

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

Issued by the Chief Inspector

Name of designated centre:	Crannmor Respite Service
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	15 July 2024
Centre ID:	OSV-0005005
Fieldwork ID:	MON-0036097

About the designated centre

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

Crannmór Respite Service is a designated centre operated by Brothers of Charity Services Ireland CLG. The centre provides respite for up to five male and female children, who are under the age of 18 years and who have an intellectual disability. The centre comprises of two houses, one house is a two-storey dwelling located a few kilometres from Galway city, the other is a two storey house located in the outskirts of the city. Children have their own bedrooms with en-suite bathroom facilities, access to communal living areas including sitting rooms, kitchen and dining area and sensory rooms. Both houses have an enclosed garden areas with play and recreational equipment available to children. Children are supported by a staff team which included the person in charge, nurses and social care staff. Staff are available both day and night to support the children who avail of this service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Monday 15 July 2024	09:30hrs to 17:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection to assess the provider's overall compliance with the regulations. The inspection was facilitated by the person in charge, the inspector had the opportunity to meet with two other staff members and with two service users who were availing of respite services in the centre. The inspector also reviewed two completed questionnaires which service users had completed in advance of the inspection.

Crannmór service is registered to provide a respite service for children. Fourteen children receive respite on a planned and recurrent basis, with each child having their own bedroom for the duration of their stay. The length of stay is typically for one or two nights with each child availing of a varying number of days per month. The person in charge advised that staffing levels were flexible and were dependant on the number and assessed needs of children availing of respite. They advised that there were currently two staff vacancies and the service had reduced the number of nights available to service users due to lack of staffing resources. There are a maximum of three children accommodated per night in one of the houses and there is one child currently availing of respite in the other house. Children are supported to attend school during the week days while availing of respite services. They usually arrive to the centre in the mid afternoon and leave again in the morning to attend their respective schools.

The centre comprises of two houses. The first house visited is a large dormer style detached, bright and comfortable dwelling located in a quiet residential area close to a local village and nearby city. There were three spacious bedrooms with en suite shower facilities located on the ground floor to accommodate children. On the day of inspection, two children arrived to stay for respite. The bedrooms had been prepared with the children's own bed linen, towels and personal effects including cushions, throws, toys and toiletries. There was adequate personal storage space provided in each bedroom which was arranged in such a manner so as ensure that children had access to their own dedicated storage space. There was a large bright and well equipped kitchen and dining room. Children had access to a large communal sitting room as well as two sensory rooms. The sitting room was comfortably furnished and contained a large fish tank with a variety of colourful fish. The person in charge advised that new furniture had recently been ordered for the sitting room and that they were waiting on delivery. There were framed photographs of the children displayed throughout the house. Sensory rooms were equipped with comfortable seating, large colourful bean bags, sensory lighting, bubble tube and liquid lava sensory floor mats as well as a range of sensory and musical toys, puzzles, board games, art and crafts materials providing a stimulating environment for children. The staff bedroom, en suite shower room, office and separate bathroom were located on the first floor. Children had access to a large well maintained and enclosed garden area to the rear of the house. The garden area was provided with a variety of swings and a trampoline. Staff mentioned that some residents enjoyed using items such as a paddling pool, play tent and parachute in

the outdoors when the weather permitted. The inspector observed the two children availing of respite on the day of inspection enjoyed spending time outside using the trampoline.

The second house visited was unoccupied at the time of inspection. The person in charge outlined that currently there was one child availing of a respite service in the house on two days in the month. The house is detached two-storey house located in a quiet residential area of a city suburb and close to a range of amenities and shops. The entire property had been renovated and redecorated during 2023. There is a kitchen, dining room, sitting room, staff bedroom with en suite bathroom facilities, utility room and separate toilet located on the ground floor. There are two bedrooms provided on the first floor for use by children availing of respite services. There is a separate bathroom with accessible shower, communal living room, two sensory rooms and staff office located on the first floor. The house had been designed and laid out to meet the needs of children availing of respite services. There was an enclosed and safe garden space to the rear of the house which was easily accessible from the ground floor area. A variety of puzzles, books, board games, jigsaws and other play items as well as some sensory lighting had been provided.

During the afternoon, the inspector met with two children when they arrived at the house. Both children were in good form as they chatted and interacted with the inspector and staff. They appeared to be happy in their environment and interacted with staff in a familiar and friendly manner. They told the inspector how they liked attending the respite service. They were observed helping themselves to drinks and snacks and going outside in the garden to play on the trampoline. They chatted with staff about their plans for the evening which included going to the swimming pool as well as going for drives and walks to their preferred locations. They chatted about major sporting events which had taken place over the weekend and discussed upcoming football and soccer games which they planned to watch later in the evening. Staff were observed to be very attentive and it was evident that they were very knowledgeable regarding the individual needs, likes, dislikes and interests of the children. Two completed questionnaires reviewed indicated satisfaction with the service, mentioning that service users liked using the service because they can go on outings, trips and attend events of their liking, that staff know their likes and dislikes and they feel safe while availing of the service. From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that children were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices while availing of the respite service.

The provider and local management team had identified some improvements required and there were plans in place to upgrade the kitchen, replace the sitting room furniture, provide outdoor furniture garden and additional outdoor lighting. While the provider had identified the need to provide additional outdoor play equipment for children using the service, there was still no formal plan in place for same. Further improvements were also required to the systems in place for oversight of quality and safety of the service, some aspects of risk management, medication management and review of some restrictive practices.

In summary, the inspector observed that children using the service were treated with dignity and respect by staff. It was evident that the rights of children were much promoted by the local management and staff team. There was a range of easy-to-read documents, posters and information supplied to children in a suitable format. Staff continued to ensure that the childrens' preferences were met through consultation, the personal planning process and ongoing communication with their representatives. It was evident that service users lived active and meaningful lives, had choices in their lives and that their individual rights and independence was very much promoted while availing of the respite service in the centre.

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

Capacity and capability

There was a clearly defined management structure in place, the findings from this inspection indicated that the centre was generally well managed. The local management team were committed to promoting the best interests of children using the respite service and complying with the requirements of the regulations. While there was evidence of good practice in many areas, including plans to carry out identified improvements to the premises, further improvements were required to staffing resources, to the systems in place for oversight of quality and safety of the service, to providing additional outdoor play equipment, to some aspects of risk management, medication management and to the review of some restrictive practices.

There was a full-time person in charge who held responsibility for this centre. The person in charge had a regular presence in the centre. They were supported in their role by the staff team, service coordinator and area manager. There were on-call arrangements in place for out of hours.

Some improvements were required to ensure that adequate resources were provided in order to maintain the staffing levels as described in the centres statement of purpose. There were adequate staff on duty on the day of inspection to meet the assessed needs of respite service users. The staff roster reviewed showed that the core team of staff had worked in the centre over a sustained time period and identified the staff member in charge of each shift. There were a number of staff vacancies with some shifts being filled by regular locum staff. The person in charge advised that recruitment to fill the current vacant posts was actively taking place, that the service had reduced the number of nights available to service users and that the respite service was being planned based on the availability of staff. The person in charge had also completed some shifts on the floor including night duty which impacted upon their operational management role in the centre.

Training continued to be provided to staff on an on-going basis. Records reviewed

indicated that all staff including locum staff had completed mandatory training. Additional training had been provided to staff to support them in meeting the specific needs of some service users. Regular staff meetings were taking place and topics such as staff training, health and safety, restrictive practices, safeguarding and fire drills were discussed.

The provider had systems in place for reviewing the quality and safety of the service including six-monthly provider led audits and an annual review. The annual review for 2023 was completed and had included consultation with service users families. Priorities and planned improvements for the coming year were set out, some of which were in progress including recruitment to fill staff vacancies, and additional lighting to the driveway was scheduled. However, there was still no formal plan in place to purchase additional play equipment which had also been identified as an action in the 2022 annual review.

There were also systems in place to regularly review areas such as incidents, health and safety, infection, prevention and control and medication management. Some of these reviews were being completed regularly by staff on a mobile telephone application, however, the systems in place to ensure oversight of these reviews was inadequate, the person in charge had been relying on informal discussions with staff completing these reviews in order oversee and evaluate the results. Some audit templates required review as they were limited in scope and didn't always identify improvements required.

Regulation 14: Persons in charge

The post of the person in charge was full-time. The person in charge had the necessary experience and qualifications to carry out the role. They had a regular presence in the centre and were well known to staff and service users. They were knowledgeable regarding their statutory responsibilities and the support needs of service users. They showed a willingness to ensuring on-going compliance with the regulations and a commitment to ensuring further improvements to the service.

Judgment: Compliant

Regulation 15: Staffing

Improvements were required to staffing to ensure that the number and skill-mix is appropriate to that set out in the statement of purpose. At the time of inspection, there were adequate staff on duty to meet the support needs of service users, however, there were two staff vacancies. The person in charge advised that recruitment of staff was actively taking place and on-going, that the service had reduced the number of nights available to service users and that the respite service

was being planned based on the availability of staff. The person in charge had also completed some shifts on the floor including night duty which impacted upon their operational management role in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling, Children First and safeguarding. Additional training in various aspects of infection prevention and control, medicines management, epilepsy care, management and replacement of gastrostomy tubes, autism awareness and a human rights based approach had been completed by staff. The person in charge had systems in place to oversee staff training and further refresher training was scheduled as required.

Judgment: Compliant

Regulation 23: Governance and management

There were clear management arrangements in place and systems in place for reviewing the quality and safety of the service, however, further improvements were required to staffing resources in order to provide the staffing levels as described in the statement of purpose, to providing additional outdoor play equipment, to some aspects of risk management, medication management and to the review of some restrictive practices.

While there were adequate staff on duty on the day of inspection to meet the assessed needs of respite service users, there were a number of staff vacancies. The respite service was being planned and organised based on the availability of staff and the number of nights available to service users had been reduced. The person in charge had completed some shifts on the floor including night duty which impacted upon their operational management role in the centre.

While the provider had systems in place for overseeing the quality and safety of the service, improvements were required to some audit templates as they were limited in scope and some didn't always identify improvements required. For example, the audit template being used to review infection, prevention and control did not prompt a review of cleaning or cleaning processes. The monthly audits completed to review medication management practices had not included a review of medication administration records and medication errors reported in audits did not identify the types of medication errors. The results of audits had not been discussed with staff and therefore, the inspector was not assured that there was shared learning or

improvement to practices as a result.

Regular daily, weekly and monthly reviews of areas such as health and safety, fire safety and infection, prevention and control were being completed by staff on a mobile telephone application, however, the person in charge did not have adequate systems in place to ensure oversight of these reviews and had been relying on informal discussions with staff completing these reviews in order oversee and evaluate the results.

While the provider had plans in place to carry out improvements identified as an outcome of the annual review and provider-led audits including the refurbishment of the kitchen, provision of additional lighting to the front driveway, the replacement of furniture in the main sitting room, there was still no progress on the plan to purchase additional play equipment identified as an action dating back to 2022.

Further oversight and improvements were also required in relation to some aspects of risk management, medicines management and ensuring that all restrictive practices in use were reviewed by the restrictive practice committee.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and the complaints procedure was available in an appropriate format. The complaints procedure and the right to make a complaint had been discussed with service users and their families. The complaints procedure was prominently displayed. There were systems in place to record complaints when received. There were no complaints received during 2023 and to date during 2024.

Judgment: Compliant

Quality and safety

The inspector found that the care and support that children availing of the respite service received from the staff team was of a good quality, staff strived to ensure that they were safe and well supported. There was evidence that the children got out and engaged in activities that they enjoyed while availing of the respite service. However, as discussed under the capacity and capability section of this report, improvements were required to some aspects of risk management, medicines management and ensuring that all restrictive practices in use were reviewed by the restrictive practice committee.

There were arrangements to ensure that service users' healthcare was being delivered appropriately. Due to the short duration and intermittent nature of the childrens' respite breaks in the centre, their healthcare arrangements were mainly supported by their families. However, service users' healthcare needs had been comprehensively assessed, plans of care had been developed and care required during respite breaks was delivered by staff. Staff spoken with were familiar with and knowledgeable regarding the childrens' up to date health care needs. Additional training had been provided to staff to support them in meeting the specific needs of some service users such as autism awareness, epilepsy care and management and replacement of gastrostomy tubes. Children had access to a general practitioner(GP) and out of hours GP service while availing of respite service in the centre. Staff continued to make contact with families of children who were due to avail of respite services to get updates regarding any changes to their current health status prior to each stay.

Safeguarding of service users continued to be promoted through staff training, the development of comprehensive intimate and personal care plans, through planning and ongoing assessment of service users to ensure compatibility during respite stays. Staff advised that there were no safeguarding concerns at the time of inspection. The main house was designed so that service users had their own bedrooms and living spaces if they they preferred.

Some restrictive practices were in use to ensure the safety of service users. These restrictive practices had continued to be reviewed by the local management team on a regular basis. While all restrictions is use were logged, risk assessed with a clear rationale outlined for their use, some restrictive practices had not been referred to the organisations restrictive practice committee and others that had been referred in September 2023 had not yet been reviewed.

There were systems in place for the management of fire safety and infection, prevention and control procedures. Staff working in the centre had completed training in fire safety and in various aspects of infection, prevention and control. Fire safety including fire drills, infection, prevention and control were regularly discussed with staff at regular scheduled team meetings. All service users and staff had been involved in completing a fire drill.

While there were systems in place for the management and review of risk in the centre, further oversight and improvements were required. The risk register had been reviewed, recently updated and was reflective of risks in the centre. However, there were no risk assessments completed for some risks identified on the register including medication management and infection, prevention and control. Other risk assessments required updating, for example, the due date for actions under staffing resources was dated November 2022.

Regulation 13: General welfare and development

Children availing of the respite service had access to the local community and were

also involved in activities that they enjoyed in the centre. Both houses in the centre were situated on the outskirts of a city and close to a range of amenities and facilities in the surrounding areas. Staff mentioned that because service users were only availing of the respite service for short periods of time they strived to ensure that they had a good time and got to partake in activities that they enjoyed. Some children had recently attended the circus, an indoor activity centre, bowling, go-karting, funfair, amusement park and a local agricultural show. The centre also had its own dedicated vehicles, which could be used for outings or any activities that children enjoyed. Children also liked to spend time in the centre, using the outdoor play equipment, spending time in the sensory rooms, playing with toys, completing puzzles, listening to music, watching television and some enjoyed helping out with household tasks such as watering the flower pots and going to the recycling centre.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met service users' individual and collective needs. The centre was well maintained, visibly clean, furnished and decorated in a homely style suitable to the needs of children.

The provider had identified areas for improvement and works scheduled included the upgrading and refurbishment of the kitchen, the provision of additional lighting to the front driveway, the replacement of furniture in the main sitting room and the provision of outdoor garden furniture. However, as discussed previously, there was still no progress on the plan to purchase additional play equipment identified as an action dating back to 2022.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Improvements were required to the assessment and ongoing review of risk in the centre. The risk register had been reviewed and recently updated, however, there were no risk assessments completed for some risks identified on the risk register including medication management and infection, prevention and control. Other risk assessments required updating, for example, the due date for actions under staffing resources was dated November 2022.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections. There was evidence of good practice in relation to infection prevention and control noted. Staff working in the centre had received training in various aspects of infection prevention and control and were observed to implement this training in practice. There was a colour coded cleaning system and the documented cleaning programme was being implemented between respite user stays. The building, environment and equipment were visibly clean and well maintained.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety management systems in place. Daily and weekly fire safety checks were taking place. The fire equipment and fire alarm system had been regularly serviced. Regular fire drills continued to take place involving both staff and service users. Fire drill records reviewed provided assurances that service users could be evacuated safely in the event of fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider needed to review the systems in place for checking medicines on the admission and discharge of each respite user. While medicines were stored securely and checked in to ensure that the correct prescribed medicines were available for the length of each respite users stay, there were no systems in place to record medicines in and out on admission and discharge date. While monthly reviews of medicines management practices were taking place, records relating to the administration of medicines were not being reviewed and recommendations in relation to the use of codes from the last annual medication audit had still not been addressed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

<p>Staff spoken with were familiar with, and knowledgeable regarding service users' up-to-date health-care needs including service users with specific health-care conditions. The inspector reviewed the files of two service users. There were recently updated comprehensive assessments of the health, personal and social care needs completed. A range of risk assessments had been completed and care and support plans were in place for all identified issues including specific health-care needs.</p> <p>The inspector noted that individual goals were clearly set out for 2024. The inspector noted that that some personal goals outlined for 2024 had already been achieved while others were plans in progress.</p>
Judgment: Compliant
Regulation 6: Health care
<p>Respite service users had access to medical and other healthcare services as required. Comprehensive assessments of service users' healthcare needs had been carried out, and plans were in place to ensure that the required healthcare was being delivered while service users were availing of respite services.</p>
Judgment: Compliant
Regulation 7: Positive behavioural support
<p>All staff had received training in supporting children manage their behaviour. Children who required support had access to psychology services and had positive behaviour support plans in place. There was evidence of regular review of positive behaviour support plans in place.</p> <p>The local management team outlined how they strived to reduce restrictions in use, some restrictions in use had been removed and others were being considered for removal. While all restrictions in use were logged, risk assessed with a clear rationale outlined for their use, some restrictive practices had not been referred to the organisations restrictive practice committee and others that had been referred in September 2023 had not yet been reviewed.</p>
Judgment: Substantially compliant
Regulation 8: Protection

The provider had systems in place to support staff in the identification, response, review and monitoring of any safeguarding concerns. The centre was also supported by a safeguarding designated officer, and all staff had received up-to-date training in safeguarding. At the time of this inspection, there were no safeguarding concerns in this centre. The person in charge outlined how they continued to ensure compatibility of service users when planning respite stays. The main house was designed so that service users had their own bedrooms and living spaces if they preferred and only one service user was currently availing of a respite service in the other house.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that the young persons' rights were respected and that they were supported to exercise choice and control in their daily lives while availing of the respite service. Staff had completed training on human rights and spoke about how they focused on promoting and supporting young persons with choices, through the use of choice boards, photographs and assistive technology devices. The person in charge continued to advocate for support and had made a request to the digital and accessible technology officer to ensure that the service was using the most up-to-date systems to ensure that service users were benefiting from the use of tablets in order to communicate and understand their rights. There was a range of easy-to-read documents, posters and information supplied in a suitable easy read picture format. Information including the right to feel safe poster, how to make a complaint, photographs of day and night staff on duty and photographs of service users availing of the service were clearly displayed.

Young persons had access to televisions, the Internet and information technology devices. Staff continued to ensure that young persons' preferences were met through daily consultation, the personal planning process and ongoing communication with young persons and their representatives. The inspector observed that young persons were treated with dignity and respect by staff throughout the inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Crannmor Respite Service OSV-0005005

Inspection ID: MON-0036097

Date of inspection: 15/07/2024

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
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment of staff continues to be a huge challenge for us. Ongoing bespoke recruitment campaigns will continue to target recruitment for the service area. The risk assessment of vacant staffing posts is reviewed and updated regularly. The staffing risk assessment has been consistently escalated in line with the organization's risk management.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• Recruitment of staff continues to be a huge challenge for us. Ongoing bespoke recruitment campaigns will continue to target recruitment for the service area.• All auditing templates to be reviewed.• Results of all audits to be a standing agenda item at team meetings, and to be discussed with the staff team for shared learning and for improvements to practice.• Additional training to be delivered to Person in Charge to ensure correct use of computerized audit tool. Correct use of the audit tool creates an action plan with completion dates for managers to follow to ensure monitoring of the quality of care.• Outdoor play equipment to be purchased and in place by 31/10/24.• Medication management systems will be reviewed to ensure they are complying with the organizations Medication Management policy.• Person in charge to contact HRC in relation to any outstanding referrals to be reviewed.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Outdoor play equipment to be purchased and in place by 31/10/24.	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Centre risk assessments will be reviewed and updated to ensure they are reflective of the risk register 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Medication management systems will be reviewed to ensure they are complying with the organizations Medication Management policy. • Monthly medication template will be updated to include review of IMARS and recommendations from the reviews will be discussed at team meetings. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> • All restrictive practices are to be reviewed to ensure all restrictions in use are referred to HRC. • Person in charge to contact HRC in relation to any outstanding referrals to be reviewed. 	

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	31/10/2024
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.	Substantially Compliant	Yellow	31/10/2024
Regulation 23(1)(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/10/2024

	designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
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	31/10/2024
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/08/2024
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks	Substantially Compliant	Yellow	31/08/2024

	identified.			
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	30/09/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/10/2024