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:	Laurel Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	27 May 2021
Centre ID:	OSV-0004462
Fieldwork ID:	MON-0032746

About the designated centre

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

Laurel Services is a service run by Brothers of Charity Services, Ireland. The centre provides a service for up to nine male and female adults. The centre comprises of four houses which are located in County Roscommon. One house provides day services Monday to Friday and some weekend respite to one adult. The second house can provide respite to two adults, however; is only providing some weekend respite to one female adult presently. The third house can support four male or female adults and the fourth house is being used as an isolation area for up to two residents who may be suspected or confirmed of having COVID-19. Staff are on duty at night on a sleep over basis and during the day to cater for the needs of residents. While availing of respite residents are supported to do activities they enjoy and are interested in.

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 - 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 27 May 2021	09:15hrs to 15:30hrs	Christopher Regan-Rushe	Lead
Thursday 27 May 2021	09:15hrs to 15:30hrs	Mairead Murphy	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors had the opportunity to meet with three residents residing in different houses in the designated centre, and two people who were attending a day service in one of the houses in the centre.

On arrival in one house, two people who were attending a day service in the designated centre were gardening and planning to go shopping for their lunch. They appeared relaxed and spoke about their gardening and the picnic they had been on the previous day. The house was homely, well decorated and displayed the residents artwork throughout. However, there were some areas of the house that required attention and repair.

In another house, a resident gave one of the inspectors a tour of the house, showing the inspector the residents' music room, bedrooms, hairdressing salon, bike, gold fish and chickens. The resident spoke about an upcoming boat trip and picnic they were excited about. The resident told the inspector about their love of animals and the zoo. There were pictures of the resident on boat trips, horse riding and taking part in other recreational activities throughout the house. The resident's bedroom was decorated in line with their preferences and they had been involved in the redecorating of the living room recently. The resident had the freedom to move throughout the house as they wished and appeared to enjoy the company of the staff who supported them. The staff accompanied the resident to the local community areas whenever they wished to do so.

In the final respite house, two residents were getting ready to attend their day service when the inspector arrived. The residents appeared happy and content in their surroundings. The inspector noted the centre was calm and welcoming and spoke with one resident, who told the inspector they were happy with their service and enjoyed spending time in respite. However, while the house was suitably decorated, some areas required attention to ensure that this was being maintained adequately. The inspector also noted that there was a lack of personalisation in the premises, this may be due to this house being used for the purposes of respite.

Overall, the inspectors found that residents were being supported to enjoy a good quality of life and that their wellbeing and welfare was actively promoted. Records maintained in the service provided good evidence that residents were being supported to exercise choice and control over the activities and goals they wished to pursue, with good collaboration between their day support service and the respite service. Residents were actively involved in developing their personal plans and were central to decisions being made during their annual planning meetings.

In one example, the resident took the lead in their planning meeting and wrote part of the record of the meeting, this included the resident's view on their own service and their aspirations for the year ahead. The inspector was also able to see how these aspirations had been taken forward after the planning meeting and how the

resident was being support to work towards their overall goal of living independently in the community.

While many aspects of living in this centre were good, inspectors found that work was required by the provider on the use of restrictive practices, to ensure that these were subject to regular review and were only in use for the least amount of time. Inspectors noted that practice in relation to the reporting of these measures also required improvement. This weakness in the oversight and review of such practices meant that the provider could not effectively demonstrate how the rights of residents, were being actively promoted and supported at all times.

Inspectors also noted that the quality of maintenance in the properties required review; there were a number of areas noted which were becoming dilapidated or where work had not been completed to ensure that the centre was being maintained in a good state of overall repair. While in the main these were aesthetic issues, in the isolation unit there was evidence of a failure on behalf of the provider to maintain the property to an adequate standard, which would have meant that residents would be required to isolate in less than optimum living conditions when at their most medically vulnerable.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, the provider was able to demonstrate that they had good systems in place for the management and oversight of this service. However, some areas required improvement, including the use and reporting of restrictive practices, the quality of the environment, fire safety and the completion of actions arising from the last inspection report.

There were sufficient staff on duty on the day of inspection in order to meet and support the needs of the residents using respite. These staff were employed on a regular basis by the provider and had developed good relationships with the residents. Inspectors observed warm and engaging interactions between residents and staff and it was clear that the relationships were mutually respectful and beneficial to the residents and staff members supporting them. The provider had a clear roster in place, which ensured that there were sufficient staff on duty at all times. Where necessary, staff provided overnight cover on a sleeping or waking night basis, as residents needs required. The provider was able to demonstrate good practice in relation to the recruitment of staff by ensuring that all required pre-employment clearances had been completed for staff working in the centre, including evidence of current Garda Vetting clearances.

Staff training records demonstrated that the provider had continued to ensure that staff were receiving regular training and refresher training, with an emphasis on mandatory training, due to the current COVID-19 restrictions. However, during the last inspection, the provider had committed to providing additional training in the provision of intimate and personal care; the provider confirmed on the day of the inspection that this had not yet been completed.

In the majority of documentation reviewed, the inspector noted that there was generally good provider oversight in place. For example, the risk register and health and safety documentation in the centre was being kept up to date and were relevant and clear. The inspector reviewed both the annual review and the most recent six-monthly unannounced visit report and found that these were clear and balanced and had identified some areas where action was required to ensure a good quality of service was being offered. Where required, there was evidence of an action plan being developed and that the actions were being taken forward and resolved in accordance with the agreed time frames. While these were generally good, inspectors noted that the actions did not sufficiently detail the actions required to ensure that they would be suitably identifiable to the reader. For example, while one action required improvement to the recording of restrictive practices, it did not clearly state what practices needed attention.

In addition, while the provider had ensured that there were a number of policies in place in the centre to direct and guide safe practice and decision making, the provider had failed to ensure that these were subject to regular review, as required by the regulations. In some cases, the inspector noted that some policies were missing and not available in the centre Schedule 5 document folder in the centre on the day of inspection.

The provider maintained records of all incidents that occurred in the centre; these were detailed and provided sufficient evidence that where required actions were being put in place to reduce the likelihood of the incident reoccurring. However, the inspector noted that not all matters that required notification to the Chief Inspector of Social Services were being notified. For example, the inspector noted that the number of restrictive practices in use in the centre was being under reported. This was bought to the attention of the provider on the day of the inspection.

The inspector also reviewed actions arising from the last inspection and noted that while there had been some progress in addressing these actions, some actions remained unresolved, and had passed their time frame for completion. The inspector discussed this with the provider on the day of inspection and noted that while the provider was aware of this, they had failed to notify the Chief Inspector of this, nor had they requested an extension to the time frame for completing these actions.

More recently, and as a result of the risk of COVID-19, the provider had applied to vary the registration of this centre in order to add another building to this centre for the purposes of using this for isolating people with suspected or confirmed COVID-19. The centre was visited by one of the inspectors, who found that the building was not suitable, in its current state, for the purpose it was intended. While there were

no residents living or isolating in the centre at the time of the inspection, the inspector found that there were areas for significant improvement in the overall quality and safety of the environment. This has the potential to negatively impact on residents health and wellbeing, should this have needed to be used in an emergency situation.

For example, there was mould in one of the bedrooms intended for resident use, and in other areas water damage to the ceilings, this will be discussed more later in this report. In addition, in applying to register this centre, the provider was required to submit assurances that the building had suitable arrangements in place for the detection, containment and extinguishing of fire. The provider submitted these assurances in May 2020; however, during this inspection the inspector noted that in the isolation unit, the provider had failed to ensure that the systems for the detection of fire included the installation of heat or smoke detection in residents bedrooms. In addition, while the inspector noted that there were illuminated evacuation signs in the house, there was limited emergency lighting throughout the centre, which would guide residents safely in the event of an evacuation.

As a result of these concerns, and the potential risks that this could pose to residents, should the centre be required, the provider was issued with an immediate action requiring them to take action to improve the environment and make it fit for its intended purpose. The provider has subsequently notified the inspector of their intention to cease the use of this facility with immediate effect and to remove it from the overall registration of this designated centre.

Regulation 15: Staffing

The person in charge maintained an accurate and easy to read staff rota which indicated that residents received continuity of care from a team of staff who were familiar with them.

The provider had copies of all information required in accordance with Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Training records maintained in the centre demonstrated that staff were being supported to access ongoing training. During the COVID-19 pandemic, the provider

had focused their efforts on ensuring that all staff in this centre were able to complete their mandatory training courses, such as safeguarding and infection control.

However, an action arising from the last inspection, to ensure that staff were provided with training in intimate and personal care had not been completed in line with the provider's timeframe for completion.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was evidence that the provider was overseeing and monitoring this service on a regular basis. However, some of the systems put in place to ensure that the service was safe and of a good quality were not adequately identifying or addressing areas for improvement.

In addition, actions arising from the last inspection report had not been suitably addressed within the time frame identified by the provider, and the provider had failed to update the case holding inspector of these delays in achieving compliance. For example, in the delivery of specific training or in the improvements to one of the houses that comprised part of the designated centre.

The provider had also failed to ensure that the isolation unit, which comprised part of this service, was subject to sufficient monitoring, to ensure that this would be suitable for its intended use, safe and appropriate for residents needs in the event of a need to use this facility.

Judgment: Not compliant

Regulation 31: Notification of incidents

While the provider had notified the Chief Inspector of the majority of events as required by the regulations, the inspectors found that the provider had failed to adequately notify the inspector of all restrictive practice in use in the centre. For example, the use of window locks or bed rails.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The provider was maintaining the majority of written policies and procedures as required by the regulations. However, in the document folder provided to the inspectors, a number of these were noted to be outside the required review periods including policies on:

Admissions, including transfers, discharges and the temporary absence of residents - Review due on 23 November 2020
Communication with residents - Review due on 7 February 2021
Staff training and development - Review due on 23 November 2020
Access to education, training and development - Review due on 7 February 2021

In addition, the inspector noted that the following policies were not included in the provider's Schedule 5 policy folder, available in the centre:
Provision of Behavioural Support
Residents' personal property, personal finances and possessions
Provision of information to residents

This meant that staff were not being guided by up-to-date policies and procedures, and in some cases, that the provider was failing to ensure that there was adequate guidance, in the form of policy direction, available in the centre to guide and inform staff practice in critical areas of resident care and support.

Judgment: Not compliant

Quality and safety

Residents receiving respite support in this centre were generally supported to achieve optimum outcomes for both their health and social care needs. Residents were able to actively participate and engage in meaningful goals and activities and were generally able to exercise choice and control over many aspects of their lives. However, some areas required improvement, including the arrangements for the monitoring and continued use of restrictive practices.

As a result of this inspection, the provider was issued an immediate action relating to the quality and safety of one building which was intended to be used as an isolation unit. The provider has subsequently provided a satisfactory response to this urgent action.

Residents were supported to exercise choice and control in their daily lives and the

staff on duty were observed to be actively supporting them to do the things they wished. The residents appeared relaxed in the company of staff and enjoyed doing these activities with the staff. There were examples of positive risk taking being practiced within the respite service, with residents being supported to explore goals such as more financial independence, or spending time alone in the respite centre in preparation for more independent living in the future.

Inspectors observed posters of the organisation's human rights charter, an easy-to-read guide on making a complaint and information on the National Advocacy Service. A staff member also informed the inspector that residents have access to a resident-led advocacy group locally every Tuesday, if they wished to attend.

Some residents received an integrated service where staff provided both residential and day care support. The staff in one house were seen to positively encourage a resident to try new things and had sourced second hand equipment in order to set up a hairdressing salon in part of the garage in support of one of the resident's personal goals. The staff member had additional plans in place to source equipment for the resident to encourage them to participate in more activities around the house, for example a ride on lawn mower. This meant that residents were able to continue enjoying active and full lives while using the respite services.

However, some residents had been assessed as requiring additional supports up to and including the use of restrictive practices. While restrictive practices were in place to manage identified risks for residents, they were not regularly reviewed in accordance with the designated centres written policies and procedures. Inspectors also noted that there was a discrepancy in relation to the number of restrictive practices being reported to the Chief Inspector, this was also highlighted in the provider's annual report.

In the last quarterly notification, the provider had reported three restrictive practices to the Chief Inspector. However, in the annual report, it was noted that the provider had self-identified that additional restrictive practices were in use in the centre and improvement was required to ensure that these were being reported. When the inspector reviewed the number of restrictive practices in use in the centre, it was noted that the provider should have been reporting seven restrictions (one had recently been ceased). Upon further review, it was noted that some of these restrictions had been in place for a significant amount of time, and had not been subject to regular review at the intervals recommended by the rights committee. For example, in a number of cases, the restriction should have been reviewed within one year of it being put in place; however, these had not been subject to review since they had been put in place in 2017. to ensure that these restrictions continued to be necessary, were the most appropriate and least restrictive option available and that the use of such restrictions was subject to independent review. This meant that the provider could not demonstrate how they were ensuring the rights of residents were being safeguarded at all times. In addition, a number of the restrictions had not been regularly reported to the Chief Inspector

Residents were being kept safe while using respite in the service and there was evidence that staff had been trained in both adult and children's safeguarding.

There were no incidents of a safeguarding nature that had occurred in the designated centre at the time of the inspection. Residents' healthcare needs were supported by very clear and well-documented medical and allied healthcare professional records. There was evidence that residents were being supported to access ongoing medical treatment where required, which meant that residents were able to achieve the best possible health.

The provider had implemented effective measures to reduce the risk of the introduction and onward transmission of COVID-19. These measures were set out in a guidance document called 'Guidelines for Services for the Prevention and Management of Corona Virus COVID-19'. This document was well laid out and provided contact information for the Health Service Executive (HSE) area and public health teams and the names of internal staff responsible for the management of infection control stocks and advice. One of the staff informed the inspector that clinical waste bins and Personal Protective Equipment (PPE) were readily available in the event of a suspected case of COVID-19.

Inspectors saw some of these protective measures in practice, for example; the recording of temperatures of residents and staff during the day, appropriate use of face masks and social distancing, public health reminders and hand hygiene signs throughout the premises with sufficient access to both hand sanitising products and hand washing facilities for staff and residents.

The centre comprised of four buildings located across a local community. In three of the houses visited by the inspectors, it was noted there were suitable arrangements in place to for good fire safety. For example, records confirmed that emergency fire detection and alarm systems were installed and tested at appropriate intervals, staff completed regular fire checks and quarterly planned evacuations. The inspectors observed a range of equipment to control the spread of fire or to support an effective evacuation, including newly installed fire doors and an emergency bag with a torch to support staff and residents evacuated safely, in the event of a night time evacuation.

However, the arrangements in place in the isolation unit were found to be inadequate; inspectors noted there were no fire, heat or smoke sensors in resident bedrooms, a lack of sufficient emergency lighting and gaps in the intumescent seal on one of the fire doors in a resident’s bedroom. This meant the provider could not ensure that the residents in the centre would be alerted in the event of a fire occurring, that in the event of a fire it would be adequately contained and that residents would have sufficient lighting in the event of an emergency evacuation at night time.

During a walk around of each of the units that comprise this centre, the inspectors noted that the centre was generally bright and clean. In one house, the provider had completed some work to the premises following an action from the last inspection. This included the installation of a new boiler in December 2020 and the living room had been painted and decorated. However, the inspectors noted that there were some areas in each property that required some additional maintenance to ensure that they remained fit for purpose. For example, in one house, recently

installed fire door sets had yet to be painted, and there were damage to the walls, where these had been installed. In other parts of the houses, there were general wear and tear issues that also required the provider's attention, such as peeling laminate on the kitchen doors of in one building, rust spots on radiators of three houses, a poorly fitting bath panel in one house and a bath panel with plastic peeling off in another house.

In addition, inspectors found that the isolation unit, which was intended to be used in the event that a resident in the centre would require isolation due to COVID-19, was in a poor state of repair, with evidence of water damage on the ceiling of some rooms, including the presence of mould in one. There was also evidence that the provider had failed to maintain the premises in a state of preparedness, in the event that this would be required for use. For example, the premises was still being used to store materials from its previous use as a day services, the bedroom storage areas were occupied with toys and bed clothing, the gardens had not been tended to, there was heavy duty tape being used around sinks and there was a hole in the ceiling of the utility room.

In submitting an application to add this building to the registration of the centre, the provider was required to submit assurances that the premises was suitable for its intended purpose and that it was safe and complied with fire safety requirements. Due to concerns about the fire safety and quality of the overall environment in the isolation unit the provider was issued with an immediate action, requiring them to bring the centre into compliance with the regulations. The provider responded the day following the inspection, advising the inspectors that the unit would no longer be used for the purposes of isolation and that this would be removed from the registration of this centre.

Regulation 17: Premises

The centre comprised of four buildings located across a local community. Each of the premises offered a range of respite services. During the walk around of these centres, the inspectors noted that there were areas in each of the properties that required some additional maintenance to ensure that they remained fit for purpose. For example, in one house, recently installed fire door sets had yet to be painted, and damage to the walls where these had been installed made good again. In other parts of the houses, there were general wear and tear issues that also required the provider's attention, such as peeling laminate on the kitchen doors of in one building, rust spots on radiators of three houses, a poorly fitting bath panel in one house and a bath panel with plastic pealing off in another.

In addition, the provider had registered one house, which had previously been used for a day service, to serve as an isolation unit. This house was intended to be used in the event that a resident in the county would require isolation due to COVID-19. During a review of the premises, the inspector noted that this house was in a poor

state of repair, with evidence of water damage on the ceiling of most room, including both rooms, and the presence of mould in one.

There was also evidence that the provider had failed to maintain the premises in a state of preparedness, in the event that this would be required for use, for example, the premises had not been completed cleared out from previous use as a day services, the bedroom storage areas were occupied with toys and bed clothing, the gardens had not been tended to, there was heavy duty tape being used around sinks, and there was a hole in the ceiling of the utility room. Due to the serious nature of these concerns, and the intended purpose of the unit, the provider was issued with an urgent compliance plan, requiring them to bring the centre into compliance by 3 June 2021.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were arrangements for the control and management of key risks in the centre, which were recorded on a risk register. These were kept subject to regular review. There was evidence that residents were also supported with positive risk taking practices, including taking more control over their personal finances and being supported to spend time alone in the respite house, in preparation for a move towards living more independently.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had introduced regular signs and system checks of COVID-19.. Staff had access to PPE and additional signage was distributed throughout the centre to remind residents and staff of the importance of hand hygiene. The houses occupied by residents were clean and tidy.

The isolation unit, required a deep clean to be ready for use in the event of a resident requiring isolation. There was signage for colour coded mop use for kitchen and bathroom areas. However, these were not consistent the mops available for use in the utility room. One mop was also found to be hanging outside, which is not in adherence with good infection prevention and control practices.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the majority of fire safety precautions were in place across the service, there were insufficient arrangements in place in the isolation unit, to ensure that the residents in the centre would be alerted to a fire, should this occur in one of the bedrooms. Due to the serious nature of these concerns, and the intended purpose of the unit, the provider was issued with an urgent compliance plan, requiring them to bring the centre into compliance by 3 June 2021.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had participated in a comprehensive assessment of their needs which had been subject to regular review. There were clear plans in place to support residents to achieve their goals and evidence being documented in both written and picture format, showing the residents progress towards achieving these goals. The providers document system for recording and monitoring these key activities, was easy to read and follow and in one example reviewed by the inspectors it was noted that the resident had taken the lead in developing their own care and support plans.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health outcomes. There was evidence that residents had timely access to healthcare professionals as required and follow-up appointments were supported, while residents were in respite. Records maintained in the centre in relation to healthcare were comprehensive and each resident had a hospital passport, which would support hospital staff to meet each residents individual support and communication needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

While restrictive practices were in place to manage identified risks for residents, they were not subject to regular review. In addition, not all restrictive practices identified by the inspector on the day of inspection had been reported to Chief Inspector of Social Services in accordance with regulatory requirements. For example, the use of window locks in one house and bed rails were not detailed on previous notifications to the Chief Inspector.

Judgment: Not compliant

Regulation 8: Protection

The provider had ensured that residents are kept safe from harm. All staff had received training in both adult and children safeguarding, and there were no active ongoing safeguarding incidents arising from the respite service.

Judgment: Compliant

Regulation 9: Residents' rights

The residents appeared to exercise choice and control in their daily lives and the staff supported them to do the things they wished. The residents appeared relaxed in the company of staff and enjoyed doing activities with the staff. The houses displayed posters of the Human Rights Charter and aneasy-to-read guide on making a complaint and information on the National Advocacy Service. A staff member also informed the inspector that the residents have access to a resident run advocacy group every Tuesday, if they wished to attend.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Laurel Services OSV-0004462

Inspection ID: MON-0032746

Date of inspection: 27/05/2021

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: Due to COVID 19 pandemic training was unable to be delivered in line with planned timings and was delayed. Training has now resumed in line with National guidance and a date is now arranged to deliver this training.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Due to COVID 19, pandemic training was unable to be delivered in line with planned timings and was delayed. Training has now resumed in line with National guidance and a date is arranged to deliver this training. Due to COVID 19 Internal Audits were completed remotely but have now resumed on site. Internal Audits also have been reviewed to provide more details on actions required following audits. This will support a more robust audit system, inclusive of reviewing all restrictive practice and property review. A comprehensive review of restrictive practice is taking place in this centre to ensure there is a robust system for reporting of restrictions in place. This review will involve management and the Rights Review Committee within the organization. Due to COVID 19 pandemic and in line with government guidelines, maintenance was delayed. Painting and repairs around fire door frames is completed. Further painting required is completed. The general wear and tear issues in the kitchen is complete.	

Improvements required in bathrooms is now complete. Isolation house has now been removed from this designated centre and is not in use for any residential services with no people supported living in this house.

Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: A comprehensive review of restrictive practice is taking place in this centre to ensure there is a robust system for reporting of restrictions in place. This review will involve management and the Rights Review Committee within the organization. All restrictions are being notified in line with regulation.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: All policies have been reviewed and are up to date. These are available in the centre and all staff have access to all policies.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Due to COVID 19 pandemic and in line with government guidelines, maintenance was delayed. Painting and repairs around fire door frames is completed. Further painting required is completed. The general wear and tear issues in the kitchen is complete. Improvements required in bathrooms is now complete. Isolation house has now been removed from this designated centre and is not in use for any residential services with no people supported living in this house	

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Isolation house has now been removed from this designated centre and is not in use for any residential services with no people supported living in this house.

Infection Prevention and Control measures have been reviewed in all houses in this Designated centre.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Isolation house has now been removed from this designated centre and is not in use for any residential services with no people supported living in this house.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
A comprehensive review of restrictive practice is taking place in this centre to ensure there is a robust system for reporting of restrictions in place. This review will involve management and the Rights Review Committee within the organization.
All restrictions are being notified in line with regulation.

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 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	30/09/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Red	03/07/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Red	03/07/2021
Regulation 23(1)(c)	The registered provider shall	Not Compliant	Orange	30/09/2021

	ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/05/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	28/05/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	03/06/2021
Regulation 31(3)(a)	The person in charge shall ensure that a	Not Compliant	Orange	30/09/2021

	written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	04/06/2021
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Not Compliant	Orange	04/06/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with	Not Compliant	Orange	04/06/2021

	best practice.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	30/09/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Not Compliant	Orange	30/09/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	30/09/2021
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour	Not Compliant	Orange	30/09/2021

	necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.			