



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

## Issued by the Chief Inspector

Name of designated centre:	Cara Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Short Notice Announced
Date of inspection:	21 April 2021
Centre ID:	OSV-0003733
Fieldwork ID:	MON-0032384

## About the designated centre

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

The designated centre forms part of a campus based service for persons with intellectual disabilities and is located in North Dublin. The centre is comprised of three individual bungalows and provides full time residential services to up to 14 adults, both male and female. The layout of all three units is very similar with a spacious entrance hallway, an open plan living and dining area with kitchen space, resident bedrooms, main bathroom and smaller toilet areas. Residents are supported 24 hours a day, seven days a week by a person in charge and a staff team of nurses, carers and house hold staff.

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

Number of residents on the date of inspection:	13
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 21 April 2021	09:30hrs to 15:30hrs	Marie Byrne	Lead
Wednesday 21 April 2021	09:30hrs to 15:30hrs	Sarah Cronin	Support

## What residents told us and what inspectors observed

Overall the findings of this inspection were that residents were in receipt of a good quality and safe service. There were thirteen residents living in the centre at the time of the inspection and the inspectors had an opportunity to meet and briefly engage with eight of them during the inspection. On the whole, residents told the inspectors that they were happy living in their home, both during the inspection and in the questionnaires they completed in advance of the inspection. It was evident that staff and the local management team were striving to ensure that each resident lived in a supportive and caring environment, where they made choices in relation to their day-to-day lives.

The provider was found to be self-identifying areas for improvement in the centre, and they were in the process of completing the required actions to bring about these improvements at the time of this inspection. Staffing resources had improved since the last inspection but the centre remained under-resourced and improvements were still required in relation to staff accessing training and refresher training.

As this inspection was completed during the COVID-19 pandemic, the time spent with residents and staff was limited and done in line with public health advice. Documentation was reviewed in an office location and the inspectors had the opportunity to visit one house each and briefly engage with residents and staff during these visits.

The parts of the centre visited were found to be homely, spacious, clean, well maintained and designed and laid out to meet residents' needs. Each resident had their own bedroom which they had been supported to decorate in accordance to their individual likes and preferences. Residents' had their pictures and personal belongings in their bedrooms, and art work was on display throughout the centre. There were a number of private and communal spaces where residents could choose to spend their time. When inspectors visited their homes, residents were observed relaxing in the living rooms chatting to each other and staff, spending time in the dining rooms, or spending time in their bedrooms.

During their visit to one of the houses the inspector had an opportunity to meet the five residents living there. A number of residents were in the living room and chatted with the inspector about what it was like to live in the centre. They talked about how good staff support was, how much they enjoyed the food, how safe they felt, and how they were being supported to spend their time taking part in activities they enjoyed. They described their experience of isolating and cocooning during the pandemic and how they had recently taken part in the COVID-19 vaccination programme. They said they now felt that they could look forward to getting back to doing the activities they enjoyed in their local community, before the pandemic.

Two residents told the inspector about an issue which was concerning them in

relation to noise levels in their home. They described the impact of this for them in relation to the quality of their sleep and in relation to how relaxed they were in their home, at times. The inspector asked if they had raised it as a complaint and asked if they knew the complaints process. They both said they were aware of the complaints process and knew who to talk to about their concerns. They said they would be comfortable discussing it with the person in charge. This concern was discussed with the provider during the inspection, and as it was the first time coming to their attention, they told inspectors they would meet with residents to support them and to discuss their concerns further. They also stated they would support residents to make a complaint, should they so wish.

One resident who was the editor of the local newsletter talked about her experience of being the editor and how much they enjoyed this role. They talked about how people e-mail them pictures and events and how they then they decide which ones are included in the newsletter. They showed the inspector one of the newsletters which included pictures of a talent show, of St. Patrick's Day celebrations, birthday celebrations and other activities and events around the campus.

One resident showed the inspector around their home, including showing them their bedroom. They showed them works that had been made to their bedroom, to better suit their needs. They also showed the inspector their pictures and the belongings that were important to them such as their tablet computer and television. They talked about how staff help them to keep their room clean and tidy, just the way they like it. They also talked about a bell they had to alert staff when they required assistance.

When visiting one of the other houses, the second inspector had the opportunity to meet with three residents. All of the residents communicated using vocalisations, body language, facial expressions, physical proximity and on occasion, behaviours. The inspector observed one resident sitting in the sitting room and they appeared to be content and comfortable in their environment. They were noted to indicate their choice to staff by taking them by the hand to the cupboard for a drink.

Another resident was lying on their bed resting after lunch. The third resident was seated in the sensory room. Staff interactions in this part of the centre were noted to be warm and respectful. It was clear staff had a good understanding of the resident's needs and methods of communication. Throughout the pandemic, residents were supported to keep connected to their families using tablet computers and window visits. Some residents reportedly enjoy interacting with staff by pointing at family photographs.

COVID-19 restrictions had impacted on residents' access to the activities which they usually enjoyed in their local community such as going out for meals, to their choir group, to the hairdressers, to concerts, to classes and to other local events. However, residents were now enjoying more home-based activities such as arts and crafts, virtual choir, baking and cooking, spending 1:1 time with staff, knitting on video calls with friends, watching their favourite television programmes, listening to music, chair yoga, bus drives in their local community, and getting take away meals

and snacks.

Person centred plans were accessible to residents and updated regularly. There were a large number of photographs of residents during each phase of the pandemic showing activities they had done and occasions they had marked. Staff put these on DVDs for residents to watch, which they reportedly enjoyed.

A day service staff had just commenced in the centre and plans were in place for each resident to explore their preferred activities and to support them to take part in these activities regularly. Plans were in place to access their local community and take part in local groups such as men's shed, once the current level of restrictions relating to the pandemic were lifted. A number of residents had been supported by an occupational therapist to source equipment to enable them to take part in activities they enjoyed.

Four residents completed, or were supported by staff to complete questionnaires in relation to care and support in the centre in advance of the inspection. In the questionnaires, residents indicated that they were happy with care and support in the centre. They were particularly complimentary towards the garden and flowers on the campus, the home cooked meals they get every day and how they help staff with the cooking, how supportive the staff team were and how they were supported to make choices in their day-to-day lives. One resident described how they were "very involved with the team" on the campus, and that "they had a great knowledge of the centre" as it was their "home".

A number of residents referred to how they were not able to see their family and friends in person due to the current levels of government restrictions, but said that they do video calls. One resident stated that "is great to see my family" during video calls. A number of residents referred to how they had adapted to the levels of restrictions by doing their shopping online or doing more activities in their home to stay busy. They also mentioned some other activities they would now like to take part in more regularly, such as late night bingo or music in the courtyard, or going to parties like they did regularly before the pandemic.

Residents' representative views were being captured as part of annual family surveys. The inspectors viewed a sample of these and found that feedback was very positive. The following are examples of some of the comments in these surveys; "all the staff are most welcoming", "always feel welcome". They indicated they were very satisfied with residents level of choices, complaints management, and how residents were being supported in line with their needs and wishes.

In summary, residents appeared happy, content and comfortable in their homes. They also appeared to be comfortable in the presence of staff and happy with the levels of support offered to them. The inspectors observed kind, caring and respectful interactions between residents and staff, and staff were observed to be familiar with residents' communication preferences and to be readily available to support them, should they require any assistance. Residents were being supported to have control over how they spent their time and to make choices in relation to their day-to-day lives. A number of residents told the inspectors they were looking

forward to the lifting of restrictions relating to COVID-19 so that they could re-engage in activities they enjoyed prior to the pandemic.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

The provider had systems in place to monitor the quality of care and support for residents living in the designated centre. The centre was well organised and the staff team were motivated to ensure that each resident was being supported to be happy and safe in their home. The provider was self-identifying areas for improvement and were in the process of implementing the actions required to bring about these improvements. Improvements had been made in relation to staffing numbers and continuity of care and support for residents. However, in line with the findings of previous inspections, the centre remained under-resourced and improvements were also required in relation to staff in the centre accessing training and refresher training.

The management structure in the centre clearly identified the lines of authority and accountability and staff had specific roles and responsibilities. The person in charge, the persons participating in the management of the centre (PPIM) and the service manager were maintaining oversight of the centre and completing regular audits and reviews and identifying areas for improvement.

The provider had systems in place to ensure that there was an annual review of care and support and six monthly visits completed in line with the requirements of the regulations. There were also systems in place to review incidents and to share learning following these reviews with the staff team.

The person in charge was full time and had the qualifications, skills and experience to manage the centre. The inspectors found that they had systems in place to ensure the effective governance, operational management and administration of this designated centre. They were familiar with residents' care and support needs and motivated to ensure they were happy, safe, and regularly engaging in activities they enjoyed.

From reviewing a sample of rosters, it was evident that the person in charge was working above the required hours to ensure they were maintaining oversight of, and administration in the centre. From the sample of rosters reviewed the person in charge was counted as part of the daily staffing quota in the centre, and there was no documentary evidence to demonstrate that they were allocated any time for administrative duties. This was confirmed by the person in charge and the service manager during the inspection. The provider had recognised this in their latest annual review and stated that the "current staff allocation does not provide for



availability of the person in charge to have two days supernumerary status every week".

Planned and actual rosters were reviewed. The use of agency staff was kept to a minimum and the same staff from the agency was used in order to promote and ensure continuity of care for the residents. A day activation staff had recently begun to work with residents in each home to provide meaningful activities based on their preferences. The inspectors acknowledge that improvements had been made in relation to staffing numbers, but 2.6 whole time equivalent staff nurse vacancies and 0.23 care staff vacancies remained at the time of the inspection. The provider was recruiting to fill these vacancies at the time of this inspection. Residents were complimentary towards the staff team and the inspectors observed kind, caring and respectful interactions between residents and staff throughout the inspection

A review of the staff training matrix indicated that staff had completed training on PPE, hand hygiene and infection prevention and control. A number of other training courses had also been provided such as wound management, supporting people with Autistic Spectrum Disorder and person centred thinking and approaches. However, a large number of staff had not completed training identified as mandatory by the provider, such as refresher fire training and refresher safeguarding training. In addition, behaviour support plans were in place for five of the twelve residents living in the centre. However, staff had not had the opportunity to complete any training relating to managing behaviour that is challenging. The provider recognised this and work was due to commence on a programme with the Clinical Nurse Specialist in Behaviours. The inspectors sought assurances from the provider in relation to fire and safeguarding training and these assurances were provided following the inspection. All staff were supported to complete online safeguarding training and a fire drill was completed and further fire training was booked for staff.

Staff meetings were not taking place as regularly as they were prior to COVID -19 restrictions. In order to communicate with staff, a daily 'safety pause' was done by the person in charge each day. All houses in the centre read and signed this safety pause to ensure relevant communication was relayed to all staff in a timely manner. Individual supervision with the person in charge commenced in November 2020 and was due to take place every three months. At the time of inspection, not all staff had commenced their supervision. The supervision form in place was found to supports employees to reflect on their roles, to recognise what they are doing well and to identify areas for development and lay out clear time lines to achieve these goals. The inspectors acknowledge that supervision had commenced and was in its infancy and required further time to be fully implemented.

## Regulation 14: Persons in charge

There was a full time person in charge in post who had the qualifications, skills and experience to manage the designated centre.

They were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy and safe.

Judgment: Compliant

### Regulation 15: Staffing

There were a number of staff vacancies at the time of this inspection and the provider was in the process of recruiting to fill these vacancies. These included 2.6 whole time equivalent staff nurse vacancies and 0.23 care staff vacancies.

There were planned and actual rosters in place and they were well maintained. It was evident from reviewing a sample of rosters in that residents were in receipt of continuity of care, through regular staff completing the required shifts and the minimal use of regular agency staff. For example over a seven week period, five shifts were covered by regular agency staff.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had access to training and refresher training. However, as previously mentioned a number of staff had not completed some trainings and refresher trainings in line with the organisation's policy, or residents' assessed needs. For example, 68% had not completed refresher fire training while 27% had not completed safeguarding. Staff also required training relating to managing behaviour that is challenging, and this was planned.

Supervision had commenced in the centre since the last inspection and was found to be in its infancy. Not all staff had commenced their supervision at the time of this inspection.

Judgment: Not compliant

### Regulation 23: Governance and management

The management structure identifies the lines of authority and accountability and staff had specific roles and responsibilities. However, the centre remained under-resourced. For example, there remained a number of staff vacancies in the centre and the person in charge was working as part of the daily compliment of staff when they were on duty and were not being allocated time for the operational

management and administration of the centre. From a review of a sample of rosters in the centre over a number of months, the person in charge was working between 4.5 and 20 hours extra per month.

As part of the compliance plan submitted following an inspection in the centre in February 2019 the provider had outlined that the person in charge would be allocated two days per week to complete supervision and administrative duties in the centre. The provider had recognised in the latest annual review in the centre in September 2020, that this time had not been allocated to the person in charge.

The annual review and 6 monthly visits by the provider were being completed in line with the time frame identified in the regulations. These reviews were identifying areas for improvement and had action plans in place to bring about the required improvements. A number of audits were being completed regularly in the centre such as infection prevention and control, health and safety, medication management, fire, and care plan audits. The actions from these audits were bringing about positive changes for residents in relation to their safety and their home.

Judgment: Not compliant

### Regulation 3: Statement of purpose

There was a written statement of purpose in place and available in the designated centre. It had been reviewed in line with the time frame identified in the Regulations and contained the information required by the Regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents and adverse events was maintained in the centre. The Chief Inspector was notified of all of the required incidents in line with the requirement of this regulation.

Judgment: Compliant

## Quality and safety

The provider and local management team were striving to ensure that residents

were in receipt of a good quality and safe service. They were living in a warm, comfortable and safe environment, and they were being regularly supported to participate in activities which they enjoyed. Their wellbeing and rights were supported and promoted.

Residents were protected by the risk management policy, procedures and practices in the centre. The policy contained the information required by the regulations and there was a risk register in place. General and individual risk assessments were developed and reviewed as required. There were systems in place to ensure that incidents and near misses were recorded, reviewed and that learning following these reviews was shared amongst the team.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. The provider had developed and updated existing policies, procedures and guidelines for use during the pandemic. They had contingency plans which were had been reviewed and updated regularly during the pandemic. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. There were systems to ensure there were adequate supplies of personal protective equipment (PPE) at all times. Staff had completed training in infection prevention and control and the use of PPE.

Residents were protected by the fire precautions in place in the centre. Suitable fire equipment was available and regularly serviced. The evacuation plan was available and on display and each resident had a personal emergency evacuation plan in place which were found to be sufficiently detailed to guide staff in relation to the support residents required to safely evacuate the centre. Fire drills were occurring regularly to ensure each resident could be supported to safely evacuate the centre in the event of an emergency. Staff who spoke with the inspector were knowledgeable in relation to the supports each resident required to safely evacuate the centre. As previously mentioned a number of staff required refresher fire training as captured under regulation 16.

The inspectors reviewed a sample of residents' plans during the inspection and found that each one reviewed had an assessment of need, personal plan and person centred plan in place. Each resident had an identified key worker who was supporting residents to identify their aims, wishes and objectives. Residents had an easy read care plan and a communication passport. There was evidence that residents' plans were reviewed and updated regularly in line with their changing needs.

Residents were being supported to enjoy best possible health. There were systems in place to ensure they could be supported to access allied health professionals during the pandemic. They had assessments and care plans in place which were reviewed, as required.

The provider had appropriate systems and processes in place to provide oversight of safeguarding concerns in the centre. There was a Service User Protection and Welfare Committee in place to review incidents and support the management of

these. Safeguarding was on the risk register and was reviewed regularly. The inspectors reviewed a sample of incidents in the centre and found that the provider followed the required processes to report and manage safeguarding incidents in line with the organisations' and national policy. Safeguarding plans were developed as required and were reviewed regularly and closed as appropriate.

While in the centre, staff were knowledgeable about their responsibilities and what the process was to report an incident or allegation of abuse. They were able to articulate how they were managing risk in their centre relating to safeguarding. A sample of personal care plans demonstrated clear information for staff about each aspect of personal care. This was adapted for each resident in line with their assessed needs and preferences. A number of staff required refresher training in safeguarding of vulnerable adults and the provider agreed to provide assurances to the Chief Inspector that this was completed five days after the inspection, and these assurances were provided.

A sample of residents' meetings was viewed by the inspectors. These showed that there were a number of standing items on the agenda each week such as complaints, hygiene, advocacy, staffing updates, health and safety, menus and likes and dislikes. Residents had the opportunity to bring any of their views/ wishes/ requests to these meetings and they occurred on a monthly basis. The provider also had an advocacy group which took place once a month. This group was receiving education on rights. Person centred plans highlighted how residents were supported and consulted with on all aspects of their daily lives. These plans contained photographs of residents doing different activities and reflected the changes which have occurred for them in light of the pandemic. Staff had made DVDs for residents with their personal photographs on them which many enjoyed watching and using as a tool to interact with staff. One resident had become editor of a newsletter and reported that they enjoyed this activity. The inspector observed staff being respectful of residents' privacy and dignity while in the centre.

In summary, residents lived in a warm, clean and comfortable home where they were being supported to maintain their privacy and dignity and to make choices in relation to how they wished to spend their time. They were also involved in decisions relating to the day-to-day management of the centre.

## Regulation 17: Premises

The premises was found to be warm, comfortable and homely. The centre was found to be well maintained both internally and externally.

The provider had identified that a number of improvements required in the centre and were in the process of bringing about these improvements. For example, a number of audits had identified the need for increased storage in the centre and they were in the process of securing external storage in the form of a shed. As outlined in the provider's six monthly and annual reviews, a plan was in place to review the number of bathrooms and bath and shower facilities to ensure they were

meeting the assessed needs of residents.

Areas of the centre had been adapted to better suit residents needs and preferences. For example, an additional sitting room/sensory room was in place in one of the houses to meet residents' needs.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents guide in place and it was available in the designated centre. It contained the information required by the regulation including, a summary of the services and facilities available for residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access inspection reports, the procedure for complaints, and the arrangements for visits.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a risk register in place which was found to be reflective of the actual risks in the centre on the day of the inspection. General and individual risk assessments were developed and reviewed as required.

There were measures in place to prevent accidents and to respond to emergencies. There were also systems in place to ensure that vehicles were serviced, insured and roadworthy.

Judgment: Compliant

### Regulation 27: Protection against infection

Residents were protected by the infection prevention and control policies and procedures in the designated centre.

The provider had developed contingency plans for use during the COVID-19 pandemic. These were being regularly reviewed and updated.

Residents were being kept up to date in relation to the pandemic and being supported to stay in touch with their family and friends. There were stocks of PPE in

the centre and systems for stock control.

The centre was found to be clean and there were cleaning schedules in place to ensure that each area of the house was being regularly cleaned. The inspector observed regular touch point cleaning during the inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

There was suitable fire equipment in place and documentary evidence to show that it was being regularly serviced. There were adequate means of escape and emergency lighting in place. The procedure for evacuation of the houses was available and on display in the houses visited.

Each resident had a personal emergency evacuation plan in place which detailed the levels of support they required, if any, to safely evacuate in the event of an emergency. Fire drills were being held at suitable intervals and it was evident that learning following these drills was shared and leading to the review and update of residents' personal emergency evacuation plans.

The inspectors viewed a fire drill record which recorded that the drill took an extended period of time to be completed. The inspectors were informed that this was a documentation error. A fire drill was completed by the provider following the inspection and evidence forwarded to the inspectors that the drill was completed in two minutes.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. They were detailed in nature and found to be clearly guiding staff in relation to residents' care and support needs. Residents also had accessible version of their personal plans which contained pictures of things they enjoyed doing and important events in their lives. These were also made available for residents in the form of a DVD, should they so wish.

Residents' assessments and personal plans were being reviewed and updated in line with their changing needs. Individual needs and preference assessments were completed for residents in line with their changing needs and to source alternative accommodation, if deemed necessary and appropriate.

Judgment: Compliant

### Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as required.

Residents were accessing allied health professionals in line with their assessed needs, and systems were in place to ensure they were supported to access National Screening Programmes in line with their age profile and assessed needs.

Judgment: Compliant

### Regulation 8: Protection

Residents were being supported to develop their self-awareness, understanding and skills for self-care and protection through regular discussions at residents' meeting and key worker sessions.

There were policies and procedures in place and staff had completed safeguarding training. Staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should they become aware of an allegation or have a suspicion of abuse.

Residents told the inspector that they felt safe in their home and that for the most part, they got on well with each other.

Judgment: Compliant

### Regulation 9: Residents' rights

It was evident that residents were consulted with and participating in how the centre was planned and run. They could freely access information in relation to their rights and accessing advocacy services.

They were observed throughout the inspection to be treated with dignity and respect by staff, and personal care practices were respecting their privacy and dignity. Staff were found to be very familiar with residents' likes, dislikes and preferences.



Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Cara Residential Service OSV-0003733

Inspection ID: MON-0032384

Date of inspection: 21/04/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staff recruitment is ongoing with various disciplines being recruited at present.</p> <p>Update: PIC has been allocated 2 days supernumery between Monday and Friday each week. Same is reflected on the weekly roster to allow time for PIC to complete operational management and administration of the Centre</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Update: PIC has completed Training needs analysis for 2021 identifying mandatory and site specific training. Same is being co-ordinated by Training Officer and lead CNM3 in St. Joseph's and plan is in place to have same implemented. Formal supervision is in place and has commenced. Performance Development Review for 2021 is in progress.</p>	
Regulation 23: Governance and	Not Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Update:</p> <p>Recruitment is ongoing for Staff Nurse and Care Assistants.</p> <p>PIC is to be allocated 2 days per week (Monday to Friday) to carry out administrative duties, As recruitment is ongoing, regular agency staff are currently in situ to assist with regular affective delivery of care and support</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	31/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/12/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2021

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.	Not Compliant	Orange	31/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2021