Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 35
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	09 November 2023
Centre ID:	OSV-0007998
Fieldwork ID:	MON-0033080

About the designated centre

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

This centre provides a full-time service to three residents with intellectual disabilities, varying degrees of physical disabilities and complex healthcare needs. It is a newly built four bedroom bungalow in close proximity to two towns. There are three bedrooms downstairs, two of which are en suite. The property has tracker hoists throughout. There is a kitchen room, sun room, dining room and sitting room. Upstairs is a staff office, a bathroom and storage space. Day services are provided within the house. The centre is staffed by nurses, care assistants and a day service staff. Residents have access to a number of health and social care professionals as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 November 2023	10:45hrs to 19:05hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The purpose of this announced inspection was to assess the levels of compliance with the regulations since the previous inspection in December 2021 and inform a decision on the renewal of registration. This designated centre was first registered in August 2021 for three residents who had moved from a unit in a campus-based setting where they had lived for over forty years. Residents living in this centre had complex health and physical needs related to ageing and required a multi-disciplinary approach to care. Residents were found to be well supported by staff who knew them well. However, aspects of staffing did require improvement as due to funding issues, the inspector was made aware that, at times, reduced staffing levels were used.

Upon arrival at the centre, the person in charge greeted the inspector. The inspector also met with all three residents living in the centre, two staff members and the person participating in the management of the centre (PPIM) during the course of the inspection.

The house is a large dormer bungalow in a small group of houses in a rural setting in Co Kildare. All resident bedrooms are located on the ground with built-in tracking hoists to support the ageing needs of residents. One of the bedrooms had double doors out onto the garden, which would enable a bed evacuation in the event of a fire. There was a large kitchen and dining area, two sitting rooms, a large accessible bathroom, a sunroom and a utility room. Upstairs two rooms were used as office space and a meeting room. The inspector found the separate living spaces provided sufficient living space for residents to have time alone and take part in separate activities if they wished.

To the rear of the house was a large garden that mostly consisted of a lawned area. Given the ground and slope, the garden could not be accessed by all residents given their particular needs, but the inspector viewed a patio area that led out from the sunroof that all residents could avail of.

Within the communal areas, the inspector noted that a Christmas tree and decorations added to the homely feel. Residents had started Christmas shopping, and many wrapped presents were placed under the tree. One resident was doing some Christmas arts and crafts with a staff member who worked in the centre as a day service support for in-house activities for residents.

The inspector met with one resident before they left the centre to go for coffee with staff, which was one of their favourite activities. Staff supported the resident in telling the inspector about their experience of moving to the centre, and they also showed the inspector their bedroom. Some of the staff who were supporting residents in this centre had known and been supporting the residents for many years and had transitioned with the residents when they moved into this centre. This helped promote a continuity of staff support for the residents. It was observed

and overheard that all staff members present were very attentive, caring and warm as they supported the residents. For example, staff praised the appearance of the residents, were heard letting residents know what was happening and took time to ensure that the residents were appropriately dressed as they departed the centre to go out in the car.

At various times during the inspection, noise levels in the centre were raised due to residents' communication preferences and expressed needs. The inspector noted that residents did not appear impacted or respond negatively to increased demands made by others. While residents at times presented with behaviours of concern, residents also appeared to be content in each other's company and had lived together for 40 years. Staff explained that the residents would have previously lived in a large congregated setting with many other residents and found living with only two other residents in a spacious house more comfortable, and the house facilitated their needs better.

The centre had a day activation staff member attached to the centre Monday to Friday in order to facilitate activities for residents. However, during the inspection, it was evident that staffing levels at the weekend were insufficient to meet the needs of residents, particularly concerning engagement in activities outside of the centre.

The inspector reviewed feedback that had been sought by the provider during one of their reviews of the safety and quality of care and support being provided to residents. One family member reported that the service was good as the centre is quieter than where their relative previously lived. There were no concerns regarding the level of care and support provided, and they were very thankful for the care provided by staff. In addition, the family member was very happy that the staff knew the resident's needs very well, and it was great seeing their relative live in a community house compared to campus living.

Towards the end of the inspector's time in the centre, one resident became upset. It was indicated that this was due to the presence of a larger number of people in the centre than usual. Therefore, the inspector concluded the inspection process and feedback session with management within the provider's head office, located a short drive away from the centre.

In summary, residents were living in a nicely presented centre that was homely in its general appearance. The house also catered to the ageing profile of residents by following best practices in relation to physical and level access. All staff present during this inspection were very caring and warm in their interactions with the residents. It was apparent to the inspector that the transitions to this house had impacting benefits for residents compared to living in a larger congregating setting.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. An improvement found by the inspector during the inspection was the need to review the decision-making processes regarding resident purchases for the centre in line with the resident's contract of purpose, as discussed in the next two

sections of the report.

Capacity and capability

The centre was last inspected in December 2021, where good levels of compliance had been found. Actions relating to fire improvement works had been completed as per the submitted compliance plan. Following an inspection within another designated centre of the provider in July 2023, where inadequate staffing levels were identified, the provider was formally required to review staffing arrangements in all of its designated centres. The provider took a comprehensive national review of the staffing levels across three main domains, which impacted residents' ability to access their communities, to have personal care attended to in a timely manner and to ensure the safe evacuation of residents from the centre. For this centre, the provider had identified that there was a restriction on residents leaving the centre at weekends due to the reduced staffing numbers in place at the weekend compared to mid-week levels of staff.

There was a clearly defined management structure with associated lines of authority and accountability. The person in charge was full-time, as required by the regulations. They were supported in their role by a regional director who reported to the Chief Executive Officer (CEO). There were suitable arrangements for the management team to meet and communicate. The person in charge and regional director had regular meetings as well as frequent informal communication. Monthly meetings were held with other persons in charge to share learning and trends.

The person in charge was responsible for three designated centres at the time of the inspection, and they discussed how they effectively managed the oversight of the three centres. One centre, due to close, was a campus-based setting with residents transitioning to community living. The person in charge had the support of a clinical nurse manager, grade I, who had transferred with the residents from their previous centre. They were met with during the inspection and demonstrated a clear understanding of residents' assessed needs and the operations of the provider.

Residents were supported by a team of nurses and healthcare assistants. The inspector was informed that two separate staff teams and rosters were in place in the centre, each reflecting the day and night support staff. While this was not the common practice among other community-based designated centres from this provider, the inspector found no evidence of disruption of care being provided to residents.
The night staff were managed by a separate manager based within the campus service, but records pertaining to their training, attendance and development were maintained in the centre for monitoring and review. The person in charge also had systems in place to meet with this staff team on a regular basis.

The provider had an appropriate number of staff during the day to provide for residents' care and support needs within the centre. All residents had complex

medical needs requiring patient handling and hoisting procedures for most personal tasks. Three staff members were rostered during the daytime, Monday to Friday, with the third staff member finishing at 4 pm. This meant that one-to-one activities in the community could be facilitated up to this time. During the inspection, the inspector observed one resident going out with staff for an activity they enjoyed.

In the evening time, two staff members worked until 9pm, which meant that personal care or transfer from wheelchair to bed could be facilitated by the staff working in the house. After 9pm, one staff remained on night duty and relied on the support of 'floating' campus-based staff to attend to the house to assist with any transfers after this time. The inspector reviewed records maintained of the callouts of floating staff and found these were facilitated in a timely fashion; staff were known to the residents, and residents' bedtime choices were promoted. As discussed under Regulation 15: Staffing, there were inadequate staffing levels appointed at the weekends, which impacted residents' ability to participate in recreational activities and community outings and limited their opportunities for social interaction and engagement.

There was a training matrix in place that supported the person in charge in monitoring, reviewing, and addressing the training needs of staff to ensure the delivery of quality, safe, and effective service for the residents. Overall, staff training was up-to-date, including refresher training. The inspector found that while team meetings frequently took place, not all staff members were able to attend due to rostering issues. Supervision and performance appraisal meetings were provided for staff to support them in performing their duties to the best of their ability.

Registration Regulation 5: Application for registration or renewal of registration

This was an announced inspection which was conducted to assist in determining the provider's application to renew the registration of this centre. The provider had submitted a complete application within the timeline as set out by the regulations, and the inspector found that the centre was operated in line with its statement of purpose.

Judgment: Compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The person in charge of the centre had changed following the provider's initial application to renew registration. The provider submitted a notification, as required, to inform the Chief Inspector of this change of stakeholder. All required information for this notification was received within the stated time frames and accepted.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified and experienced clinical nurse manager grade II and was found to be aware of their legal remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) as amended. They were also found to be responsive to the inspection process and requests for information.

While recently appointed to the role in October 2023, they had worked in the organisation and with the residents for many years and, therefore, were aware of the resident's assessed needs and the operations of the provider.

The person in charge was currently responsible for three designated centres, which were soon to be reduced to two centres. They had oversight systems in place, which ensured that care was maintained to a good standard, including regular visits to the centre, and they had commenced team meetings and supervision sessions with the staff team.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had undertaken a staffing review of this centre and identified areas where the staffing levels did not fully meet residents' individual and collective needs. Based on the inspector's observations, conversations with staff, and review of assessed needs, the arrangements for supporting residents from Monday through Friday appeared adequate. However, a reduction in staffing levels at the weekend meant that residents were unable to leave the centre, unless for short periods of time due to residents' manual handling care needs and the ratio of staff this required.

On review of the roster, the inspector saw that where there were gaps, these were covered by core staff working additional hours and regular relief staff. Therefore,

continuity of care for residents was provided. Nonetheless, the inspector found the rosters did not offer flexibility due to the design of the rosters. For example, the person in charge reported to the inspector that they had found this had impacted the number of staff who had completed a fire drill in the centre. The inspector also identified that attendance at staff meetings was low or attended by the same small number of staff due to the inflexible rostering arrangements and required review. This is to ensure that the centre's communication and consultation tools regarding residents' needs were effective and regular, where the contribution, knowledge and skill set of all staff were included.

Judgment: Not compliant

Regulation 16: Training and staff development

There was a training schedule in place for staff working in the centre. The inspector found that staff had been provided with the organisation's mandatory training and that the majority of this training was up-to-date. For example, staff were provided training in fire safety, human rights, safe medicine practices, infection control, and food hygiene, to mention a few. Any gaps in the schedule of training had been identified, and refresher training dates had been sourced.

Essentially, two different staff teams worked in the centre. Day and night staff each had their own separate manager and rosters. The inspector requested the training and development records of night staff working in the centre and found they also had received training and support in line with the provider's policy. While the night staff reported to a different manager, the person in charge demonstrated their oversight of this staff team by attending team meetings that took place for night staff. This allowed for shared learning and consistency of care across both teams. In addition, the night staff also worked with regular day staff before commencing night shifts in the centre in order to get to know the residents better.

Judgment: Compliant

Regulation 21: Records

All documentation and records requested during the inspection process were made available to the inspector. These included the centre’s statement of purpose and residents’ personal plans.

Judgment: Compliant

Regulation 23: Governance and management

There were good governance and management arrangements in place in the centre and this included appropriate arrangements when the person in charge was absent.

In line with the requirements of the regulations, the provider ensured that an unannounced visit to the centre by a representative of the provider was conducted at a minimum of every six months. This visit was reflected in a written report that was reviewed by the inspector. It was seen that this unannounced visit report was very comprehensive in its nature and was focused on matters which directly affected the quality and safety of care support provided to residents. Where any areas for improvement were identified, they were included in an action plan which assigned responsibility and time frames for completing specific actions to address such issues.

Amongst the actions that had been identified in the most recent provider unannounced visit report from May 2023 were to update the training matrix, review contents of the policy folder, update health action plans, individualise the storage of incontinence wear, and ensure cleaning records were completed in full. These actions had been completed and captured through the centre's quality improvement plan.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All residents had a written agreement with the provider that outlined the terms of residency in the centre. The care and support that the residents would receive were detailed in the agreement.

The fees and charges that were the responsibility of the resident were also required to be outlined in the contract of care as required by the regulations. On review of these agreements, the inspector found improvement was required to the layout of fees as fees were not clear or, in other places, were contradictory to the fees payable.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose that accurately outlined the service provided and met the regulations' requirements. The statement of purpose clearly described the model of care and support delivered to residents in the service.

It reflected the day-to-day operation of the designated centre. In addition, a walk around of the property confirmed that the statement of purpose accurately described the facilities available, including room size and function. Some amendments were required to the document to reflect the new person in charge of the centre and the accurate staffing whole-time equivalent (WTE). This was completed during the inspection.

Judgment: Compliant

Quality and safety

This centre aimed to ensure that residents enjoyed living in this centre and that they considered it their home. Residents who met with the inspector communicated their satisfaction with the service and it was evident that they settled well into their new home. As previously mentioned, the inspector noted improvements were required to the provision of positive behavioural support and some aspects of residents' finances.

Given the assessed needs of residents living in this centre, the inspector observed that residents required positive behaviour support plans to provide guidance for staff in this area. While staff spoken with did demonstrate a reasonable knowledge of residents' positive behaviour support requirements, there was an absence of a formal behavioural support plan devised by a relevant professional to guide a consistent approach. This was particularly significant in this centre, given some concerns raised by third parties querying whether behaviours of concerns displayed by residents resulted from pain, discomfort or other non-verbal forms of dissatisfaction.

Staff expressed positive outcomes for residents post-transition from campus living. It was reported there had been a discontinuation of the use of particular interventions for one resident, including psychotropic PRN medicines (medicines only taken as the need arises). This particular restrictive practice used for the resident was implemented in their previous living environment to reduce their anxiety about attending clinical appointments and settings. This development came as a result of developing trusting relationships with staff members who implemented desensitising techniques with the support of the local healthcare centre and personnel. For example, until the resident felt comfortable going into a general practitioner's (GP) surgery, they were seen or consulted with in the car while waiting in the carpark.

There was also evidence that residents' ageing and changing needs were considered and provided in the centre. During the inspection, the inspector spoke to the provider's occupational therapist regarding the healthcare plans in place and the action taken to date to support various mobility needs in the centre appropriately. One resident was observed leaning to one side in their wheelchair while watching television but had declined offers of mechanical aid support from staff. There was

evidence of follow-up with other health and social care professionals, and notes were on file in relation to residents' ongoing support needs. From the inspector's observations, it was clear that the provider took all necessary steps to support the residents with their ageing healthcare, physical and safety needs. This included pain management, environmental assessments and completing referrals for specialist input.

There were a number of environmental restrictive practices in place in the centre for resident's safety. These included bedrails and lapbelts. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals. The restrictive practices were supported by appropriate risk assessments, which were reviewed on a regular basis.

The residents were protected by practices that promoted their safety. Staff were provided with appropriate training relating to keeping residents safe. Safeguarding measures were in place to ensure that staff providing personal, intimate care to residents did so in line with each resident's personal plan and in a manner that respected the resident's dignity and bodily integrity. The inspector found safeguarding and risk assessment in these areas were important in this centre in order to support residents' loss of independence due to ageing needs.

The inspector reviewed the records maintained regarding residents' finances. The financial accounts of residents who received the provider's support with their financial affairs were managed centrally by the provider. Requests to access money for residents were submitted by the person in charge to the provider's finance department. The frequency of how often requests could be made on a weekly basis had increased due to findings on another inspection of a designated centre under the provider due to residents experiencing delays in accessing their funds.

Regulation 11: Visits

Residents were free to receive visitors if they wished, and both communal and private spaces were available to facilitate this. It was reported to the inspector that visitors had increased the time they spent visiting residents in the centre due to the more suitable environment to meet with residents compared to their previous centre.

Judgment: Compliant

Regulation 12: Personal possessions

Management advised that supporting residents to have their own bank accounts was being considered at an organisational level. To date, there have been external difficulties in setting up financial accounts for residents in their own names. The

inspector was informed that arrangements had been made by management to meet with a banking institute representative to discuss this concern in light of changing capacity legislation.

On reviewing residents' expenditures, there overall, were good local arrangements to ensure residents' monies were used appropriately. One item queried by the inspector was the purchase of a bench that had risen out of a recommendation from a fire drill as a safe space for a resident to wait outside as part of the evacuation procedure of the centre. Documentation was not available in the centre regarding the resident's request, decision-making, or consent in purchasing an item that was not included in the list of fees in their contract of care.

Also, the provider policy for managing residents' finances required review. Although it had been updated in May 2023, it was not evident from reading the policy that it reflected changes in legislation and best practices. When the inspector brought this to the attention of senior management during the feedback meeting, it had already been self-identified by the provider. The inspector was informed that the policy was under daft review and would contain relevant updates and changes to best guide staff practice.

Judgment: Substantially compliant

Regulation 17: Premises

The house was found to be presented in a clean, homely and well-furnished manner. All residents had their own individual bedrooms on the ground floor with built-in ceiling hoists in bedrooms and bathrooms to support the needs of residents. These bedrooms were brightly decorated and offered facilities for residents' personal belongings to be stored.

Judgment: Compliant

Regulation 28: Fire precautions

The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan, which outlined the support they may require in evacuating. The physical needs of residents were considered, and the occupational therapist visited the centre to assess the transfer requirements of residents during a fire drill. One resident's bedroom had double doors installed so they could be evacuated in their bed if required. Another resident required the use of the hoist to transfer into a wheelchair. The inspector found that staff had received training in the safe use of hoists, and it was

documented that one staff member could safely operate the hoist.

The provider demonstrated that they could safely evacuate residents under day and night circumstances. While regular drills were taking place, the person in charge had identified that given the complex evaluation requirements of residents, not all staff members had taken part in a fire drill and had taken action to address this gap.

Judgment: Compliant

Regulation 6: Health care

There was good evidence of ongoing support from mental health services with regular reviews from psychiatrists and psychologists. The reviews that took place looked at medicines, particularly polypharmacy (defined as regular use of at least five medications), to ensure the risk of excessive or unnecessary medicines was mitigated. As a result, the daily psychotropic prescribed medicine for one resident had been successfully reduced through a gradual dose reduction regimen in line with their assessed needs and diagnoses.

This was also evidence that residents' ageing and changing needs were considered and provided in the centre. During the inspection, the inspector spoke to the provider's occupational therapist regarding the healthcare plans in place and the action taken to date to support various mobility needs in the centre appropriately. One resident was observed leaning to one side in their wheelchair while watching television but had declined offers of mechanical aid support from staff. A number of amendments had been made to the resident's mobility equipment, and a specialised seating referral had been made with an external company to help identify the best resources for the postural requirements.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector saw that where restrictive procedures were being used; they were based on provider and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the resident.

Improvements were required to ensure that all residents who presented with behaviours of concern were provided with positive behavioural support plans. The inspector observed behaviours of concern during the inspection and requested the support plan in place for staff to support the resident. The minutes of psychology meetings stated that staff should use early intervention methods, but these methods

were not clearly stated.

The positive behavioural support plan was also mentioned as a control measure in a safeguarding plan that one resident had proactive strategies and guided responses for staff in managing behaviours of concern. On review of the resident's personal plan, these, however, were not evident.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had put in place safeguarding measures to ensure that staff providing intimate personal 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.

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
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	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	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Community Living Area 35 OSV-0007998

Inspection ID: MON-0033080

Date of inspection: 09/11/2023

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: Reg 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 residents, the statement of purpose and the size and layout of designated centre. The provider will look at ensuring that people are afforded the opportunity to experience new opportunities within existing resources, however there is also a formal process in place whereby the Regional Director has discretion to approve additional resources as required to ensure activities of choice can be facilitated. The provider will review the current rostering arrangements in place in the centre, to ensure continuity of care, the skill mix of staff meet the needs of residents.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Reg 24: (4) (a) include the support, care, and 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. The registered provider will amend the contract of care to clearly reflect the fees payable by the resident.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Reg 12: 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	

The senior leadership management team are reviewing organisational policy and working with financial institutions and will endeavour to ensure that residents having free access to their money in the future, in line with regulation. The register provider is currently reviewing the capacity assessments in line with the Assisted Decision Making (Capacity) Act 2015

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

The person in charge will arrange a meeting with positive behavioural support team to ensure that proactive strategies and responses to manage behavior of current are clearly documented and reviewed.

The person in charge has already had a team meeting in relation to the responses that work best to support the resident.These will be discussed and document as part of the behavioural support review.

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.	Substantially Compliant	Yellow	31/12/2024
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	30/06/2024
Regulation 24(4)(a)	The agreement referred to in	Substantially Compliant	Yellow	08/01/2024

	paragraph (3) shall include the support, care and 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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	28/02/2024