



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

Issued by the Chief Inspector

Name of designated centre:	Rea Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Short Notice Announced
Date of inspection:	07 April 2021
Centre ID:	OSV-0005029
Fieldwork ID:	MON-0032161

About the designated centre

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

Rea services provide full-time residential care and support to adults with a disability. The centre comprises of two premises both located in a rural setting. One of the centre's premises is a single storey building which is divided into three self-contained apartments, two of the apartments are occupied by residents with the third being used as staff accommodation. Each of the residents' apartments contains a bedroom, bathroom, kitchen diner and sitting room. The centre's second premise is a two storey house which comprises of four self -contained resident apartments. Three of the apartments consist of a bedroom, bathroom, kitchen, dining and sitting room facilities. The fourth apartment has its own bathroom and separate sitting room, with access to the centre's communal kitchen, sitting and dining room facilities. Residents are supported by a team of social care workers in each of the centre's premises. Staffing levels are directed by residents' assessed needs with three staff being available during the day in premises one. Whereas in premises two, between two to three in premises are available during the day to support residents' needs such as support at day service provision. At night, residents in both premises are supported by overnight sleeping staff, who are available to provide assistance if required during the night, with additional waking night support being in place in premise one due to residents' assessed needs. In addition, the provider has arrangements in place to provide management support to staff outside of office hours, weekends and public holidays.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 7 April 2021	09:30hrs to 14:50hrs	Stevan Orme	Lead

What residents told us and what inspectors observed

Care and support provided at Rea Services was person-centred in nature, directed by residents' assessed needs and choices and actively promoted their well-being. Staff at Rea Services due to the residents' specific needs which related to behavioural and safeguarding concerns had worked to ensure that residents' daily routines and social activities were not significantly impacted upon by public health restrictions due to COVID-19.

Due to public health restrictions and the Health Information and Quality Authority's current inspection protocol, the inspection of Rea Services was only conducted in one of the centre's two premises. This part of the centre supported two residents in their own self-contained apartments within a single storey house. The house was located in a rural setting with local facilities only being accessible through the centre's own transportation.

Each apartment comprised of a bedroom, bathroom, kitchen dining area and sitting room. Although residents had a kitchenette area within their apartments, due to their assessed needs, meals were cooked by staff in the adjoining staff accommodation, however; residents were supported by staff to advocate their meal preferences, with each resident choosing the main evening meal on alternate days.

Residents' apartments very much reflected their individual preferences and assessed needs. One resident's apartment was well maintained and was decorated with personal photographs and ornaments. The resident appeared both relaxed and comfortable in their apartment and was happy to show the inspector around their home and tell them about memories relating to displayed photographs such as past pet animals. However, the other resident's apartment was very sparsely decorated and due to their behavioural needs showed evidence of wear and tear relating to frequent incidents of damage to the property. The inspector observed that due to their behaviours of concern, the resident had removed both fittings and paintwork from the apartment walls. Also due to an identified risks associated with the resident entering the adjoining staff accommodation from their apartment, the interconnecting door had been secured in an unsightly manner through the use of wooden batons which did not promote a homely feel to the centre. As with the interconnecting door, the provider had attempted to adapt the apartment in response to identified risks and in order to be more akin to the needs of the resident, other examples included the recessing of lighting and protection of electric fitting and the television with protective perspex coverings. However these actions had, had varying degrees of success and further improvements were required to ensure the premises was more appropriate in design to meet the resident's needs and to ensure it was kept in a good state of repair and condition.

On the day of inspection, the inspector had the opportunity to meet with both residents living at the centre. Due to the needs of the residents, staff supported the inspector to meet with both residents. As discussed earlier, one resident was able to

tell them about living at the centre which they had done for many years. The told the inspector they liked living at the centre, showed them around their apartment and also spoke about the activities they had been involved in that morning, which included doing the daily shopping for the house and visiting Shannon Airport which was one of their hobbies.

The inspector also had the opportunity to meet the second resident living at the centre, who had moved into their apartment in 2019. The resident was not able to communicate fully their views on the care and support they received at Rea Services, but appeared comfortable with all interactions with staff throughout the course of the inspection. The resident was also happy for the inspector to see their apartment and was able to tell them about music they liked, and plans to go to a takeaway burger restaurant later that day.

As well as residents telling the inspector about activities they had enjoyed or were planned for the day, staff also spoke about activities the residents liked to do. Due to the residents' assessed needs relating to challenging behaviour and safeguarding concerns, residents did not access formal day placements and were supported by the centre's staff with a bespoke day opportunity programme. Residents' activities were planned in line with agreed care and support protocols which included the avoidance of crowded environments. Due to these requirements, staff felt that during the course of the global pandemic, residents' daily lives had not been significantly impacted. Staff described how residents were still supported to do both their personal and food shopping, as well as go on walks and visit places of interest they enjoyed. One resident had also expressed a wish to light candles in church and this had been facilitated regularly by staff. Also one resident had expressed the view that due to their age, they now classed themselves as 'retired' and did not wish to do as many activities as previously which was reflected in the inspector's conversation with them.

Staff discussions and records also showed that increased staffing in response to the needs of one resident had a positive impact for the other resident at the centre. Staff told the inspector that prior to the resident coming to the centre in 2019, only two staff were available during the day and evening to meet the previous two residents' needs. However, since 2019, three staff were allocated each day between 08:00 – 18:00, which increased the opportunity for community activities for both residents. Changes in staffing due to residents' needs had also increased night-time supports, with both a sleep over and waking night arrangement in place. However, staff told the inspector that the provision of a waking night, may be subject to change in light of reduced incidents of challenging behaviour at the centre.

Staff interactions with both residents throughout the day were dignified and in accordance with any agreed support plans. When residents required staff support this was provided in a swift and responsive manner, especially when ad hoc support was requested by one resident through the use of a door bell into the staff area of the centre. The inspector observed interactions between staff and one resident throughout the inspection due to their location in the building. The resident was supported to participate in a range of activities from sweeping the garden, to art

work as well as planning as mentioned earlier a trip to a local takeaway restaurant.

Staff did highlight to the inspector, that in regards to the resident who had moved to the centre in 2019, they felt that due to the rural location of the centre, this limited their opportunities to access new activities they may enjoy. Staff were keen to offer the resident these opportunities such as access to swimming pools, due to the resident's age and a significant reduction in their challenging behaviour since their initial transition to the centre in 2019. Staff consistently reinforced to the inspector, the positive changes in the resident which they felt was due to their increased knowledge of the resident's needs, the use of consistent care approaches and the resident becoming more at ease in their new home. These factors as mentioned, resulted in staff feeling the centre did not meet the resident's long-term needs and offer them the scope of opportunities they may wish to participate in due to its location. This view had been discussed at several multi-disciplinary meetings relating to the resident's needs and subsequently a long-term proposal was in the course of being developed.

Throughout the inspection, staff spoke both positively and with knowledge about the two residents at the centre. In relation to the resident who had moved in 2019, they spoke about how they supported them with their transition to the centre, the levels of challenging behaviour which had occurred, and the care supports they had implemented in response. Staff were also keen to tell the inspector about how due to the implementation of a consistent, clear approach to the resident's needs, aggressive behaviour towards staff had significantly reduced. Although both staff and reviewed records showed that the resident was still involved in incidents of damage to property on a daily occurrence, staff had attempted to adapt their apartment more to meet the resident's needs and agreed strategies were in place for the management of the aforementioned behaviour which mitigated the risk to both the resident and staff.

Staff also spoke with the inspector and provided documentary evidence to show how the two residents were involved in making every day decisions in the centre. Residents were supported each day to decide on what activities they wished to do as part of their bespoke day programme. In addition, as stated previously residents chose the evening meals for the week on alternate days. Due to resident's wishes and assessed needs they did not participate in reviews of their care and support, apart from one resident who attended review meetings which related to restrictions on their daily routines due to behavioural and safeguarding concerns. The record of the Human Rights Committee attended by the resident showed that they were made aware of the recommended restrictions and the rationale why they should be in place and had consented to these actions being taken to support their needs.

Furthermore, information was available to both the residents and their representatives on the facilities and care provided at the centre through the centre's resident guide. In addition, information was available to residents and their representatives on how they could make a complaint if they were not satisfied with any aspect of the care and support they received. Records showed that no complaints of this nature had been received since 2017. Records of this complaint were comprehensive in nature and recorded both the complaint, actions taken in

response and whether or not the complainant was satisfied with the outcome. The provider's complaints policy also signposted to their appeals procedure in the event that the complainant was not satisfied with the outcome of their raised concern.

Staff spoke with the inspector also about how they had supported residents to maintain family contact in light of the public health restrictions. One resident was supported to have regular phone calls with their mother as well as family visits to the centre prior to the implementation of level 5 restrictions. Staff discussed plans with the inspector on how the resident will meet with their mother after the easing of restrictions in April.

In summary, care and support practices at the centre had positive impacts on the management of challenging behaviour and safeguarding concerns associated with the residents' assessed needs. In relation to one resident, positive changes in their lived experience at the centre, had led to staff exploring their long-term care needs and whether the current centre due to its location would offer then the scope of opportunities they may wish to access as their needs changed.

Through reviews of documentation, observations and speaking with staff, it was evident that the person in charge and staff team at the centre were continually striving to ensure that the care and support provided to residents was person-centred in nature and effective in meeting their needs, although some improvements were required in relation to personal planning and the premises which will be described later in their report.

Capacity and capability

Clear and effective governance and management arrangements at Rea Services ensured that the care and support provided to residents was person-centred, reflected their needs and promoted well-being. The centre was suitably resourced to meet residents' care and support needs, and although impacted by public health restrictions this had not had a detrimental effect on the lived experience of residents. Although governance and management of the centre was effective in nature, improvements were required in personal planning arrangements and the premises which will be discussed later in this report.

Practices at the centre were overseen by a full-time and suitably qualified person in charge who although being responsible for a further two designated centres in the local area was actively involved in the running of the centre and ensured a good quality of care was provided. The person in charge due to their role and responsibilities within the provider entity was supported by either a team leader or social care leader in each of the centre's two premises. The person in charge was knowledgeable about the needs of the residents in the house the inspection was conducted in.

Staff told the inspector that although COVID-19 had reduced the frequency of the

person in charge's visits to the centre due to the risk of cross contamination, they would on average be at the centre once a month. Staff discussions and reviewed records also showed that due to COVID-19, regular team meetings at the centre had not been facilitated since July 2020, although staff consistently told the inspector that they were updated daily on changes in residents' needs and the operational running of the centre. Staff also told the inspector that if they had any concerns or issues requiring clarification they could go to the team leader or contact the person in charge via the telephone or an email, which would result in a swift response to their requests. Staff also told the inspector that they had access to both informal and formal styles of supervision, with formal one-to-one supervision being undertaken by either the person in charge or team leader dependent on the role of the staff member at the centre.

The person in charge and team leader completed a range of management audits on practices at the centre including health & safety, fire safety, infection control, complaints and accidents & incidents. These audits were recorded either in hard copy or through the provider's online portal, which enabled the person in charge and senior management to have instant access to information about residents and the centre, and enabling them to monitor the effectiveness of the centre both in situ and remotely. Where areas for improvement had been identified, clear action plans showing both the person responsible for agreed actions and timelines for achievement were in place.

The monitoring of the care and support provided was further reinforced through the provider completing of quality assurance activities as described in the regulations. The provider undertook six monthly unannounced visits to the centre as well as an annual review into the care and support provided. Both the visit and review were completed by a delegated member of senior management and provided assurances that residents' needs were being consistently met at the centre. As with local management audits, where areas for improvement were identified, clear action plans were in place to address the issues raised. In addition, the provider's annual review into the care and support provided, as well as reviewing practices also facilitated the views of both residents and their representatives about their experiences at the centre, with these being consistently positive in comments captured in the reviewed documents.

As stated earlier in this report, appropriate numbers of suitably qualified staff were engaged at the centre to meet residents' needs. Changes in staffing levels to reflect the needs of one resident had ensured their needs were met, and also provided increased opportunities for community activities for the other resident at the centre with positive results.

Discussions with staff during the inspection, clearly evidenced that they were both committed to ensuring a person-centred approach to the needs of the residents. Staff were knowledgeable about how residents' needs were supported in line with agreed plans, and how their individual interests and preferences were promoted on a daily basis. Staff knowledge was further reinforced through them having regular access to training, with reviewed records showing that all staff at the part of the centre inspected having completed the provider's mandatory training requirements,

as well as training specific to the needs of residents and in light of current circumstances relating to risk associated with COVID-19.

Regulation 15: Staffing

Appropriate numbers of suitable skilled staff were in place at the centre to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice throughout the day.

Judgment: Compliant

Regulation 16: Training and staff development

Staff knowledge about residents' needs and current developments in health and social care practices was reinforced by regular access to training, which in the last twelve months had included the responses to a possible management of an outbreak of COVID-19, wearing of PPE and the recognition of the known signs & symptoms of COVID-19.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management arrangements ensured that practices at the centre were subject to regular review to ensure they were effective in meeting residents' needs and complying with both regulatory requirements and organisational policies. Where improvements were identified, clear actions plans were implemented to ensure they were swiftly addressed to ensure residents' well-being.

Judgment: Compliant

Regulation 34: Complaints procedure

Although no complaints had been received about care and supports provided at the centre since 2017, clear arrangements were in place to both investigate and respond to future concerns including the recording of the complainant's satisfaction with the outcome.

Judgment: Compliant

Quality and safety

Residents at Rea Services received person-centred care and support which reflected both their assessed needs, agreed care and support strategies and reflected their likes and preferences. Practices at the centre had led to positive and consistent improvements in the management of both residents' challenging behaviours and safeguarding concerns. Staff in addition ensured that residents were empowered to make decisions about their daily lives.

Personal planning arrangements were in place for all residents at the centre, with reviewed personal plans being very comprehensive in nature and reflected both observed practices and discussions with staff. Care plans were structured with clear guidance for staff on all aspects of residents' needs which ensured a consistency of approach. Where changes or multi-disciplinary recommendations had been made on the care provided, these were reflected in amended parts of the plans especially in relation to the management of behaviour. Residents had been supported to identify goals they wished to achieve in the year including going to sporting events; once re-opened in line with public health restrictions, improving physical health and maintaining family contact. Records showed that progression with these goals were regularly monitored by staff to promote their achievement. The inspector also observed that attempts had been made to make residents' personal plans more accessible to them through the use of the 'My Life Story' part of the plan which used photographs to reinforce residents' likes and interests, and describe their daily routines and key people who were important to them.

Although as stated aspects of the residents' personal plans such as behaviour and safeguarding as well as healthcare was subject to regular review by multi-disciplinary professionals. The provider had not ensured that a process was in place to look at all aspects of the residents' care to ensure its effectiveness. For example, reviews had not occurred outside of the resident/key work relationship on the achievement of goals as well as a reviews into the effectiveness of arrangements for the accessing of community activities, general healthcare, communication, personal care arrangements and educational opportunities. Further actions was therefore required by the provider to develop a system which holistically reviewed all aspects of the care and support provided to ensure both its effectiveness and aid in the development of long-term goals and aspirations to meet the residents' changing needs.

Although an overarching review system for residents' care and support was required to be developed, arrangements for the management of challenging behaviour was subject to regular MDT review and updated where applicable. Reviewed behaviour support plans and support protocols were comprehensive in content and clearly guided staff on supports required both from a proactive and reactive standpoint,

and ensured a consistency in approach for residents. Where behavioural supports warranted the need for a recommended restrictive practice, this was agreed through the provider's Human Rights Committee which involved where possible the resident or their representatives. Restrictive practices in use at the centre had clear rationales on when, how and why they would be used and were the least restrictive option in light of the identified assessed need.

Also as stated earlier in the report, residents were supported to access a range of activities by staff which reflected their needs and preferences. Although public health restrictions had by their very nature had an effect on activities undertaken such as residents being encouraged to wear face masks when doing grocery shopping, staff felt that overall restrictions due to the residents' assessed needs had not had a detrimental effect on their day-to-day lives.

Risk management arrangements at the centre were comprehensive in light of the assessed needs of the two residents' and clearly guided staff on agreed practices at the centre. In response to the global pandemic, enhanced arrangements had been implemented to manage the risk of a possible outbreak of COVID-19 at the centre. The person in charge had developed a centre specific COVID-19 response plan which informed staff of actions to be taken in all eventualities such as an outbreak amongst residents or staff shortages. The plan was very much a 'live document', and kept under regular review to ensure in guided staff effectively and reduced the level of risk.

In addition, self-assessments were completed on compliance with agreed infection control procedures at the centre and enhanced cleaning arrangements were in place. Furthermore, on arrival at the centre, the inspector was subject to a temperature check and staff informed them that this occurred for all staff and visitors on arrival at the centre to ensure they were not displaying any of the known symptoms of COVID-19, and therefore present a risk to the residents. The inspector also observed that all staff wore face masks during the day and supplies of both PPE and alcohol sanitizer were readily available throughout the centre along with key information on how to recognise the symptoms of COVID-19 and prevent the spread of the virus.

Regulation 13: General welfare and development

Residents were supported to participate in a range of activities which reflected their assessed needs, wishes and interests. Staff told the inspector that due to residents' assessed needs they had been able to maintain their usual daily routines even under public health restrictions. Furthermore, increased staffing due to the needs of one resident, had led to greater opportunities to access the local community for both residents at the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was not appropriately designed and decorated in line with the assessed needs of one residents at the centre leading to frequent incidents of damage to property, and a poor state of repair and decoration. Where adaptations to the resident's apartment had occurred these had, had various degrees of success and did not promote a homely environment such as the unsightly securing the of the apartment's interconnecting door utilising wood batons. Furthermore due to the resident's behaviour, large sections of paintwork on the walls throughout their apartment had been damaged, fittings had been pulled off the walls leaving damage and unfilled screw holes behind, and damage had occurred to the headboard of the resident's bed. In addition, doors to bedroom wardrobes had either been pulled off by the resident or removed by staff in response to this identified risk.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that possible risks to residents, staff and the general public were identified, assessed and appropriate control measures implemented.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control practices at the centre were comprehensive in nature and had been enhanced in light of the provider's COVID-19 policies and the implementation of public health restrictions. Staff had received COVID-19 related training and had easy access to both PPE and alcohol sanitizer supplies at the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Comprehensive fire safety arrangements were in place at the centre including the availability of maintained fire detection, containment and extinguishing equipment. As well as emergency evacuation arrangements for residents and staff which were

subject to regular review to ensure their effectiveness.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal planning arrangements at the centre needed to be further developed to ensure that the effectiveness of all aspects of care and support provided to residents were reviewed at least annually. The development of a more holistic approach to the review of care and support provided was needed as currently each aspect was done in isolation of each other which did not assist in full providing assurance on their effectiveness and facilitating the development of long-term plans for the supports to be provided to residents as their needs changed.

Judgment: Substantially compliant

Regulation 6: Health care

Arrangements were in place to ensure that residents had access to a range of healthcare professionals in line with their assessed needs as and when required. Where residents had accessed healthcare professionals this had been facilitated in a range of different methods such as face-to-face, telephone and video consultations due to the impact of COVID-19.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents needed support due to challenging behaviour, clear care plans were in place which reflected the resident's specific needs and promoted a consistency of approach within the staff team. Plans were subject to regular review and where restrictive practices had been recommended due to the needs of the resident, these were proportionate to the identified need and were the least restrictive option available.

Judgment: Compliant

Regulation 8: Protection

Due to the assessed needs of residents at the centre, safeguarding arrangements were comprehensive in nature and subject to regular review. Staff were knowledgeable on all agreed protocols and had access to up-to-date training to ensure their knowledge reflected current health and social care practices.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were actively encouraged by staff to make decisions about their lives such as meal, activities and clothing choices. Residents and their representatives had access to information on how to make a complaint if they were not happy with any aspect of the service they received. Residents were also supported to attend meeting which impacted on their daily lives such as the provider's Human Rights Committee, where restrictions on their daily routines were agreed and reviewed.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rea Services OSV-0005029

Inspection ID: MON-0032161

Date of inspection: 07/04/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in charge in conjunction with the Team Leader, staff team, Sector Manager, Facilities Manager and Service Coordinator are looking at the living area of the resident to identify areas for improvements, replacement and purchase of new furniture that meets the needs of the resident, changes required within the apartment to ensure safety for both the resident and the staff working there. We will schedule a plan of works to firstly repair the existing damage, this will include the plastering and completion of the area where the wooden batons are exposed, the painting of the walls and the screw holes filled in. These works will be completed 31st June 2021. The Person in charge is sourcing suitable beds and other bedroom furniture from the UK to meet the needs of the resident and this will be ordered by 31st May 2021. We will also identify the changes needed to the apartment to better suit the support needs of the resident by looking at existing plans amending and changing these in consultation with the staff team, setting up a schedule of works and securing the necessary contractors to complete the work required by December 31st 2021.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in charge will organize a complete annual review for each resident to incorporate all aspects of their lives which includes, health, personal plans, behavior support needs, family and pastoral care needs. This review will be attended by the resident if they choose to, necessary multi D staff, family members where possible, key worker and Team Leader. This can be further reviewed at Team meetings as necessary</p>	

with individuals reviewed notes recorded separately and filed in their own individual profiles. These reviews will be completed by June 311st 2021.

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2021
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in	Substantially Compliant	Yellow	30/06/2021

	needs or circumstances, which review shall be multidisciplinary.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/06/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/06/2021