



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

Issued by the Chief Inspector

Name of designated centre:	Steadfast House Residential Service - Group Home
Name of provider:	Steadfast House Company Limited By Guarantee
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	22 November 2023
Centre ID:	OSV-0001631
Fieldwork ID:	MON-0040933

About the designated centre

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

Steadfast house residential service provides care and support to five female residents on a full time basis. Residents are supported on an individual basis in line with their assessed needs, wishes and preferences. The centre has a staff team consisting of a person in charge, two team leaders, and healthcare assistants. The person in charge is supported in their role by the chief executive officer.

The centre is located within walking distance of a town, and residents can access a range of amenities and activities in the local community. Residents are supported by two staff during the day and two staff overnight. Four residents attend day services every day, and one resident is supported with activities in the centre and in the community, as is their preference. The premises is laid out to meet the individual and collective needs of residents in a homely environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 November 2023	10:20hrs to 18:20hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This centre is a residential service which provides care and support to five residents. The centre is located on the outskirts of a town, and comprises a four bedroomed bungalow. There were five residents living in the centre, and the inspector had the opportunity to talk to all the residents over the course of the inspection.

From speaking with residents, and from observing interactions between residents, and between residents and staff, it was evident that residents felt safe and happy living in this centre, and there was overall a relaxed and friendly atmosphere. One resident spoke about the centre as their home, and three of the residents told the inspector they were happy living in the centre, get on well with their friends who live with them, and that they felt safe.

Four residents went to day services during the week, and one resident was supported by staff to go out in the community. On the day of the inspection, a resident told the inspector they wanted to go out with a particular staff, and this was facilitated. Staff later told the inspector that instead of going out for coffee, the resident had chosen to go out to lunch with the staff, and had really enjoyed this.

In the evening the inspector met four residents on their return home, and three residents spoke to the inspector about what it was like to live in the centre, upcoming events, and important changes for them. For example, two residents told the inspectors they had new jobs in their day services, and they both really enjoyed these opportunities. One resident worked as a receptionist one day a week, and one resident worked in the catering department one day a week, and said they loved working there. One of the residents also talked about some of the courses they had recently completed including manual handling and first aid.

The inspector found the individuality of residents was respected and there had been a focus on developing meaningful, and engaging goals for residents. The person in charge described how a resident had expressed an interest in learning photography skills, had purchased a camera, and within the year produced a calendar with a range of the photographs they had taken. The resident themselves described all of the plans they had made for their upcoming birthday celebrations, and described how they would be taking lots of photographs on the night, which would be nice to have to look back on.

Staff had supported another resident in their recovery from a recent illness, and within a few weeks of returning to the centre, had helped the resident to develop goals, and to begin to access activities such as a craft club and social groups in the community. From speaking with residents and staff, and from reviewing records, it was evident that residents were provided with a range of opportunities for activities, including reflexology sessions, going out for meals and coffee, going on holidays, as well as visiting their families.

The team supporting residents were respectful and kind in their interactions, and were observed to actively listen to residents. Two residents told the inspector about the support they had from the person in charge to any queries or concerns they had, and said the person in charge would always listen and help them if and when they needed it. The inspector spoke to a team leader and two staff members, and it was evident that staff knew the residents well, and how best to support them with their needs.

The premises was spacious, clean, homely, and fully accessible, and residents had their own room with en-suites. A resident told the inspector they were happy with a recent change of bedroom, and the provider had ensured assistive equipment was provided for residents to support their mobility needs. A vehicle was provided, to support residents to go out in the community, travel to day services, and to visit their families at home.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

This risk inspection was carried out as a follow up to a series of inspections in this centre, during which a number of regulatory non-compliance's had been identified. Subsequently a number of regulatory actions has been taken including, a warning meeting with the provider in November 2021, and a notice of proposal to cancel the registration of this centre issued in September 2022. The centre was last inspected in March 2023, and while there had been some improvements noted at the time, issues remained in the oversight arrangements in the centre, as well as risks relating to staff training and infection prevention and control.

Significant improvements were identified on the day of this inspection, and the provider had embedded more robust oversight arrangements, and reporting mechanisms. This was positively impacted by timely and responsive actions taken to issues identified through review and auditing processes, and the availability of clear, accurate and complete reports, which informed all levels of management of the outcomes of reviews, the actions required, and the progress of such actions. The proposed recruitment to the board of directors had been completed, and it was clear how progress of actions were reported to the board, as well as risks, and adverse events. In addition, the person in charge was now responsible for this centre only, which had also had contributed to more effective oversight arrangements.

In the main the inspector found there were appropriate resources in the centre; however, assurances were required regarding staffing levels at times during weekdays, and this was provided by the end of the inspection. Since the last inspection in March 2023, the provider had ensured staff had all of the mandatory and additional training to meet the needs of the residents, and a comprehensive

training matrix was maintained in the centre.

Overall the provider had implemented the necessary changes to ensure residents were provided with a safe and effective service, and there were timely and responsive actions to issues identified through monitoring processes.

Regulation 14: Persons in charge

Since the last inspection the person in charge had responsibility for this centre only. The operations manager continued to temporarily fill this post, and a staff had been recruited to fill the post of person in charge on a full time basis in the centre. At the time of this inspection, the date for the new person in charge to commence in post was pending. The inspector found the new arrangement for the person in charge to be responsible for this centre only, was ensuring the effective administration and operational management of the centre.

The person in charge was supported in their role by another person in charge within the organisation, who was providing oversight in clinical concerns, and in staff supervision meetings. There was also two team leaders posts in the centre, and one of these posts was vacant on the day of inspection. The inspector met with a team leader over the course of the inspection, and found they were knowledgeable on the residents' needs, and on the administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staffing levels for most of the day, and the provider had responded for the most part to the changing needs of some residents, and the increased resource requirements. There were two staff on duty in the morning and in the evening, and two staff on duty at night time, one in a waking capacity and one in a sleepover capacity. However, from approximately 11.00 hours to 15.00, Monday to Friday, there was only one staff working in the centre. This meant that where a resident had been assessed as requiring two staff for manual handling and to attend to personal care, this could not be facilitated in a timely manner. This was discussed with staff, and with the person in charge, all of whom indicated that a manager from another centre did base themselves in this centre most mornings, however, this was not always consistent. They also indicated they could call for assistance from the day services, or on-call manager; however, the inspector found this was not in keeping with consistency, and in upholding the resident's dignity.

Therefore, assurances were sought from the person in charge, acting on behalf of the provider regarding staffing levels. Written assurances were provided by the end of the inspection, specifying that when a manager was in attendance in the centre,

this would be clearly documented in the roster, and that a second staff would be provided during the hours of 11.00 to 15.00 hours in the event this manager was not on duty or available.

Schedule 2 documents were reviewed for two staff members, and most of the required documents were in place. Some improvement was required to ensure gaps in employment history for a staff were accounted for, and valid photo identification was available for another staff member.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Significant improvement was noted in the provision of staff training, and in staff training records. All staff had up-to-date training in safeguarding, fire safety, childrens' first and in managing behaviour that is challenging and therapeutic techniques. The provider had identified in their infection prevention and control (IPC) policy the training staff required, and all staff had completed eight online IPC trainings, for example, environmental hygiene and cleaning equipment, standard and transmission based precautions, and respiratory and cough etiquette, as well as all staff completing food safety training.

One staff had recently been recruited, and dates were booked for this staff to complete training, for example, medicines management, food safety and first aid. The team leader told the inspector about a new training matrix used for recording completed staff training, renewal dates, and a monthly review of the matrix to facilitate timely booking and provision of refresher training. The inspector found the training matrix was clear and comprehensive, and could facilitate easy tracking of training completed and required.

The inspector spoke to two staff members, who told the inspector they were meeting with a clinical nurse manager who was facilitating supervision meetings, and that they found this a supportive process, where they could raise concerns if needed.

Judgment: Compliant

Regulation 19: Directory of residents

A up-to-date directory of residents was maintained in the centre and contained all of the required information as per the regulations.

Judgment: Compliant

Regulation 21: Records

Records as per schedule 3 and schedule 4 of the regulations were available in the centre. The inspector did not review fire safety records, or records of food provided to residents as part of this inspection

Judgment: Compliant

Regulation 23: Governance and management

The provider had implemented the required changes to oversight arrangements, which had resulted in improved monitoring of the service, and subsequent follow through on those actions needed to deal with the changing needs of residents, presenting risks, and regulatory requirements. This meant that overall there was a more focused approach on continual improvement, and on ensuring these changes were positively impacting the experiences of residents in the centre.

The inspector met with the person in charge, a team leader and two staff members over the course of the inspection, and found there were clear management reporting arrangements in place. Staff reported to the person in charge, and in their absence, the team leader took responsibility for the centre. There was an on-call management system, and staff could contact a manager in the event of an emergency or to report incidents.

As mentioned, the operations manager had assumed the post of person in charge, and informed the inspector that a new operations manager had been recruited to the service and was due to commence employment in the coming weeks.

There was significant improvement noted in the systems to monitor the service provided to residents, and the actions arising from audits or reviews were collated onto the centre's quality improvement plan (QIP). The inspector reviewed the QIP from July to October 2023, and actions were completed within the timeframe set out. For example, maintenance work in bathrooms, and painting in the kitchen was complete, and the recruitment of a healthcare assistant post was also complete. Some actions were in progress or completed before the required timeframe, for example, the introduction of a more robust system for the management of residents' finances, and food safety training was complete for all staff.

A sample of audits were reviewed, for example a medicines management audit, person centred planning audit, weekly check of residents' finances, complaints audits, as well as a monthly review of any safeguarding concerns in the centre. The inspector found there were prompt responses to issues identified through audit and

review processes, for example, a personal plan review in October 2023, identified the need for a behaviour support plans, healthcare plans and an evacuation plan to be reviewed for a resident, and these were complete on the day of inspection. Following the last inspection, the provider had improved audit tools, to allow for more robust monitoring of practices in the centre.

The board of directors continued to meet every three months approximately, and the changes to the composition of the board had been established. The inspector reviewed minutes of four meetings since the last inspection, and five members of the board of directors were consistently in attendance at meetings. The person in charge presented a manager's report at board meetings, and areas such as inspection findings, risks, safeguarding issues, adverse incidents and audits were consistently discussed at these meetings. The board also reviewed resources in the service, as well as any complaints received. Overall the inspector found there were more robust records of board meetings available, and the board were being made aware of issues and new developments in the centre as they arose.

There were sufficient resources in the centre overall including the provision of staff training, wheelchair accessible transport, suitable premises and facilities, and a household budget.

Overall the inspector found the provider had embedded changes for more effective oversight and management arrangements in the centre, so as to assure themselves as a provider, that the service provided to residents was safe and effective.

Judgment: Compliant

Quality and safety

The inspector found residents were provided with a good quality of care and support, which reflected their wishes, and their needs. There was a person centred and flexible approach to supporting residents, and staff recognised and responded to the rights of residents to choose their goals and activities, and well as acknowledging the rights and preferences of resident to change their choices. Residents enjoyed a range of activities in the community, and in the centre, and were supported to access day services, and to avail of educational and occupational opportunities.

Residents' needs had been assessed, and assessment of need documents as well as personal plans were updated as needs changed, or if residents wished to amend personal goal plans. The provider had sought the services of community allied healthcare professionals, to assess the needs of residents, and to make recommendations to inform personal plans.

There were safe procedures in place for the management of risks, incident management, and for the response to safeguarding concerns in line with national

policy. There were also safe arrangements to protect residents' finances, and the person in charge had put all the necessary arrangements in place to protect residents from healthcare acquired infections.

Overall the inspector found the standard of care and support to be of good quality, and there was a proactive and timely responses to the changing needs and wishes of residents as they arose.

Regulation 12: Personal possessions

Residents retained control of their possessions, and where needed were supported to manage their finances. Each resident had their own bedroom, and had ample storage for their clothes and personal possessions. There were suitable arrangements in place for residents to launder their clothes, or staff supported them if needed.

The provider had acknowledged the need for a more robust system to manage residents' finances, and the team leader described this process, and reviewed two residents' finance records with the inspector.

Residents had their own bank accounts, and had access to a bank card to withdraw money if needed. Money held in the centre was securely stored, and all residents' money received into the centre was recorded in their individual finance ledgers and signed by two staff. A daily balance check was also completed by two staff, as well as checking purchases and ensuring corresponding receipts were available.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in line with their needs, and had ongoing support to engage in meaningful activities, and to access the community.

Four residents attended day services during the week, and one resident was retired and could, if they wished attend day services on a sessional basis. One of the residents told the inspector about a new job they had one day a week, as a receptionist in day services, and said they really enjoyed this work. Another resident told the inspector they were very happy with a new day service they were attending, in particular working in the catering department one day a week.

Staff supported residents to go out in the community in the evening or at weekends, and residents went to restaurants or cafes, enjoyed going shopping or to the hairdresser. Residents had also set goals, for example, joining a community knitting

club, going away overnight to a hotel and concert or spa treatment, and visiting a tourist attraction in the city.

Residents had regular contact with their families, and staff supported residents to visit their families at home, or families visited residents in the centre. Residents also rang their relatives, and either used their own phones or could use the phone in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There were appropriate arrangements for the management of risk and adverse incidents in the centre. The provider had a safety statement in place, which outlined the oversight arrangements, responsibilities of personnel in the service, risk management arrangements, and the procedure for incident management.

Risks had been assessed, and the person in charge maintained an up-to-date risk register. The inspector reviewed a sample of identified centre risks and found control measures were in place as per these risk management plans. For example, in response to safeguarding risks, safeguarding was discussed with residents at each resident meeting, a staff member was also assigned duties of a designated officer, and there were robust procedures in place for the management of residents' finances. Similarly where the risk of infection was identified, control measures in place included the availability of personal protective equipment (PPE), the provision of staff training, and a review of the infection prevention and control policy to inform practice.

Individual risks had also been assessed and there were arrangements in place to manage the risks identified, for example, specific manual handling techniques, modified diets, and behaviour support interventions. The inspector reviewed records of incidents since the previous inspection, and incidents had been managed at the time of occurrence. Where further assessment was required, this was sourced and provided, for example, from allied health care professionals, or from general hospital services. As mentioned, there was ongoing review of incidents in the centre as part of the monitoring procedures in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed the actions the provider had submitted in their compliance plan, following the last inspection, and all actions were completed. The provider had

updated the requirements for IPC training for staff, and all staff had completed eight online IPC training modules. The contingency plan had been reviewed in May 2023, and a lead person and a liaison person, both of whom worked in the centre were identified. The plan outlined the arrangements for the management of suspected or confirmed cases of respiratory illnesses, an outbreak management plan, as well as the standard and transmission based precautions to be implemented in the centre relevant to the IPC risk identified. All residents could self-isolate in the event of an outbreak in the centre.

The procedure for the use of colour coded cloths for cleaning had been implemented in the centre. The inspector observed that three colours of cloths were available for cleaning, as well as a poster visibly displayed, to guide staff on this system. Since the last inspection, the provider had replaced some tiles in ensuite bathrooms, replaced a mirror, and had repaired tiled floors in ensuites, which meant that these floors could be satisfactorily cleaned.

Overall the inspector found the centre was clean and well maintained, there was adequate supplies of PPE, suitable hand hygiene facilities, as well as adequate arrangements for the management of waste.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed records for two residents and found that up-to-date assessments of need were in place. Residents had their social, health and personal care needs assessed by staff and a range of allied healthcare professionals. Assessments of need reflected the known preferences of residents, as well as their identified and ongoing changing needs, as they arose.

There were detailed personal plans for residents based on their assessed needs, and plans included the most up-to-date recommendations provided by allied healthcare professionals, for example, speech and language therapist, physiotherapist and occupational therapist. The inspector found plans were implemented in practice, for example, exercise programmes, blood pressure monitoring, and dietary recommendations.

Staff had met with residents and supported them to develop goals of their choosing, and there were detailed plans in place on the steps to be taken to help them achieve their goals. In response to the needs of the residents, the person in charge had increased the frequency of meetings with their keyworkers from monthly to weekly, and detailed records were kept of these meetings. This meant that where residents decided to change aspects of their goals, that this was completed in a timely way.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to healthcare professionals and the interventions recommended by these healthcare professionals were provided.

Residents could access their general practitioner (GP) in the community, and if they became unwell, staff supported them to attend GP appointments. Health care plans were in place and were reviewed regularly based on the changing needs of residents, and to assess if plans were relevant or required updating.

The inspector found healthcare interventions were implemented as per personal plans, and where further healthcare investigations had been recommended, these were found to be complete on the day of inspection.

Residents were supported during periods of ill health. For example, a multidisciplinary approach to the changing needs of a resident was implemented, in order to support a resident to continue to live in their home, following a decline in their physical wellbeing. This had included assessment and interventions by a speech and language therapist, an occupational therapist, a physiotherapist, nursing staff, healthcare assistants, and medical staff. The provider had also ensured that the facilities and equipment to support the resident to return from general hospital services were in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had been supported with their behavioural needs, and could access a psychiatrist, and a behaviour support specialist.

The inspector reviewed two behaviour support plans, and both plans were due for review in the coming weeks by the behaviour support specialist. The person in charge had requested these reviews be completed, in particular to support the changing needs of a resident. Plans were detailed and set out the proactive and reactive strategies to support resident manage their emotions.

There were some restrictive practices in use in the centre, and the inspector reviewed a sample of records pertaining to some restrictions. Records of use of restrictions for example, use of bed rails, a locked press and a phone restriction were maintained. Restrictions had been reviewed by the person in charge and the relevant allied healthcare professional. Where a new restriction had been introduced, this was also recorded, and was implemented relevant to the risk

presented.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by procedures in the centre. There had been three notifications of suspected abuse notified to HIQA since the last inspection, and on review the inspector found the risks had been mitigated. Incidents had been appropriately reported and managed at the time.

All staff had up-to-date training in safeguarding, and safeguarding was regularly reviewed both by local management, through audits, and consistent reviews of any safeguarding concerns at the board of directors meetings. There were appropriate procedures in place to ensure residents' finances were protected, and all money spent on, or on behalf of residents was accounted for.

Residents' needs in terms of their personal care had been assessed, and intimate care plans were developed which set out how residents were to be supported, while ensuring their choices, privacy and dignity were respected.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents to choose how they lived their life, and to avail of new opportunities both in the centre, day services and in the community was respected and promoted.

Residents were given the necessary information to make choices about the activities and goals they wished to pursue. For example, residents met with their keyworker to decide on goals they wished to achieve, and how best to achieve these goals. These goals were reviewed every week to ascertain if residents were happy to proceed with the plan, and also as a way of reviewing progress. In some cases residents decided not to pursue previously agreed goals and these choices were acknowledged and respected.

Residents told the inspector about some of their goals and the choices they make for example, visiting family, going on holidays, or going to concerts. On the day of inspection, a resident had planned to go for coffee, decided to go for lunch instead, and wanted a specific staff to go with them, and this choice was respected. In this regard, the inspector found residents did participate in decisions regarding their care and support, and these choices were included in weekly plans for residents, and

contributed the organisation of the centre on a day to day basis.

The provider had positively responded to the right of a resident to continue to live in their home following a period of ill health, and had put all the necessary arrangements in place to ensure this was facilitated for the resident. Similarly two residents told the inspector about when they had concerns or issues, and how the person in charge had immediately responded to these, to ensure the issues were dealt with appropriately. Both residents told the inspectors that they can go to the person in charge, at any time and talk about any issues or worries they may have.

The provider had responded to a risk relating to the privacy of residents information, and had ensured residents' information was securely stored in the centre.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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 Steadfast House Residential Service - Group Home OSV-0001631

Inspection ID: MON-0040933

Date of inspection: 22/11/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Further to the written assurances provided on the day of inspection 22nd November 2023, two staff are now permanently rostered to ensure that the provider complies with the assessed needs of the individual in terms of safe manual handling and attending to their personal care needs.</p> <p>As per December QIP, following HIQA inspection, a review of all staff folders required to ensure adherence to Schedule 2 requirement.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	27/11/2023
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	10/01/2024