

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

## Issued by the Chief Inspector

Name of designated centre:	Grattan Lodge
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Announced
Date of inspection:	06 February 2024
Centre ID:	OSV-0003599
Fieldwork ID:	MON-0033816

## About the designated centre

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

Grattan Lodge is a designated centre operated by St. Michael's House. It is a community based home with the capacity to provide full-time residential care and support to six adults both male and female. It is currently home for six residents with varying degrees of intellectual and physical disabilities. Residents in the centre are supported with positive behaviour support needs, augmentative communication needs, emotional support needs, specialised diet and nutritional needs, and physical and intimate care support needs. The house is situated on a quiet cul de sac with a large green area opposite the house. It is located in a suburban area of Co. Dublin with access to a variety of local amenities such as a local shopping centre, cinema, bowling alley, dart station, bus routes, and churches. The centre has a vehicle to enable residents to access day services, local amenities and leisure facilities in the surrounding areas. The centre consists of a large two-storey house with seven bedrooms and an accessible front and back garden. Residents in the centre are supported 24 hours a day, seven days a week by a staff team comprising of a person in charge and social care workers.

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

Number of residents on the date of inspection:	6
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 6 February 2024	09:35hrs to 17:00hrs	Michael Muldowney	Lead
Tuesday 6 February 2024	09:35hrs to 17:00hrs	Orla McEvoy	Support

## What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to help inform the renewal of registration decision. Inspectors used observations, conversations with residents and staff, and a review of documentation to inform judgments.

Overall, inspectors found that the centre was operating at a good level of compliance with the regulations. Residents had a good quality of life and were being well supported in line with assessed needs, personal preferences, and wishes.

There were six residents living in the centre. In advance of the inspection, they were supported by staff to complete surveys on what it was like to live in the centre. Their feedback was positive and indicated that they felt safe, could make their own choices and decisions, got on with their housemates, and were satisfied with the services they received in the centre, such as the food, premises and staff support.

Inspectors met all residents during the inspection and had the opportunity to speak to them. They told inspectors that they were happy living in the centre, describing it as "lovely" and "a real home". They liked the location of the centre as it was close to many amenities and "nice" neighbours. They all had active lives and enjoyed different social, leisure and occupational activities. The different activities included attending day services, working in paid employment, volunteering in the community, membership of sports clubs, and attending college courses in areas such as computers, fitness, and music. They also liked to attend social clubs, eat out, go to theatre shows, and spend time with friends and family. Residents also told inspectors that they were looking forward to going on a foreign holiday in the summer.

Some residents told inspectors that living in the centre enabled them to be more independent, for example, they use public transport independently, controlled their own finances, cooked their meals, managed house hold chores, and administered their own medications. Other residents required more assistance and support from staff in these areas. Residents were satisfied with the space and facilities in the centre, and said that they enjoyed the food. They told inspectors that staff were "great" and "there for us". They also got on well with each other. They had no concerns but felt comfortable talking to the person in charge or staff if they had.

Residents felt safe, and were familiar with the fire evacuation plans. They told inspectors that their rights were respected in the centre, and there were no restrictions on their movements or other aspects of their lives such as maintaining relationships.

Some residents showed inspectors their communication aids, and inspectors observed staff communicating with residents in line with their individual communication means. Overall, inspectors observed staff engaging warmly and

kindly with residents.

In addition to the day-to-day consultations with residents, there were good arrangements to ensure they were involved in the running of the centre and in making decisions about their care and support. The provider's recent annual review of the centre had consulted with residents and their representatives, and they provided positive feedback such as they "like living here" and "staff are very nice". Residents also had individual well-being meetings where they planned goals, and attended regular house meetings. Recent house meetings noted discussions on the upcoming inspection, activity planning, and pet care.

Easy-to-read information had also been prepared to aid residents' understanding of relevant topics, such as healthy eating, infection prevention and control (IPC), medications, fire safety, health, Internet safety, advocacy services, and complaints. Some of this information was displayed on a notice board in the kitchen along with a visual staff rota.

Inspectors spoke with different members of staff working during the inspection. The person in charge told inspectors that residents had a great quality of life, and was satisfied with the supports in place to meet their assessed needs. They also told inspectors that additional staffing resources were required to support residents with complex needs. This matter is discussed further in the capacity and capability section of the report.

A social care worker told inspectors that residents were supported to have active lives and to be as independent as possible. They demonstrated a good understanding of the residents' needs as they told inspectors about some of the interventions to support residents with behaviours of concerns and certain healthcare needs. They had no concerns, but felt comfortable raising any potential concerns with the person in charge. They had completed human rights training which they found to be useful, for example, it promoted positive risk taking.

The centre comprised a large detached house in a housing estate close to many amenities and services, such as public transport, cafés and shops. Inspectors carried out a thorough walk-around of the centre with staff and some residents. The premises contained individual bedrooms (some with en-suite facilities), staff office, sitting room, kitchen with dining space, bathrooms, and utility and storage rooms at the rear of the garden.

The premises was homely, bright, warm, and appropriate to residents' needs. It provided sufficient space, and residents told inspectors that they were happy with their home. Parts of the premises had been modified to make it more accessible to residents, for example, a counter top was lowered for wheelchair users. There was also assistive equipment available to residents such as mobility aids and communication devices. Overall, inspectors observed a relaxed and warm environment in the centre, and residents freely moved around the premises and used the facilities without restriction.

Some minor upkeep to the premises was required to mitigate potential infection control risks. Inspectors also observed that improvements were required to the

infection prevention and control (IPC) arrangements, such as ensuring appropriate equipment was available in the centre.

There were good fire safety arrangements such as provision of fire fighting equipment and education for residents.

Overall, inspectors found that residents were happy living in the centre, had rich lives, and were in receipt of a human-rights based service. However, some improvements were required in relation to IPC measures, staffing, notification of incidents, and oversight of medication practices.

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

## Capacity and capability

There were effective management systems to ensure that the service provided in the centre was generally safe, consistent and appropriate to residents' needs.

The management structure was clearly defined with associated responsibilities and lines of authority. The person in charge was full-time and based in the centre. They demonstrated a good understanding of their role and of the supports required to meet the residents' assessed needs. The person in charge was supported in their role by a service manager, and there were systems for the management team to communicate and escalate any issues.

The registered provider had implemented management systems to ensure that the centre was consistently monitored. Annual reviews and six-monthly reports, and a suite of audits had been carried out which identified actions to drive quality improvement.

The person in charge maintained planned and actual rotas showing staff working in the centre. The staff skill-mix of social care workers was appropriate to the needs of the residents and for the delivery of safe care. There was one whole-time equivalent vacancy; it was managed well to reduce any potential adverse impact on residents. However, the provider had identified that additional staffing resources were required to support residents with complex needs, and was engaging with their funder on this matter.

Staff working in the centre were required to complete relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. There were no volunteers. The person in charge provided support and formal supervision to staff, and staff spoken with advised the inspector that they were satisfied with the support they received.

Staff also attended regular team meetings which provided an opportunity for them to raise any concerns regarding the quality and safety of care provided to residents. The inspector viewed a sample of the recent staff team meetings which reflected discussions on safeguarding, restrictive practices, the upcoming inspection, premises, and supporting residents with social activities.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1.

Improvements were required to ensure that all incidents occurring in the centre were notified to the Chief Inspector of Social Services in accordance with the requirements of Regulation 31: Notification of Incidents.

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

The registered provider had submitted an application to renew the registration of the centre to the Chief Inspector of Social Services as required.

However, some of the prescribed information submitted including the application form required review in order to ensure that it met the requirements as set out by the Chief Inspector.

Judgment: Substantially compliant

### Regulation 14: Persons in charge

The person in charge was full-time and based in the centre. They were suitably experienced and skilled, and possessed appropriate qualifications in social care and management.

Inspectors viewed a sample of the information and documents specified in Schedule 2, in respect of the person in charge, and found that they were up to date and available.

Judgment: Compliant

### Regulation 15: Staffing

The staff skill-mix, comprising social care workers, was appropriate to the assessed needs of residents.



There was one whole-time equivalent vacancy in the staff complement. However, this was managed well by the person in charge to minimise any impact on residents. For example, staff worked additional hours and regular relief staff were used to support consistency of care for residents.

The provider and members of their multidisciplinary team had identified that additional staff resources were required to better support some residents with complex needs. The provider had responded by providing some additional resources, and was engaging with their funder on this matter. However, there remained a risk to the quality of the service provided to some residents until the adequate resources were in place.

The person in charge maintained planned and actual rotas clearly showing staff working in the centre during the day and night.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff working in the centre were required to complete training as part of their professional development and to support them in the delivery of appropriate care and support to residents. Inspectors viewed the staff training log, and found that staff were up to date with their training requirements which included training in a wide range of areas, such as fire safety, positive behaviour support, administration of medication, infection prevention and control, first aid, and manual handling. Some staff had also completed human rights training as noted in the 'What residents told us and what inspectors observed' section of the report.

The person in charge provided ongoing support and formal supervision to staff. Formal supervision was scheduled four times per years as per the provider's policy. In the absence of the person in charge, staff could contact the service manager or on-call service for support and guidance.

Judgment: Compliant

### Regulation 23: Governance and management

Overall, the provider had endeavoured to ensure that the centre was resourced to deliver effective care and support in accordance with the statement of purpose. For example, the premises was appropriate and residents had access to multidisciplinary team services.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was full-time, and was supported in their

role by a service manager who in turn reported to a Director of Adult Services. There were good arrangements for the management team to communicate including meetings and sharing of governance and management reports. The reports included information on residents' updates, risk, safeguarding, incidents, complaints, fire safety, training, and restrictive practices.

The provider had implemented good systems to effectively monitor and oversee the quality and safety of care and support provided to residents in the centre. Annual reviews and six-monthly reports were carried out, and had consulted with residents.

Audits had also been recently carried out in the areas of infection prevention and control, safeguarding, and residents' finances. Where required, actions for quality improvement were identified and progressed.

There were effective arrangements for staff to raise concerns. In addition to the supervision arrangements, staff also attended regular team meetings which provided a forum for them to raise any concerns. Staff spoken with told inspectors that they were confident in raising any potential concerns with the management team.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose had been recently revised and was available in the centre to residents and their representatives.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers working in the centre. However, the person in charge planned to source a volunteer for residents, and was aware of the arrangements to be in place for volunteers such as vetting.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had not notified the Chief Inspector of all incidents occurring in the designated centre, such as an allegation of abuse, in the manner specified

under this regulation. This required review by the provider.

Judgment: Substantially compliant

## Quality and safety

Inspectors found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support with a focus on human rights. Inspectors observed residents to have active and rich lives in line with their individual will and personal preferences. They participated in a wide range of activities within the community, and were supported to maintain relationships meaningful to them, for example, with their families and friends. Residents told inspectors that they were happy in the centre, felt safe, and were satisfied with the supports they received.

However, inspectors found that the infection prevention and control (IPC) measures and medication management practices required more consideration and improvement to ensure that they were appropriate and consistent.

Assessments of residents' individual needs had been carried out which informed the development of personal plans. The plans viewed by inspectors were up to date, sufficiently detailed to guide staff practices, and reflected resident and multidisciplinary team input.

Staff completed training in positive behaviour support and plans were developed to support residents with their behaviours as required. There were some restrictive practices implemented in the centre, however they were managed in line with best practice, and had a minimal impact on the residents concerned.

Residents were supported to be involved in the management of their own medication. Self-medication assessments had been carried out and there was relevant easy-to-read information made available to them. However, inspectors found that the arrangements for storing certain medicines required better oversight to ensure that the arrangements were suitable. The oversight of medicines stock also required improvement.

There were good arrangements, underpinned by policies and procedures, for the safeguarding of residents from abuse. Staff working in the centre completed training to support them in preventing, detecting, and responding to safeguarding concerns. Residents had also received education in this area. Where safeguarding concerns had arisen, they were managed appropriately and in line with the provider's policy.

The premises, comprising a large house with a rear garden and exterior rooms, were found to be bright, comfortable, homely, and nicely furnished. The house was generally clean and well maintained, however some attention was required to mitigate infection hazards. The premises provided adequate communal space, and

each resident had their own bedroom. The premises were well equipped and the facilities were in good working order.

Inspectors observed some positive IPC arrangements to protect residents against the risk of infection such as written outbreak plans. However, aspects of the arrangements required improvement to ensure that they were consistently implemented and in line with the provider's IPC policies and procedures. For example, certain equipment used for the management of soiled laundry was not available in the centre.

Good fire safety systems had been implemented such as provision and servicing of fire equipment and emergency lighting. The person in charge had also prepared written evacuation plans which were tested as part of regular fire drills (the night-time fire evacuation plan required minor revision to ensure that it was sufficiently detailed).

On the day of the inspection inspectors were not assured that the fire safety arrangements in the rear utility room (containing high risk electrical appliances) were sufficient. However, following the inspection, the provider submitted written assurances that the arrangements had been assessed and were deemed to be adequate by them.

### Regulation 13: General welfare and development

The provider had ensured that residents had access to facilities for occupation and recreation, and opportunities to participate in activities in accordance with their interests, needs, and wishes.

The person in charge and staff supported residents to have active lives, and encouraged them in a person-centred manner to be as independent as possible, for example, some residents had received education to travel independently on public transport.

Residents were engaged in various social, leisure, and occupational activities based on their individual wishes and preferences, including paid employment, volunteer work, educational programmes, sports, and hobbies. Residents were also supported by staff to achieve goals such as going on foreign holidays.

Residents were supported to develop and maintain personal relationships, for example, they regularly visited family and friends, and had electronic devices to keep in contact.

Judgment: Compliant

## Regulation 17: Premises

The premises were found to be appropriate to the needs and number of residents living in the centre.

The centre comprised a large house close to many local amenities and services. It was generally clean, bright, warm, nicely furnished, and comfortable. The communal space included a large sitting room, spacious kitchen and dining room, and rear outdoor space. There was adequate bathroom facilities, and the kitchen was well equipped. The premises were homely, for example, residents had personalised their bedrooms, and there were facilities for them to care for their pets. Residents told inspectors that they were happy with the premises and its facilities.

Residents were provided with mobility equipment as required, such as overhead hoists, and there were arrangements for the servicing of the equipment to ensure it was maintained in good working order. Parts of the premises had also been modified to be more accessible for residents, for example, a kitchen counter had been lowered to make it easier for wheelchair users to cook their meals.

Parts of the centre required minor upkeep to mitigate infection hazards, and these matters are discussed under Regulation 27: Protection against infection.

Judgment: Compliant

## Regulation 27: Protection against infection

The registered provider had implemented some good infection prevention and control (IPC) measures and procedures. However, improvements were required to meet compliance with the associated standards.

Inspectors observed positive practices, such as use of colour-coded cleaning equipment to reduce infection cross contamination risks, and cleaning checklists to ensure the premises was kept clean. The person in charge had prepared IPC outbreak plans, and IPC audits were carried out to assess the implementation of IPC arrangements.

However, parts of the premises required attention to mitigate infection hazards, for example, a bathroom fan required cleaning, flooring had slightly detached from the wall in the kitchen, and a counter pole had rusted. Inspectors also observed a lack of suitable hand towel dispensers at hand-washing sinks (this matter had also been identified in an IPC audit carried out in July 2023 by an IPC specialist). Inspectors also found that certain equipment used by residents was not being cleaned in accordance with the associated guidance.

The arrangements for the appropriate management of soiled laundry and potential

bodily fluid spills in the centre also required more consideration to ensure that staff were adequately informed and had access to the appropriate equipment.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had implemented effective fire safety systems.

Within the main house, there was appropriate fire detection and fighting equipment, and emergency lights, and it was regularly serviced. Staff also completed daily, weekly, and monthly fire safety checks. Inspector observed that all of the fire doors, including the kitchen and bedroom doors closed properly when the fire alarm activated (one bedroom door that had clothes hung over it, impinging on its effectiveness, and inspectors highlighted this matter to staff). The fire panel was addressable and located in the hallway. The exit doors were also fitted with easy open mechanisms to support prompt egress in the event of an emergency.

The utility room at the rear of the garden contained high risk electrical equipment such as a washing machine and tumble dryer. There was a fire extinguisher, however the door to the utility room did not have a self-closing device, and the fire alarm appeared to be battery operated which was not connected to the main panel. Inspectors were not assured that these arrangements were adequate, and requested the provider to submit assurances in relation to this matter. Following the inspection, the provider submitted written assurances from their fire safety officer that the arrangements had been assessed and were deemed to be adequate.

Evacuation plans had been prepared to be followed in the event of the fire alarm activating, and each resident had their own individual evacuation plan which outlined the supports they may require in evacuating. The night-time evacuation plan required minor review to ensure that it was up-to-date and included reference to the fire panel (staff told inspectors that it was part of the evacuation plan, however this was not documented). Fire drills were carried out to test the effectiveness of the evacuation plans.

Staff had completed fire safety training, and residents spoken with were aware to evacuate the centre in the event of the fire alarm sounding.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had prepared written policies and procedures on the management of medicines, and staff had completed training on the administration of medicines.

However, some improvements were required to ensure that medicine use was better monitored and that medicines were appropriately stored.

Residents were supported to be as independent as possible in managing their own medicines. Self-administration assessments had been completed, and information and guidance had been prepared for residents in an easy-to-read format. Most medicines were stored securely in residents' bedrooms. However, a fridge in the exterior utility room was used to store medicines requiring a cooler temperature. Inspectors observed that the fridge was unlocked and plugged out. Inspectors alerted staff and they removed the medicines to an alternative fridge in the centre. Staff also told inspectors that there was no documented checks of the temperature in the fridge to ensure that it was suitable for the medicines it contained.

Medicine stocks were regularly checked, however inspectors were not assured that the checks were fully effective. For example, certain medicines were to be discarded after four weeks of opening. On the day of the inspection, inspectors found that some remained in use for over four weeks. These arrangements required improvement.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' personal, social, and health care needs had been assessed to inform the development of care plans.

Inspectors viewed a sample of the residents' assessments and care plans including plans on communication, health and wellbeing, and intimate care. The information was up to date, readily available, and reflected multidisciplinary team services and residents' input. The plans were written using person-centred language and easy-to-read information to aid residents' understanding.

Overall, it was found that appropriate arrangements were in place in the centre to meet residents' needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff working in the centre had up-to-date knowledge and skills to respond to and appropriately support residents with behaviours of concern, for example, they completed positive behaviour support training, and plans were developed to support residents with their behaviours.

The provider and person in charge were promoting a restraint-free environment in the centre, and there were good arrangements for the management of restrictive practices to ensure that they were applied in line with best practice. There were two restrictive practices used in the centre with minimal impact on the residents concerned. The rationale for the practices was clear (for residents' safety and wellbeing) and they were deemed to be the least restrictive option. Residents had been involved in the decision to implement the practices, and the provider's oversight group had reviewed and approved use of the practices.

Judgment: Compliant

## Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by policies and procedures.

Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Residents had also received information on safeguarding, and they told inspectors that they felt safe in the centre. Inspectors found that previous safeguarding concerns in the centre had been reported, screened and managed appropriately. The provider's safeguarding team was also available to provide support to the centre where required.

Personal and intimate care plans had been developed to guide staff in supporting residents in this area in a manner that respected their privacy and dignity.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Grattan Lodge OSV-0003599

**Inspection ID: MON-0033816**

**Date of inspection: 06/02/2024**

## **Introduction and instruction**

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The prescribed information to meet the requirements as set out by the Chief Inspector, has been submitted.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PPIM and PIC review the roster monthly and regular relief and agency staff are in place to fill shifts as required  The Registered Provider continues to priorities recruitment to fill vacancies in the Designated Centre	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents:	

Review of incidents has taken place and all notifications that required to be submitted have been.

All monitoring notifications will be forwarded within set out time frames

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

Towels in dispensers will be in an enclosed casing.

Equipment guidelines have been put in place to ensure that equipment is cleaned in accordance with associated guidance.

Arrangements and guidance for the management of soiled laundry and potential bodily fluid spills have been put in place.

Outstanding works have been placed on the organization Technical Service work plan list.

Review and update of cleaning roster to include bathroom fan.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Checklist has been put in place, to ensure that medication dates are reviewed monthly to ensure all medications are in date.



## 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	06/02/2024
Registration Regulation 5(3)(a)(iii)	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	06/02/2024

	respect of the person who is the registered provider, or intended registered provider, including all directors, where the registered provider, or intended registered provider, is a company.			
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	30/06/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/08/2024

Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	15/02/2024
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	15/02/2024
Regulation 31(1)(f)	The person in charge shall give the chief inspector	Substantially Compliant	Yellow	06/02/2024



	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	10/02/2024