



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

## Issued by the Chief Inspector

Name of designated centre:	DC 16
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	15 April 2021
Centre ID:	OSV-0005657
Fieldwork ID:	MON-0032017

## About the designated centre

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

Residential services in Designated Centre 16 provide supports and services to adults with an intellectual disability which is provided by St. John of God Kildare services. The centre consists of three community houses, two of which are bungalows with apartments attached and the third being a dormer bungalow in a town in Co. Kildare. There is capacity for eleven residents in the centre and is staffed 24/7 by social care workers, healthcare assistants and nursing staff. Residents are supported to attend their day service in the community or avail of home-based day activation programmes. Residents have access to multidisciplinary supports provided by St. John of God, if necessary, such as, psychologist, psychiatrist and social worker. All other therapeutic techniques and supports are accessed, as required, through referral from the resident's general practitioner (GP). Residents have access to service vehicles when required.

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

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Thursday 15 April 2021	09:45hrs to 16:30hrs	Erin Clarke	Lead

## What residents told us and what inspectors observed

From the feedback received during the inspection and what the inspector observed, it was apparent that the lived experiences of residents living in this designated centre were very positive. The centre comprises of three houses in the community and was opened by the registered provider St. John of God in 2018 for 11 residents who had transitioned from a large congregating setting.

This inspection took place during the COVID-19 pandemic, and as such, the inspector adhered to national best practice and guidance concerning infection prevention and control measures. The inspector visited one of the three houses in the designated centre to reduce movement between the three locations due to COVID-19 preventative precautions. The inspector met with three of the four residents living here, the person in charge and staff. The inspector also spoke via telephone to three family members from across the designated centre after the inspection.

The centre was warm, homely and welcoming on arrival. The premises was designed and laid out to meet the assessed needs of the residents. The building was a single-storey bungalow and had two living areas, a kitchen, staff office, bathrooms and large garden areas where the residents had recently done some gardening activities. All residents had their own bedrooms, which had been personalised to suit their own preferences, and one resident had their own apartment. The inspector observed Easter cards that the residents had received from their family members on display in the centre.

On arrival at the centre, staff were seen gently encouraging residents to mobilise around the centre and attend to their morning routines. The inspector observed staff and resident interactions and noted that staff were responsive to residents' needs and familiar with their communication methods. When the inspector was introduced to residents, it was evident that some residents were aware of the inspector's role and spoke to the inspector about previous inspections.

The inspector met with one resident who told them about how their day was going. They spoke with the inspector about things they liked to do and how they liked to spend their time. They also talked about the impact of the COVID-19 pandemic and how they were missing spending time with their family and going to day services but that they were hopeful after being vaccinated that this would resume. Later in the morning, residents were observed leaving the house to attend a day service programme at another house within the designated centre. While another resident attended a physiotherapy appointment. The inspector observed that residents appeared comfortable in the presence of staff and were observed to be keeping busy doing activities of their choice in their home. For example, one resident was doing some arts and crafts at the kitchen table with staff. Another resident was playing a musical instrument and listening to music.

It was evident to the inspector that residents enjoyed a good quality of life, albeit the impact of the COVID-19 pandemic could not be underestimated. For example, most of the residents living in these three houses regularly visited their family homes prior to COVID-19. In the 12 months preceding this inspection, these important visits were significantly curtailed. The person in charge informed the inspector how these relationships were maintained through window visits and video calls.

The inspector also found that residents were supported to lead everyday daily routines despite the restrictions in place. A wrap-around day service had been established in one of the houses prior to COVID-19, for those residents that wished to opt out of returning to the campus-based day services. This model was expanded to all other residents whose day services closed due to COVID-19 restrictions. The focus of the wrap-around service is community integration and having ordinary lives in ordinary places through developing social skills, safety and lasting skills.

Residents were encouraged and supported around active decision-making and social inclusion. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and where decisions were being made. Where appropriate, residents were encouraged to help out in household tasks. For example, one resident liked to bring glass bottles to the recycling centre and was observed by the inspector going to collect bottles from the houses as part of this task.

The inspector spoke with a family member of a resident from each of the three houses. Family members were highly complimentary of the service provided to their loved ones from management and staff. Residents' family members were happy with the staff supporting their family members, telling the inspector that they are 'brilliant', 'caring' and 'wonderful'. One family member told the inspector that they 'couldn't wish for a nicer place' for their family member to live and that the person in charge and staff had put residents first during the current pandemic. For example, residents were supported to put together care packages and Mothers Day cards for a window visit for Mothers Day.

All families had initially expressed concern at the proposed move from the campus-based setting to the community and the potential disruption this could cause their loved ones. However, all families informed the inspector that the transition had a positive impact for their family members by increasing meaningful activities, social skills, and overall happiness for the resident.

It was observed that there was sufficient staff available to meet residents' care needs. The staff team was seen to be well established and were familiar to residents. A communication board in the centre informed residents of the staffing arrangements for the week ahead with pictures of staff. Residents who spoke to the inspector were aware what staff members would be working that evening and the following day.

As a result of this inspection, the inspector found that each resident's well-being and welfare was maintained to a good standard. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff

were striving to ensure that residents lived in a caring environment and support residents to live their best life and one of their choosing. An area for improvement identified by the inspector involved the systems in place to document and monitor the fees paid by residents and how these were paid. The inspector highlighted that the systems in place were often hard to follow and allowed for errors to occur, and had impacted residents in two of the three houses. While all residents were availing of the same service, it was not evident that all residents contributions were equal. This is discussed further under regulation 24: admissions and contract for the provision of services and regulation 12: personal possessions.

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 inspector found that the registered provider and person in charge effectively monitored the quality of care and support for residents. From speaking with residents and staff, it was evident that every effort was being made to ensure residents were happy and safe in their home. Residents were supported to develop and maintain their independence and be involved in the day-to-day running of the centre. The registered provider had notified the Chief Inspector on 31 March 2021, that due to financial concerns, that they would be no longer able to continue to provide residential services from 30 September 2021. At the time of writing the report, discussions were underway between St John of God Community Services Company and the Health Service Executive (HSE) to a solution and next steps to the operation of all 94 designated centres under this provider.

Notwithstanding the above, it was found that the provider had ensured that residents' quality of life was supported by staff members familiar to residents and that the centre was well resourced to ensure that the positive aspects of residents having their own home continued to be developed. Many staff members had transitioned with the residents from the campus-based setting and were well known to residents, and were knowledgeable about their support needs. Families and residents were also informed regarding the status of the provider and the ongoing talks with the HSE. The provider had ensured that a spokesperson was made available to answer any concerns raised, and families were reassured that the staff teams that worked in the centres and were vital to residents' general wellbeing would remain. The family members informed the inspector that they were kept informed of any developments and that there was good communication between the provider and families.

The inspector found the provider had an effective and responsive management system in place, impacting positively on the lived experience of residents. The high levels of compliance found on inspection were reflective of a service that

demonstrated a person-centred approach while embracing continuous improvement. For example, the provider had ensured that an annual review of the quality and safety of care and support had been completed. The inspector noted that the annual review was centre-specific and was resident-focused. The provider acknowledged the service's achievements and challenges and the impact they had on quality and safety. It was apparent to the inspector that the annual report was designed with the residents and families in mind using photographs and quotes to demonstrate how the centre had met its objectives.

The inspector identified that the centre was managed by a suitably qualified, skilled and experienced person in charge who had a clear vision and understanding of the service to be provided. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear insight into the residents' assessed needs and support requirements.

The person in charge informed the inspector that there were some staffing vacancies due to cocooning leave, redeployment and other long-term leave. On review of the interim arrangements to cover for the gaps in roster cover, the inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents, and continuity of care for residents was provided for.

There were systems in place for the training and development of staff. Staff were provided with training appropriate to their roles, such as administering medicines, safeguarding, positive behaviour support, and infection prevention control. Due to the difficulty in facilitating internal and external trainers during the COVID-19 pandemic, the provider had redeveloped some training so it could be delivered online to staff. The person in charge was aware that fire safety refresher training had remained outstanding for a number of staff, but had not yet received a date for when this would be completed at the time of the inspection.

The inspector reviewed the provider's admissions policy and procedures, which were in line with the centre's statement of purpose. No new admissions had happened since the previous inspection. An area identified by the inspector as requiring improvement was the residents' contract of care. The list of fees payable by the residents did not match the bills that were documented in the centre. This is discussed further under quality and safety.

## Regulation 14: Persons in charge

The person in charge was very familiar with the assessed needs of the residents and knowledgeable of their role and responsibilities. They were engaged in the governance, operational management and administration of the centre and were based in the designated centre. The person in charge had responded to actions plans generated from internal reviews, which ensured that the quality and safety of the service was maintained to a good standard. Residents were very familiar with the person in charge and appeared to have a very positive relationship with them.



Judgment: Compliant

### Regulation 15: Staffing

The person in charge had prepared a planned and actual roster that accurately reflected the staffing arrangements in the centre. The inspector identified that nursing support was available as stated in the statement of purpose. Six-week rolling rosters were in place with built-in relief staff to cover any absences.

The inspector was informed that due to absences among the relief team, there was a 6.5 whole time equivalence (WTE) staffing deficit. However, the person in charge explained that there was a recruitment drive underway, and regular staff were taking on overtime to cover where necessary. This ensured no gaps in cover, and residents were supported by staff that were familiar to them.

The person in charge also informed the inspector that no agency staff were employed as a control measure during the COVID-19 pandemic and relief staff that were working in the centre were only employed within this designated centre. Additionally, the provider had a clear contingency plan in place in the event of staff absences due to COVID-19.

Judgment: Compliant

### Regulation 16: Training and staff development

Discussions with the person in charge indicated that all staff had completed recent baseline and refresher training in infection control prevention and management. This included hand hygiene, the correct use of personal protective equipment and breaking the chain of infection. Online platforms operated by the HSE facilitated this training.

There were some gaps in fire safety refresher training as this could not be facilitated online. Dates for completion had not been approved at the time of the inspection.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management systems were ensuring that care and support for residents were closely monitored. These systems included regular audits in the centre and six-monthly reviews by the provider or a person nominated by them. These audits and

reviews were identifying areas of good practice and areas for improvement. An annual report on the safety and quality of care and support in the centre had been generated following these. A discussion took place during the inspection as to how the annual report could be improved upon to ensure the national standards were incorporated into the annual review.

The person in charge also carried out a suite of audits to ensure the best service possible was being provided to residents. Local audits included medicines, safeguarding, care plans, infection control, fire safety, meaningful day, mealtime experience, privacy, and dignity.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of contracts for the provision of services, and it was observed that they did not accurately set out the fees to be charged. While the contract for some residents stated that utility bills and groceries bill were split, the inspector found other payments in the daily recording sheets were being made, such as bins, car wash, grass cutting, and house car valet. The payments of such required review to ensure they aligned with the contract of care. This is also referred to under Regulation 12 Residents' personal possessions.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. Some amendments were required to the floor plan contained within the statement of purpose to ensure they aligned with the floor plans submitted as part of the centre's registration.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. For example, the quarterly notifications were being submitted to the

Chief Inspector as per the regulatory requirement.

Judgment: Compliant

## Quality and safety

The inspector found that the management systems in place ensured the service was effectively monitored and provided appropriate care and support to residents. The inspector reviewed a number of areas to determine the quality and safety of care provided, including residents' rights, fire safety, safeguarding, risk management, infection control and behaviour management. The inspector found that these areas were compliant and that the registered provider, management and staff were promoting person-centred care and support for residents living in the designated centre. Improvement was required in relation to the oversight and monitoring of the expenditure systems in the centre.

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, from training records reviewed, staff had training in infection control, personal protective equipment (PPE) and hand hygiene. The person in charge also informed the inspector that there were adequate supplies of PPE available in the centre, and it was being used in line with national guidelines. The inspector observed staff wearing PPE throughout this inspection and noted there were adequate hand-washing facilities and hand sanitising gels available throughout the house. While visits to the designated centre had not yet recommenced in line with public guidance, there was a dedicated visitors room with all applicable standard precautions available for visitors.

Upon reviewing the systems in place and supports available to positively address behaviours of concern, the inspector noted that the provider had a clear referral pathway for residents to access positive behavioural supports in a timely manner. Where required, residents had a behaviour support plan to guide staff on how best to support their assessed needs and was subject to a suitably professional review. Trending of notifications submitted to the chief inspector showed a decrease in incidents since the centre had become operational. Therefore, the behaviour support plans reviewed by the inspector were effective in supporting residents in managing their behaviour. The inspector also noted that the environmental change for residents, the overall reduced resident numbers and increased staffing ratio compared to previous living arrangements, attributed to the decrease in the behaviours that concern.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. There had been no safeguarding or adverse incident occur in the centre since the previous inspection.

A review of a sample of residents' information demonstrated that comprehensive assessments of residents' health and social care needs were completed. The person in charge explained that the personal plans assessments were currently under review so the information could be made available to residents in various accessible formats. There was evidence the assessments and residents' personal plans were regularly reviewed to reflect changes in needs and circumstances for the residents. Residents' health needs were captured in their plans, and information on how to best support residents was clearly displayed. There were regular correspondences with external healthcare professionals for some residents. Members of the provider's multidisciplinary team were involved in the development of supports for residents, and the provider's audit systems prompted their input if required.

The inspector reviewed fire precaution measures and found a fire alarm and detection system in place along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident, which clearly outlined the individual supports required in the event of a fire or similar emergency. Regular fire drills were taking place in the centre, and records demonstrated that residents and staff could evacuate the centre without difficulty in a reasonable time frame.

There were systems in place for the assessment, management and ongoing review of risk in the centre. There was a risk register, and general and residents' individual risk assessments were developed and reviewed as required. There was evidence of review of incidents and adverse events and of learning following these reviews. Residents' risk assessments were also reviewed and updated following these reviews. The person in charge shared trending and learning following these reviews at management and staff meetings.

The inspector reviewed systems in place to safeguard residents' finances and the recording of daily expenditure. The inspector found that improvements were required in the oversight and the management of residents' finances. The inspector acknowledged that some of the recording tools were confusing and difficult to reconcile, leading to errors identified by the inspector. This is clarified further under Regulation 12: Personal possessions.

## Regulation 11: Visits

Residents had access to a private space in the centre, separate to their bedrooms, to facilitate visitation from friends and family, when COVID-19 restrictions allowed this.

Judgment: Compliant

## Regulation 12: Personal possessions

As previously discussed, improvements were required in the management of residents' finances. The inspector reviewed a sample of financial records and found discrepancies in the methods and consistency of oversight. Two different systems were in place depending if the residents paid a set contribution towards their accommodation or split bills. The houses that used the system of split bills had two different cash books in place, one to document utility bills and one to record groceries. Residents paid a set amount each week for both that was put aside. The inspector found examples of household items being purchased through the bill's cash book, for example, a kettle and other household items. There were also examples where monies collected for bills were loaned to petty cash when it ran low. The inspector found that the system used did not reflect best practice and was open to error. It was also difficult to decipher from these cash books the total amount spent every month by residents.

Judgment: Not compliant

### Regulation 13: General welfare and development

Considering the public health guidelines that the provider was strictly adhering to, residents were being supported well to engage in activities. Residents had access to a day activation programme from one of the houses.

It was evident that staff were being creative with residents and supported them during this time away from their regular activities. Staff also supported residents to maintain contact with their family and friends through alternative methods such as video calls.

Judgment: Compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk. A risk register was in place, and general and individual risk assessments were developed and reviewed as required.

There were systems to respond to emergencies and for the review and trending of incidents and adverse events. The person in charge ensured learning from these reviews was shared at team meetings.

A comprehensive risk assessment had been completed for the COVID-19 pandemic and there were contingency controls in place. These included workforce planning, infection prevention and control measures, visiting arrangements and resources.

Judgment: Compliant

### Regulation 27: Protection against infection

A COVID-19 contingency preparedness plan was available for review. It was comprehensive and included a named infection prevention and control lead. The provider had reviewed all cleaning products in use in the centre to ensure they were in line with HSE guidance.

The person in charge ensured that staff had access to up-to date infection control information and protocols. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre, with a range of resources available. There was adequate personal protective equipment available.

A review of training records showed that staff had completed the recommended infection prevention and control training, including hand hygiene and donning and doffing of personal protective equipment (PPE). Staff were observed to follow correct hand hygiene practices, and all staff wore face masks correctly and in line with the guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had taken appropriate actions to ensure that residents, staff and visitors were protected in the event of a fire in the centre. There were suitable fire containment measures in place, and the provider had installed self-close devices on doors in higher risk areas to further improve containment arrangements.

The person in charge also completed fire safety audits which included knowledge checks of staff on the fire safety precautions and procedures. Records showed that fire safety equipment was serviced and repaired in line with the manufacturer's guidance.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had individual activation plans in place, which had been adapted to reflect activities that could be completed during the COVID-19 lockdown period. This

included country walks, developing a fairy garden, watching mass on tv, relaxing in the sensory room, and going for drives.

The inspector found that residents' personal plans demonstrated that, prior to COVID-19 restrictions, residents were supported to be involved in their local community in accordance with their individual interest. Some personal goals were affected by the restrictions, such as going to a Chelsea match, off road driving, and attending computer classes. It was evident that residents were at the centre of goal planning, and all goals in place detailed why that particular goal was important to the resident.

The provider and person in charge had self-identified that improvements could be made to the personal planning process to make plans more accessible to residents and there was evidence that this process had commenced.

Judgment: Substantially compliant

### Regulation 6: Health care

The healthcare needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health. Appointments with allied health professionals were facilitated with records maintained of these.

The inspector found residents' care plans were updated and reviewed at regular intervals and in line with residents' assessed needs. Residents also had access to nursing staff where required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and had access to a full-time behavioural therapist within the service. Residents had positive behavioural support plans in place when required, which were subject to regular review and updated in line with residents' changing needs.

Staff had the knowledge, skills and training to support residents. The support plans in place clearly guided staff to support residents.

Restrictive practices were logged and regularly reviewed, and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration.

The person in charge could demonstrate that while some incidents were occurring,

the intensity of such had dramatically reduced since the move to a new environment, and this demonstrated the success of the transition.

Judgment: Compliant

### Regulation 8: Protection

There were care plans in place that outlined residents' support needs and preferences with regard to the provision of intimate care, and these plans promoted dignified care practices.

Staff working in the centre had received training in safeguarding vulnerable adults with up-to-date refresher training provided.

There were procedures to keep residents safe in this centre, and there were no safeguarding concerns in the centre.

The management of resident finances has been addressed as above.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed that residents' rights were promoted. Residents were consulted in the running of the centre and in decision-making through resident meetings and through the annual report consultation process.

Residents' meetings took place once a week, and these were used to discuss menu choices and activities for the week ahead. Accessible pictures were used during these meetings when offering choice to residents. These meetings were also used to inform residents about current restrictions in place due to COVID-19.

Residents were observed to be treated respectfully throughout the inspection, and residents were also seen to be offered choice by staff on duty.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	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 DC 16 OSV-0005657

Inspection ID: MON-0032017

Date of inspection: 15/04/2021

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Fire safety training – the Person in Charge will ensure that all staff receive fire safety training by 30/06/2021	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The registered provider will ensure that Contract of Care are issued to residents by the 31/07/2021. The contracts and the fees will be based on the Residential Support Services Maintenance and Accommodation Contribution Assessments in line with the current legislation.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Person in Charge has updated the Statement of Purpose to ensure that the floor	

plans reflect the usage of the rooms.

The separation of designations was completed and the actual number of staff employed indicated beside the Whole Time Equivalent in the Statement of Purpose.

Regulation 12: Personal possessions

Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The Person in Charge and the Residential Coordinator will review the financial contributions to ensure that monies were spent on the correct items; and if not address this and reimburse the residents.

A standardised process for RSSMAC assessments has been developed by the Registered Provider and will be implemented in designated centres across the region.

A Regional RSSMAC oversight committee has been established to address any inequities/arrears or disputes regarding fees or assessments and this committee will consider any outstanding and ongoing RSSMAC concerns.

Residential Support Services Maintenance and Accommodation Contribution Assessments will be completed and new Contracts of Care will be issued to the residents by 31/7/2021.

The current system of utility and food contributions will be reviewed and any identified deficits will be addressed. A more transparent and accountable system pertaining to house purchases will be implemented and changes will be communicated to residents and reflected in the contracts of care where relevant.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Person in Charge will ensure that accessible plans are developed for residents with the residents individual needs and abilities considered.

The Person in Charge will be a lead representative at the Electronic system MPP Group

which is convening from June 2021. The group will develop a report and recommendations regarding MPP's in the region.

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/07/2021
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.	Substantially Compliant	Yellow	30/06/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and	Not Compliant	Orange	31/07/2021

	welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	24/05/2021
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/08/2021