



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

Issued by the Chief Inspector

Name of designated centre:	Kilcarn Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	04 October 2022
Centre ID:	OSV-0007759
Fieldwork ID:	MON-0028987

About the designated centre

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

This centre was run by Brothers of Charity Services Ireland CLG and provides residential care for up to three residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one house located a few kilometres from Galway city. Each resident have their own bedroom, shared bathroom, sensory room, utility, kitchen and dining area, sitting room and access to a well-maintained garden area. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 4 October 2022	09:00hrs to 14:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection. On arrival at the centre, the team leader guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

The inspector met and spoke with the team leader and staff members on duty in the centre. The inspector also met with both residents living in the centre and observed them in their home as they went about their day, including care and support interactions between staff and residents. Residents spoke on their own terms but were unable to tell the inspector their views of the service. They appeared in good form, content and comfortable in the company of staff. Staff were observed to know the residents well as they chatted and interacted with residents in a friendly, caring and respectful manner.

Kilcarn Services is a single storey dwelling located in a rural area a few kilometers from Galway city. The centre is registered to accommodate up to three residents. The house had three bedrooms, kitchen, dining area, living room, sensory room, utility room, shared assisted bathroom with an accessible shower and a separate toilet. Residents had access to large and well maintained mature gardens with a variety of plants, shrubs and trees. There was a variety of seasonal and colourful flowers planted in pots and window boxes providing an inviting entry to the centre. There was an outdoor dining area with suitable furniture provided to the rear garden area. The garden area was secure with electronic gates to the front entrance area. The house was accessible with suitable ramps and handrails provided. The centre was found to be spacious, bright, comfortable, furnished and decorated in a homely style, well maintained and in a visibly clean condition throughout. There were cleaning schedules in place and records reviewed showed that cleaning was completed on a regular on-going basis.

At the time of inspection there were two residents living in the centre and a third resident visited occasionally as part of a planned transitioning process to live there. All residents had their own spacious bedrooms which were decorated and furnished in line with their individual preferences. Each bedroom had a television, adequate storage space for personal belongings and were personalised with family photographs and other items of significance to each resident.

The inspector met with both residents on the morning of inspection. One resident was getting ready to leave the centre to attend their day service which they normally attended two days a week. The resident spoke with the inspector about looking forward to her upcoming birthday celebrations and was looking forward to attending a music concert. The other resident was supported with a day service from the house and was relaxing on a large bean bag in the darkened sensory room with colourful lights. She showed the inspector her iPad which she used to view her favourite videos. Later in the morning the resident was supported to go for a drive

and a walk in the local woods. The resident appeared in good form when she returned to the centre and was supported to have a nutritious lunch which she appeared to enjoy. Following lunch the resident relaxed again in the sensory room viewing her favourite videos and photographs while surrounded by her cuddly soft toys which were important to her.

Each resident had their daily activity schedule documented in an appropriate format which was displayed in the kitchen area as a reminder for residents. Residents were supported to enjoy a range of activities as part of their day service and also in the evenings and at weekends. Staff spoken with confirmed that residents continued to enjoy going for walks, going for picnics, swimming, music therapy, drama, day trips, eating out, going shopping and attending music events and discos. Residents had recently enjoyed a day trip to Knock religious shrine and one resident was due to attend a music concert the evening following the inspection. While staff strived to support residents attend activities that they enjoyed, they advised that some activities could not take place as often as planned due to staffing shortages on some days. Residents also enjoyed spending time relaxing in the house, listening to music, using the rocking chair, viewing their favourite videos, gardening, baking and doing arts and craft activities. Both residents enjoyed trips home to visit family and also kept in regular contact by telephone. There were photographs displayed of residents enjoying a variety of activities and day trips. The centre had a vehicle which could be used by residents to attend outings and activities.

The inspector observed that residents continued to have unrestricted access to the kitchen and other areas of the house. During the inspection, residents were observed following their own routines, coming and going from their bedrooms and the communal areas of the house as they wished. The weekly menu plan was displayed in an appropriate format. Staff advised that residents were consulted regarding their preferred food choices, that healthy food choices were encouraged and promoted in line with the recommendations of the dietitian. The inspector observed staff supporting a resident with their lunch in line with the guidance from the speech and language therapist (SALT).

There were measures in place to ensure that residents' rights were being upheld. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by regular consultation, by observation and from information supplied by families, and this information was used for personalised activity planning. The inspector observed that the rights of residents were respected and promoted by staff. Residents were supported to visit religious sites, one resident enjoyed lighting candles at the local church. Residents had access to televisions, the Internet and information technology. There was a range of easy-to-read documents and information supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as residents rights, the complaints process, COVID-19 and staffing information were made available to residents. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. There was evidence of on-going consultation with residents through regular house meetings at which issues such as the human rights charter, staying safe guide and advocacy services were discussed.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and that they ensured residents were supported to live person-centred lives where their rights and choices were respected and promoted.

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 residents lives.

Capacity and capability

This was an announced inspection carried out

- following an application to the Chief Inspector to renew registration of the centre.
- to monitor compliance with the regulations.

The governance and management arrangements in place generally ensured that a good quality and safe service was provided for people who lived in this centre. This centre had a good history of compliance with the regulations. However, improvements were required in relation to staffing to ensure that residents were supported to partake in all planned activities that they enjoyed and to ensure that they were supported to achieve all of their identified personal goals.

There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management arrangements within the centre were in line with the statement of purpose. There was a full-time person in charge who had the necessary experience and qualifications to carry out the role. The person in charge was on leave at the time of inspection, however, the team leader advised that she felt well supported by the person in charge, service coordinator and sector manager. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

While there were adequate staff on duty to meet the assessed needs of residents on the day of inspection, staffing arrangements in the centre required review. The inspector reviewed the staffing roster and noted that there were not always two staff on duty as planned. There were days over the past number of months when there were staffing shortages with only one staff member available for duty. The team leader advised that while a number of locum staff had recently been recruited it was still challenging to roster two staff on duty as planned. The team leader advised that due to staffing shortfall at night time, she had recently completed some night duty shifts which impacted upon her allocated hours for administration and operational management of the centre. Staffing shortages on some days impacted negatively on residents. For example, some residents could not always attend their planned activity of choice as two staff were required to support the resident. Residents identified personal goals such as going away for a short holiday or an

overnight hotel stay had been documented as not achieved due to staffing shortages. The provider had acknowledged in a recent review of the service that staffing was a very challenging issue for the centre and staff spoken with confirmed that the provider was actively trying to recruit additional staff.

Training was provided to staff on an on-going basis and there was a training schedule in place for the coming year. Records indicated that all staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. The inspector reviewed a range of policies and noted that they were informative and up to date.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review had been completed for 2021. Consultation with residents and their families, as well as an overview of key areas of regulation, were used to inform the reviews. Priorities and planned improvements identified for 2022 included a focus on promoting community inclusion, and maximising opportunities for residents to avail of community based services so they have the widest possible choice. However, as discussed earlier in the report, staffing shortages on some days impacted negatively on these priorities. Unannounced audits were being carried out twice each year on behalf of the provider. The most recent review which took place in June 2022 had identified that staffing was a challenge for the house. Regular reviews of identified risks, health and safety, accidents and incidents, complaints, restrictive practices, medicines management were completed.

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

The inspector was satisfied that complaints if received would be managed in line with the centre complaints policy. The complaints procedure was displayed and available in an easy read format. The inspector was advised that there had been no complaints received and there were no open complaints. There were systems in place for recording, investigating and review of complaints. Residents had access to advocacy services, the contact details of services were displayed and also discussed with residents.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's

registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements required review to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of residents. Staffing rosters reviewed, staff spoken with and the providers most recent review of the service indicated that staffing shortages have been and continue to be a challenge in the centre.

Staffing shortages on some days impacted negatively on residents. For example, some residents could not always attend their planned activity of choice as two staff were required to support the resident. Residents identified personal goals such as going away for a short holiday or an overnight hotel stay had been documented as not achieved due to staffing shortages.

Judgment: Not 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 and safeguarding. Additional training was provided to staff to support them in their role including infection prevention and control, hand hygiene, putting on and taking off PPE (personal protective equipment) and medicines management.

Judgment: Compliant

Regulation 21: Records

Records as required by the regulations were maintained. Records were maintained in an well organised manner and made available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in place generally ensured that a good quality and safe service was provided for people who lived in this centre. However, improvements were required in relation to staffing to ensure that residents were supported to partake in all planned activities that they enjoyed and to ensure that they were supported to achieve all of their identified personal goals. Additional locum staff had recently been recruited and the provider was actively trying to recruit additional staff.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the recent application to renew registration contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and to date all of the required notifications had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was prominently displayed. The complaints procedure was available in an appropriate format. The

annual review indicated that there had been no complaints received during 2021 and the team leader advised that no complaints had been received to date during 2022.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a range of comprehensive policies to guide staff in the delivery of a safe and appropriate service to residents. There were systems in place to review and update policies.

Judgment: Compliant

Quality and safety

This was a well-run and well-managed centre that strived to ensure that residents received an individualised, safe and good quality of service, however, as discussed under the capacity and capability section of this report, staffing shortages on some days impacted negatively upon the quality of service provided.

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans were found to be place for all identified issues, were individualised and person centered. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences and support needs.

Residents' nutritional needs, were assessed, their weights were monitored regularly and plans of care had been developed as required based on these assessments and monitoring outcomes. Staff were aware of residents who required support with healthy eating plans and were knowledgeable regarding the recommendations of the dietician and SALT. The team leader regularly monitored incidents and accidents including falls. The inspector reviewed the file of a resident who had a number of recent falls and noted that the falls risk assessments and falls management care plan had been updated post falls in consultation with the physiotherapist.

Residents had access to General Practitioners (GPs), out of hours GP service, consultants and a range of allied health services. A review of residents files indicated that residents had been regularly reviewed by the SALT, dietitian, physiotherapist, occupational therapist, psychologist, mental health team, dermatologist, optician and dentist. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had their annual medical review recently which also included a review of medicines. Each resident had an up-to-date hospital

passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

The personal plans reviewed detailed the needs and supports required by each resident to realise their goals and maximise their personal development. Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed. The inspector reviewed the personal plans and progress updates which indicated that some goals had been achieved, others were in progress while some had not yet been achieved due to staffing shortages.

While residents had access to the local community and had opportunities to participate in activities in accordance with their interests, capacities and developmental needs, these opportunities were dependant on adequate staffing being available in the centre. During the course of this inspection, it was evident that there were some days when there were inadequate staff on duty to support residents partake in their planned activities such as swimming. The centre was close to a range of amenities and facilities in the local area and nearby city. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. The inspector noted that residents who required support with behaviours of concern had plans in place outlining triggers as well as detailing proactive and reactive strategies to support them. Positive behaviour support plans had been developed in consultation with the psychologist. Residents had access to regular mental health reviews. There were no safeguarding concerns at the time of inspection. All staff had completed training in the management of behaviours that challenged. Staff had continued to ensure that the least restrictive practices were in place and all restrictive practices were kept under regular review.

The layout and design of the house suited the needs of residents. The house was single storey in design, spacious, bright, comfortable, well maintained and visibly clean. All residents had their own bedrooms and had access to a shared bathroom and a variety of communal day spaces. The house and garden areas were easily accessible.

There were systems in place to control the spread of infection in the centre including guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. There were cleaning schedules in place for cleaning and disinfection of frequently touched surfaces as well as daily, weekly and monthly cleaning routines. The laundry room was well

equipped and maintained in a clean and organised condition. Staff spoken with were knowledgeable regarding infection prevention and control systems in place for laundering of clothes and cleaning equipment.

There were good arrangements in place to manage risk in the centre. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated. Equipment in use was maintained in good working order and regularly serviced.

The staff team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. The fire equipment had been serviced in February 2022. The fire alarm was tested on a weekly basis and records of the fire alarm tests were recorded. Fire exits were observed to be free of obstructions. Training records reviewed indicated that all staff had completed fire safety training. Regular fire drills had been completed simulating both day and night time scenarios. The times taken to evacuate both residents provided assurances that residents could be evacuated safely and in a timely manner.

There was evidence of good medicines management practices and policies to support and guide practice. The team leader demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines were stored securely. A review of medicine prescribing and administration charts showed that medicines were being administered as prescribed. Medicines management practices were regularly reviewed by the team leader and all staff who administered medicines had completed training on the safe administration of medicines. There were systems in place for checking medicines on receipt from the pharmacy and for the return of out-of-date or discontinued medicines to the pharmacy.

Regulation 11: Visits

Residents were actively supported and encouraged to maintain connections with their friends and families. There were no restrictions on visiting the centre. There was plenty of space for residents to meet with visitors in private if they wished. Residents were also supported to regularly visit family members at home.

Judgment: Compliant

Regulation 13: General welfare and development

While residents had access to the local community and had opportunities to participate in activities in accordance with their interests, capacities and developmental needs, these opportunities were dependant on adequate staffing being available in the centre to support residents. During the course of this inspection, it was evident that there continued to be a staffing shortage on some days when there were inadequate staff on duty to support residents partake in some of their planned activities.

Judgment: Substantially compliant

Regulation 17: Premises

The layout and design of the house suited the needs of residents. The house was single storey in design, spacious, bright, comfortable, well maintained and visibly clean. All residents had their own bedrooms and had access to a shared bathroom and a variety of communal day spaces. The house was accessible with suitable ramps and handrails provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment, management and on-going review of risk. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. Infection control information, guidance and protocols were available to guide staff and staff were observed to implement it in practice. There were cleaning schedules in place and cleaning records reviewed showed that cleaning was completed on a regular on-going basis. The house and equipment in use was found to be visibly clean. 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.

Judgment: Compliant

Regulation 28: Fire precautions

Staff demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Regular fire safety checks were completed. All staff had completed training in fire safety. Regular fire drills involving staff and residents were completed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive medication management policy in place to guide practice in relation to the ordering, receipt, prescribing, storage, disposal and administration of medicines. A review of medicine prescribing and administration charts showed that medicines were being administered as prescribed. Staff had completed training on the safe administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. Recommendations from allied health professionals were reflected in the care and support plans. There was evidence that assessments, care and support plans were regularly reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of residents files showed that residents had been referred and recently assessed by a range of allied health professionals. All

residents had recently been reviewed by their GP. Residents had availed of the COVID-19 vaccine programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which included multidisciplinary input. Staff had received training in managing behaviours of concern. Staff had continued to ensure that the least restrictive practices were in place and all restrictive practices were kept under regular review.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans. There were no safeguarding concerns at the time of the inspection. The support of a designated safeguarding officer was also available if required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Staff were observed to interact with residents in a caring and respectful manner. Information was available to residents in a suitable accessible format. Residents continued to be consulted with and topics such as the human rights charter, staying safe guide and advocacy services were discussed.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilcarn Services OSV-0007759

Inspection ID: MON-0028987

Date of inspection: 04/10/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • An in depth review of staffing rosters was completed to ensure number, qualifications and skill mix of staff was appropriate to the number and assessed needs of each person supported. • Proactive and ongoing recruitment of permanent and locum staff through Organization HR and recruitment agencies. • Management meet regularly to review upcoming staffing challenges and plan for appropriate response to challenges 	
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"> • POMS is the Quality Framework for the organization that ensures there is continuous review and assessment of the needs as well as the hopes and dreams of people supported. This incorporates the CQL Basic Assurances which is an internationally accredited quality system. POMS establish ambitious goal setting for persons supported. • The welfare of people supported are prioritised at all times by staff, and staff ensure that people are supported to live person-centred lives where their rights and choices are respected and promoted. • Staff rosters are reviewed to ensure the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of people supported. Management will continue to support staff to identify and minimize barriers to the participation in planned activities enjoyed by the persons supported and to ensure that	

personal goals continue to be ambitious and achieved in identified timeframe	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • The welfare of people supported are prioritised at all times by staff, and staff ensure that people are supported to live person-centred lives where their rights and choices are respected and promoted. • Management and staff will continue to identify barriers to participation of people supported in activities of their choosing and, promoting a solution focused approach, will ensure participation in activities of their choosing to enhance the general welfare and development of each person. 	

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	19/11/2022
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.	Not Compliant	Orange	28/10/2022
Regulation	The registered	Substantially	Yellow	28/10/2022

23(1)(a)	provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Compliant		
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