regulations/audits including maintenance, risk, training requirements for staff, incidents and complaints/feedback. All actions identified had been completed such as reminding staff of the importance to label and date open food packages in the fridge. The inspector noted this was been adhered to on the day of the inspection. In addition, the person in charge had devised a comprehensive planned audit schedule for 2022 which included audits of staff training, IPC and medication management.

The inspector was informed that the provider had recently secured additional

funding which would facilitate the provision of a number of additional short terms breaks during 2022. At the time of this inspection the provider was at an advanced stage of preparing the required documentation prior to the submission of an application to vary their registration to HIQA.

Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent staff team appropriate to the assessed needs of the children, statement of purpose and the size and layout of the designated centre. There was an actual and planned rota which reflected individual and group needs were being met. For example, while minimum staffing levels were maintained as per the statement of purpose, increased staffing supports were made available if the assessed needs of the group required additional support to complete individual activities.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff were properly supervised. Staff had undertaken specific training based on the assessed needs of residents with additional training scheduled to take place during 2022. However, at the time of the inspection some gaps in mandatory training in managing behaviours that challenge/positive behaviour support remained outstanding for most of the staff team.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all children availing of respite services in this designated centre.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements, including audit schedules and regular staff meetings ensuring the provision of good quality care and safe service to residents. The provision of services was subject to regular review by the provider which included a provider led-six monthly audit completed during the period since the designated centre opened in October 2021.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge had ensured admissions to the designated centre were in line with the statement of purpose and the terms of the admission was provided in writing to the family representatives of children availing of services in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose that was available to children and their families. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1

of the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had notified to the Chief Inspector all notifications as required by the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had in place a complaints process, including an easy-to read version. There were no open complaints at the time of the inspection. The inspector was advised that a number of compliments had been received in the months since the centre had commenced providing overnight respite support.
Judgment: Compliant
Quality and safety
<p>Overall, the childrens' well-being and welfare was maintained with a person-centred service where the individuality of all was respected while supporting the children to engage with their peers and the community. However, a further review of the centre specific risks and controls in place was required.</p> <p>The person in charge had completed a regular review of the centre specific risks which included categories such as child protection, accidental injuries and COVID - 19. The provider had an up-to-date risk management policy in place which was subject to regular review. However, the recent provision of a small cylinder of portable oxygen had not been included in the log of the centre specific risks. While this was being stored upright in the locked medication room at the time of the inspection, it was not secured to prevent it falling and causing possible injury. In addition, while actions and controls were in place to reduce the risk of legionella disease in the designated centre these were not clearly documented in the risk. Weekly checks of unused water outlets had been consistently completed and documented in the designated centre.</p> <p>Overall, children were supported to engage with staff to ensure meaningful respite</p>

services, with those spoken to by the inspector stating they were very happy with the services they received and would avail of longer or more respite stays if it became available. Each child had a personal plan which was subject to review prior to commencing each respite stay. The plans were well organised and provided all relevant information clearly. Staff completed a pre-admission assessment for each planned stay with family representatives and children themselves where possible. This was usually completed approximately two weeks in advance with further contact on the day before or day of admission to ensure staff had all the up-to-date information. Relevant information regarding COVID-19 was also attained just prior to each child arriving to commence their planned stay. This information provided clear guidelines on the supports each child required during their stay. Staff ensured any changes to the supports required by individual children were reflected in the personal plan in advance of the child arriving in the designated centre. Children were encouraged to maintain their independence where possible with activities of daily living, (ADL's). For example, one child was facilitated to manage their own toileting needs, but staff were scheduled to complete an education module so they would have a greater understanding about the device the child was using. This education would provide on-site knowledge for the staff team in the event an issue arose during a respite stay. The child's family lived nearby and the protocol in place at the time of the inspection gave clear guidelines for family representatives to be contacted in the event an issue arose.

The progression of some personal goals were shared between family and the staff team, such as using public transport and money management. Other goals identified for children while in the designated centre included learning skills to complete activities in the kitchen such as baking, cooking and shopping. These goals were subject to review during the respite stay with input from the children. In addition, the staff team had discussed developing a user friendly feedback form for the children to complete at the end of their respite stay. Staff felt this would assist them to ensure all future planned respite stays for the child could be maximised. The input from the children was considered a valuable information source for the staff team.

The healthcare needs of the children were also subject to review prior to each planned respite stay. Staff ensured ongoing monitoring of individual healthcare needs were documented and communicated back to family representatives when /if required. The inspector was informed that some of the children attending respite services were not in receipt of other services from this provider. At the time of the inspection 15 children on the directory of residents were in receipt of additional services from other providers. Some of these children were waiting for referrals to allied healthcare professionals. These included physiotherapy, speech and language and occupational therapy. The inspector was informed, that 13 of the children availing of respite services in this designated centre were accessing other services provided by this provider and there was no extended delay in any referrals required by these children with the provider's multi-disciplinary team (MDT).

The inspector noted that the staff team had developed an easy-to-read document regarding medications used by each child in their individual medication folders. This had the name of the medication, along with a picture, the time of day to be

administered, the reason the medication was required, the route the medication was to be given and how the individual child preferred to take the medication. For example, via a syringe, on a spoon or via a patch. Each child's medication was stored in an identified locked drawer which corresponded to the room the child was staying in. These were located in the locked medication room. Protocols in place ensured staff were fully informed about the medications that were being administered to the children and these protocols had been subject to regular review.

It was observed by the inspector that the designated centre was provided with all expected fire safety systems including fire extinguishers, a fire alarm and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. Provision had also been made for fire containment in order to prevent the spread of fire and smoke while also providing protected evacuation routes if needed. All staff had up-to-date training in fire safety. Each shift had an identified fire marshal. There was a site specific fire evacuation plan and fire drills were carried out regularly, with different scenarios and exit routes being used. A recent minimal staffing fire drill on 16 March 2022 identified issues with the evacuation route taken and difficulty moving the beds outside the designated centre to the assembly point. Learning for staff following that drill included staff to identify the nearest exit to them at the time an alarm is sounded. In addition, actions taken included re-positioning the fire assembly point to another location. The new route to be taken by staff if they were evacuating residents in their beds was free of obstacles and permitted increased ease of moving the beds across the smooth surface along that route. A subsequent drill was completed on 1 April 2022. Staff were supported to reflect and discuss learning following fire drills to ensure consistency in the actions taken by all staff during fire evacuation.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes. For example, children were supported to contact family representatives during their respite stay via telephone calls or video messaging. The inspector noted children arranging with their family representatives when they would contact them over the planned respite stay.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation.

Judgment: Compliant

Regulation 17: Premises

The designated centre was well maintained and appropriate to the assessed and possible future needs of children availing of respite services. There was ample space for children to mobilise independently if they wished, which included supporting children who required to use wheelchairs to mobilise. All areas of the designated centre was wheelchair accessible and all bedrooms had en-suite with over head hoists.

Judgment: Compliant

Regulation 18: Food and nutrition

The registered provider ensured that each resident had a choice of foods and were supported in the preparation of meals, as per their wishes.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured children and their family representatives were provided with a resident's guide. Additional information was also available in easy-to-read format such as the complaints procedure and medications used by individual children.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a current risk register in place which had been subject to regular review. However, further review of the risk presented by the presence of oxygen in the designated centre was required. Also, additional information relating to the specific controls in place to reduce the risk of legionella disease was required to be documented.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections and that the designated centre complied with current infection prevention guidelines. The provider had procedures and protocols in place to ensure standards of the prevention and control of healthcare associated infections were consistent. The HIQA self-assessment had been completed and was subject to regular reviews. There was a staff member identified as the COVID-19 lead. In addition, staff practices on the day of inspection evidenced adherence to current public health guidelines ensuring the ongoing safety of the children. Cleaning schedules identified items that were shared between children, such as toys, these had clear cleaning guidelines outlined for staff. The cleaning products in use in the designated centre were clearly documented and included the purposes for which they were to be used. Regular cleaning was consistently being carried out. Staff also completed a terminal clean at the end of each respite stay. Pillows and mattresses in use were observed to be composed of a wipe clean material.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms, emergency lighting and PEEPs for the children that were subject to regular review.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices relating to the storage, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each child that reflected the nature of their assessed needs and the supports required. Personal goals were identified and progressed in conjunction with family representatives.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each child having regard to their personal plan and review of any changes prior to a planned respite stay with family representatives.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that each child's privacy and dignity was respected at all times. They were supported to engage in meaningful activities daily and encouraged to make decisions within the designated centre and in relation to their care.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lavanagh House OSV-0008054

Inspection ID: MON-0034645

Date of inspection: 08/04/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Schedule training in Mapa and Positive Behavior Support. MAPA Training scheduled for 12th and 31st May, 2022 Positive Behavior Support scheduled for 29th and 30th August, 2022	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Assessment for storage of oxygen completed. Risk Assessment for Legionella to be updated. Legionella flushing monitoring template to be updated to include specific instructions around testing and frequency of testing.	

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	30/08/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/05/2022