



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

Issued by the Chief Inspector

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| Name of designated centre: | Abbeyfield Residential |
| Name of provider: | St Michael's House |
| Address of centre: | Dublin 5 |
| Type of inspection: | Announced |
| Date of inspection: | 15 February 2022 |
| Centre ID: | OSV-0002362 |
| Fieldwork ID: | MON-0027576 |

About the designated centre

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

Abbeyfield Residential is a designated centre operated by St. Michael's House and is situated in North Dublin. It provides a residential services to five adults with a disability. The centre is a bungalow which comprises of six bedrooms, kitchen, sitting room, dining room and utility room. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-----------------------------|-------------------------|----------------|------|
| Tuesday 15 February 2022 | 09:40hrs to 16:50hrs | Louise Renwick | Lead |

What residents told us and what inspectors observed

On arrival to the designated centre some residents were already out at their day service, some were at their family home for a visit and others were preparing for their daily activities. There were two staff on duty in the morning to support the four residents, and at the time of the inspection there was one vacant bedroom in the designated centre. Staff worked on a sleep over shift from 1pm until 1pm the following day, and the second staff worked during the day from 9am to 8pm. There was a wheelchair accessible vehicle in the designated centre, which staff could drive to support residents to attend appointments, their day services or visits to family and friends.

Residents had been supported to complete questionnaires, which gave their views on the designated centre in relation to the facilities, food and mealtimes, visitors, resident rights and activities, for example. The questionnaires received demonstrated that overall residents were happy with the amount of choice they had in their daily lives, the support they received from staff and the centre's supports and facilities overall.

All questionnaires expressed that residents were happy that the staff team were easy to talk to, listened to them and knew their likes and dislikes, and that they were happy with the supports they received. Residents told the inspector that staff were "really lovely", and that they were friendly and nice. Residents felt that they all got on well living together and saw each other as friends. Sometimes there were arguments but still they liked to live together. Residents had their own individual bedrooms, and some residents preferred to spend time in their own room, than in the shared living room or kitchen, as this was their preference.

Some residents attended a house meeting each week to discuss the centre and to make plans for activities and meal planning. Other things were discussed at these meetings too, such as practicing fire safety, talking about changes or sharing information. For residents who didn't like to attend the bigger meeting, staff had arrangements to meet with them weekly to engage with them.

The inspector spent some time with a resident in the living room who showed the inspector the back garden outside the patio doors which had potted plants, bird feeders and outdoor bench seating. The resident expressed that they were excited to watch the birds and liked to grow vegetables and plants in the garden. Another resident showed inspector photographs of gardening work they had done in the summer planting tomatoes in raised beds. There were plans to enhance the back garden and the inspector was shown both the formal proposal for the works, along with a scrapbook of ideas, photographs and plans for residents to work from over the coming months, supported by the staff team. The staff team were applying for funding through various grants and fundraising channels to complete this work in 2022. This had been identified in the provider's annual review and plan for the year

ahead.

Of the four questionnaires, two residents outlined that they were either neutral, or unhappy about their participation in the wider community outside of the centre. Residents spoke to the inspector about this during the day. One resident told the inspector that they had a placement in day services for five days in the week, however at the moment they could only go for three days due to issues with transport. They really wanted to go for the full five days, and spoke about this repeatedly. Residents also told the inspector that if other peers had health care appointments, it meant they couldn't go to their day services as planned, as the location bus was needed for the journey. They did not like when these things affected their daily plans and opportunities to attend their day service.

Residents spoke about the activities they enjoy, such as dancing, tai-chi and socialising with friends and family. During national restrictions residents had gone for walks locally, out for drives and did activities at home such as home baking. Residents were happy that their day services and community facilities were open again and they liked and looked forward to their planned weekly activities.

Residents' choices were seen to be respected within the designated centre, with residents leading their activities of daily living. For example, choosing to eat at different times to their peers, or in a different location, choosing if they wanted to have a day at home instead of their day service. Staff facilitated residents' choices within the centre. While residents had choice and control over their supports when in the designated centre, they did not have full choice or control over their attendance at day services, based on the transport issues within the service. Residents had not yet voiced a complaint in relation to this, but had raised it through their consultation in the annual review process.

Residents were seen to be relaxed in their home during the day, the centre was accessible for residents using mobility aids and residents could move about their home freely. The staff team were promoting a restraint-free environment and there were low restrictions overall. One environmental restriction was in place as the main front door was locked at all times due to an assessed risk. This was reviewed regularly and checked by the provider's restraints committee. There were also locks on the external side lanes on both sides of the back garden. Residents could leave the centre at any time through the side and back exit doors to go out to the garden area for fresh air, or to spend time outside, but required staff support to open the front door. There were arrangements in place so staff had keys at all times to the front door, and there was a break-glass key box in the event of an emergency.

The designated centre was well maintained both internally and externally. Last year the provider had upgraded the front door and windows of the building, along with enhancing the insulation and replacing the heating system. There was space for parking and the centre had even and accessible pathways and entrance/exit points into the garden.

The communal living room was nicely decorated, residents showed the inspector two new couches that had been purchased which were a higher level and very

comfortable. There were new curtains and nice decoration throughout. These had been actions identified at the last inspection in June 2021 which had been addressed. The kitchen area had suitable furniture for the number of residents and cooking facilities and there was adequate supplies of fresh and dried foods available in the centre. There were six individual bedrooms for residents' private accommodation. Some residents showed the inspector their rooms, these were each uniquely decorated and each room had seating space, a television and ample wardrobe space for personal belongings. The designated centre had two bathrooms, one with a bath and toilet and another which had accessible showering facilities.

Through the provider's audits they had identified and planned work that was required in some parts of premises. For example, during the day the maintenance team were replacing felt on the roof of the garden shed and there were plans to replace the flooring in the bathroom and wooden covering under the oven, as identified at a recent infection prevention and control audit.

The designated centre was seen to be equipped with appropriate equipment to promote fire safety and to manage the risk of fire. There were sufficient fire exits in the building which were clear and unobstructed. Fire containment measures were in place throughout building which were checked regularly, and doors could close automatically in the event of the fire alarm sounding. Residents told the inspector that they discussed fire safety at their weekly meetings, and practiced different scenarios.

In the afternoon dinner was being prepared and cooking during the day, residents were having savoury mince as picked by residents during their resident meetings. Residents were offered tea and snacks on return to the centre, and could access drinks and food easily, if they wished. One resident was excited about going bowling in the evening time, and having a meal out. Residents told the inspector they enjoyed a take-away meal at the weekends and loved to go for coffee or lunch out.

Some residents spoke to the inspector about their family and friends and how they kept in contact with them, for example, some family members came to visit the centre regularly and some residents went to their home place for overnight stays once a week or at the weekend. Residents were supported to visit friends or important people in their lives who lived in other designated centres, and send cards and gifts for special occasions.

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 purpose of this inspection was to inform a decision for the renewal of the

centre's registration, and to follow up on areas in need of improvement from the previous inspection in June 2021. Overall, this inspection found improvement in compliance with the regulations since the previous inspection. The provider had completed their actions as outlined in their compliance plan response.

There was an identified management structure in the designated centre and lines of reporting. The provider had enhanced their performance management and supervision systems to improve the oversight and identified lines of responsibility and accountability within the designated centre. Where audits or reviews had taken place, different personnel were identified as accountable for bringing about required improvements, and there were systems in place to monitor actions and identify clear time frames for completion. While some actions were carried forward from one six-monthly audit into the next, at the time of the inspection all actions had been adequately addressed.

There had been unannounced visits completed on behalf of the provider on a six month basis, along with an annual review on the quality and safety of care for the previous year. The annual review included the views and comments of residents, families and staff members and identified areas that were done well, and further areas for improvement. Feedback from residents and family members in the annual review were positive overall.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises and facilities and supplies. Some improvements were required in respect of available transport to ensure all residents could attend their day services placements to the frequency that was available to them.

The person in charge was supported in their role by an identified local manager in the centre and the wider staff team. Staff were now supervised formally on a 6-8 weekly basis by their line manager. There were regular staff team meetings and the person in charge worked alongside the staff team and provided informal supervision in this manner. Overall, there was a stable and consistent staff team employed by the provider to work in this designated centre. There was a part-time vacancy for a social care worker at the time of the inspection and the provider had plans to recruit this role. Any gaps in the roster were covered by permanent staff members or by relief staff employed by the provider who were familiar with residents and their needs. Residents told the inspector that staff were lovely and very nice and they liked the people that supported them in their home. Staff photographs were on display in the kitchen to show residents who was working during the day and night time.

Staff were qualified in social care, and were provided with routine and refresher training to ensure they had the skills required to meet the needs of residents. There was oversight of the training needs of staff, and training needs were identified in advance and planned for. Provider-led audits included reviewing of the training information, and since the previous audit all staff had received refresher training in infection prevention and control. If there were delays in staff attending refresher

training in key areas, this was risk assessed and plans put in place to alleviate risk.

Overall, the provider demonstrated the capacity and capability to manage and oversee the management of the designated centre, to ensure residents were receiving a person-centred service that was meeting their needs. With some minor improvements needed in relation to the access of transport to ensure residents had greater choice over their activities and occupation.

Registration Regulation 5: Application for registration or renewal of registration

The application for renewal of registration of the designated centre was received within the time frame required by the regulations.

Some of the information received required improvement:

- The floor plans did not clearly label the function of all rooms within the designated centre, and a communal bathroom was included in the blue outline of a resident's individual bedroom.

Some documentation was outstanding:

- Evidence of recent Garda Vetting report was required for one stakeholder
- A copy of the provider's insurance against risk of damage to the property.

Judgment: Substantially compliant

Regulation 15: Staffing

The staffing resources in the designated centre were well managed to suit the needs and number of residents. Residents were afforded with staff support from familiar staff who knew them well. A part-time vacancy was being recruited for by the provider at the time of the inspection with plans to have this addressed by March 2022.

Planned leave or absenteeism was mainly covered from within the permanent staff, or familiar relief staff to ensure continuity of care and support for residents.

The person in charge maintained a planned and actual staff roster for the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development. There was oversight of the training needs of staff, and arrangements were made to plan for training, as required.

The systems as outlined in the provider's policy for the supervision of staff was now being fully followed, with staff attending regular formal supervision in the designated centre.

Information on the Health Act (2007) as amended, regulations and standards, along with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a management structure in place, outlining lines of reporting and responsibility. Since the last inspection, the provider had enhanced their systems of oversight to ensure all those within the management structure were clear on their areas of responsibility, and there were systems in place to ensure accountability of work. There were management systems in place for the oversight of the care and support, and the supervision of the staff team and person in charge. For example, routine audits and reviews on key areas, regular meetings with the person in charge and senior management and pathways for escalating risk and concern.

The provider had ensured an annual review was completed on the designated centre in 2021 which reviewed the care and support delivered, and identified any areas for improvement. The provider had also carried out unannounced visits to the centre on a six month basis to review the quality of care and support.

Overall the provider was adequately resourced in respect of staffing resources, facilities and supplies, but some improvement was required in relation to access to transport to ensure residents' could attend their chosen day services on the days allocated to them.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose and function which was found to be a true representation of the services and facilities available in the designated centre.

The statement of purpose contained the required information as set out in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

From reviewing accidents, incidents and adverse events it was identified that any event that required notification to the Chief Inspector had been submitted within the time frame as outlined in the Regulations. This had been improved upon since the previous inspection.

Judgment: Compliant

Quality and safety

The inspector found that residents were receiving a good standard of care and support. On review of residents' individualised assessments and personal plans they were found to be comprehensive in nature, complete and up to date. Residents were involved in the development of their personal goals and residents showed the inspector their goals in accessible format displayed in their bedroom.

Residents were supported in maintaining personal relationships with family and friends. There were some environmental restrictive practices in the centre which were reviewed regularly and assessed and referred to the service's restrictions committee for further oversight. Residents were seen to be able to move about their home easily without limitations.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. It provided a pleasant, comfortable and homely environment for residents. Each resident had their own bedroom which was decorated to their tastes and had adequate space and storage for personal belongings. There was a large back garden with outdoor furniture. The residents grew plants, vegetables and flowers and there were costed plans to enhance this space further with a structured covering, new furniture and bedding, which residents were excited about.

Staff working in the centre had completed training on infection prevention and control and were observed to be implementing standard precautions. The centre was clean and contained adequate hand washing facilities. The centre also had sufficient access to personal protective equipment. The risk of COVID-19 transmission in the centre was risk assessed with robust controls in place. Residents were provided with accessible information on the COVID-19 pandemic and the vaccination programme. The centre had a COVID-19 contingency plan in place

which was updated as required.

The service had procedures and practices in place to support the protection and safeguarding of residents from abuse. All staff received training on the protection and safeguarding of residents. There was a designated person responsible for screening safeguarding concerns. There were improvements since the previous inspection which resulted in the appropriate reporting, recording and management of all potential safeguarding concerns, in line with the National policy. At times, there had been reported incidents of negative verbal interactions between peers, which some residents spoke to the inspector about. Incidents of a safeguarding nature had reduced in recent months with the lifting of restrictions, and return to more normal daily activities this had alleviated the risk between peers. Residents felt safe living in the designated centre, and told the inspector that they got on well with each other.

Residents' health and safety was protected through risk management systems and plans, which reduced risks associated with fire, infection control and other personal risks. Residents discussed fire evacuation procedures and practiced scenarios regularly in the designated centre and knew what to do in the event of an emergency. Personal evacuation plans were prepared outlining the supports required by residents in the event of a fire, and how to support residents who could not evacuate independently without help. There was adequate fire prevention, detection and fighting equipment in the home which were routinely serviced and checked by a fire professional.

Overall, this inspection found that residents were happy living in the designated centre, were afforded safe and good quality care and support, with some improvements required in relation to supporting residents' access to their planned activities that required transport.

Regulation 13: General welfare and development

During national restrictions the staff team supported residents to take part in activities that were meaningful to them from home, however, residents were happy that they had now returned to their external days services throughout the week and increased participation in community outings and events.

Residents enjoyed varied activities both outside of the designated centre and at home and were supported to maintain links with their friends and families.

Judgment: Compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service. The provider had made arrangements for the matters in Schedule 6 to be in place. For example, adequate private and communal accommodation, suitable storage, and facilities for residents to launder their own clothes.

The premises were homely and comfortable and the provider had carried out their actions noted in the last inspection report to make improvements, for example replacing the living room furniture, replacing curtains and general decoration.

The designated centre was located in a suburb of Dublin, with access to local amenities and community facilities and transport routes.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through risk management systems in the designated centre. For example, there was a policy in place outlining how risks were identified, assessed, managed and reviewed and the person in charge maintained a risk register of known personal and environmental risks.

The provider had written plans in place to follow in the event of an emergency. For example, if there was a flood, or loss of power.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had put in place procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The risk of COVID-19 was assessed and reviewed regularly, and the provider had plans in place to support residents to isolate if they were required to.

The registered provider had put in place policies and procedures for the management of the risk of infections in the designated centre, which were guided by public health guidance and national standards. The specific risk of COVID-19 was assessed, and the provider had plans in place to support residents to self-isolate if they were required to.

There were written procedures specific to the designated centre, if there was a suspected or confirmed case of an infection and how residents would be supported.

The provider had made arrangements for an Infection Prevention and control (IPC)

audits to be completed in the centre by a suitably qualified person. The results of this audits were good overall, and any actions identified had a plan in place to address them.

Staff were wearing the personal protective equipment (PPE) as required in the latest guidance and there was an adequate supply of PPE stock for the designated centre. Staff were seen to use hand sanitiser and wash their hand throughout the day.

On arrival to the designated centre there was a visitor sign in sheet and measures to check temperature of all people entering the building. There was hand sanitising facilities located around the premises and on immediate arrival into the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety systems in place in the designated centre. For example, a fire detection and alarm system, emergency lighting system, fire containment measures and fire fighting equipment. There was a written plan to follow in the event of a fire or emergency during the day or night, and fire drills had taken place on a routine basis in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a system in place to assess and plan for residents' needs and these documents were reviewed regularly. Advice from health and social care professionals was included in the assessment process and the planning for residents' needs. Residents had written personal plans in place outlining the supports they required.

Residents' wishes and aspirations had been reviewed, and plans put in place to support residents to achieve them and residents had photographic or easy-read information in their rooms on their goals and things they were working towards.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with appropriate healthcare as outlined in their personal

plans.

Residents had access to their own general practitioner (GP) along with access to allied health professionals through referral to the primary care team, or to allied health professionals made available by the provider.

Residents had been supported to avail of national screening programmes, in line with their own wishes and choices.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff team had received training in positive behaviour support and training was being arranged for additional training in specific techniques that would further support residents. Staff had a good understanding of residents' emotional support needs and if required residents had written behaviour support plans which gave clear guidance on proactive and reactive ways to support residents.

Residents were encouraged to understand their own emotional needs and mood and to engage in activities that kept them feeling well.

Overall there were low restrictions in use in the designated centre, with some environmental restrictions in place based on assessed risk. The provider had an internal review committee for approval and review of any restrictive intervention.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured there were policies, procedures in place to identify, report and respond to safeguarding concerns in the designated centre. The person in charge and staff team were aware of their responsibilities in this regard and staff had received training in the protection of vulnerable adults.

There had been improvements in the understanding of, and screening of potential safeguarding incidents in line with national policy, since the previous inspection. Where a risk had been identified there were safeguarding plans in place to reduce risk. Increased activities and the reduction of national restrictions had positively impacted on residents' quality of life and had reduced the frequency of negative interactions between peers. Residents felt safe living in the designated centre and told the inspector that they liked the people they lived with.

Residents had intimate care plans to outline the supports they required with

personal care, and these were respectful of residents' wishes and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were involved in decisions around their care and support and their wishes were respected. Residents took part in weekly meetings in the designated centre with their peers and staff, and also had monthly meetings with their key staff member. Residents were involved in changes in the designated centre, such as giving their views and input into garden plans and the decoration of the building.

Residents were encourage to demonstrate and exercise their choice and control over their daily lives, for example choosing when to get up in the morning, choosing where and when to have their meals and choosing to have a day at home instead of a planned activity if this was their preference. Some residents' choices were limited in relation to attending their day activation placement to the frequency that they wished, for example only attending three of the five days due to issues with transport. At times , residents planned activities changed due to the requirement of the location bus being needed for other priorities.

Judgment: Substantially 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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Substantially compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | 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 | Substantially compliant |

Compliance Plan for Abbeyfield Residential OSV-0002362

Inspection ID: MON-0027576

Date of inspection: 15/02/2022

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 |
|---|-------------------------|
| Registration Regulation 5: Application for registration or renewal of registration | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <ul style="list-style-type: none"> • Outstanding documentation for the person in Charge has been submitted 28/2/2022 • Review of the Floor plans for the Designated centre with all areas appropriately identified on the footprint of the DC and submitted on the 28/2/2022 • Copy of the stakeholders Insurance documentation submitted 28/2/2022 | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Discussion with service user to establish their will and preference re; attendance; 28/2/2022 • Review of the roster to reflect upcoming appointments and the possible overlap with Transport needs. 28/2/2022 • Completion of formal complaint by resident regarding transport issues within the DC 28-2-2022 • Ongoing review of transport requirements organizationally and information submitted to service users and families by Director of operations on 1/3/2022 | |

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| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Supports being established with Psychiatry and Psychology to provide resident with the tools to manage high levels of anxiety while on transport • ICM for resident on the 13/1/2022 with recommendations regarding desensitization strategies . Further ICM scheduled for the 28/4/2022 to review and assess impact of all strategies. • Meeting with resident to ascertain their will and preference regarding attendance in day service- on the 28/2/2022 with evidence of same for review onsite . • Ongoing review of transport requirements organizationally and information submitted to service users and families by Director of operations on 1/3/2022 • Resident supported to make a formal complaint to Transport Department regarding the lack of available transport to facilitate attendance 5 days a week in their chosen day service- 28/2/2022- acknowledgement to resident of receipt of Complaint by Transport Department 1/3/2022 | |

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 |
|---------------------------------|--|-------------------------|-------------|--------------------------|
| Registration Regulation 5(2) | A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2. | Substantially Compliant | Yellow | 28/02/2022 |
| Registration Regulation 5(3)(b) | In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in | Substantially Compliant | Yellow | 28/02/2022 |

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| | respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre. | | | |
| Registration Regulation 5(3)(a)(e) | In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by a copy of any contracts of insurance taken out in accordance with Regulation 22 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. | Substantially Compliant | Yellow | 28/02/2022 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. | Substantially Compliant | Yellow | 28/02/2022 |

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|------------------------|---|-------------------------|--------|------------|
| Regulation 09(2)(b) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life. | Substantially Compliant | Yellow | 31/05/2022 |
|------------------------|---|-------------------------|--------|------------|