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:	Waxwing 2
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	08 June 2023
Centre ID:	OSV-0004842
Fieldwork ID:	MON-0031570

About the designated centre

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

Waxwing 2 consists of two detached bungalows, one of which is situated in a small town with the other located a short driving distance outside the same town. This designated centre can provide a residential service for a maximum of 11 residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms throughout the two houses of the centre include kitchens, dining rooms, living rooms and bathrooms. Residents are supported by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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 8 June 2023	10:00hrs to 17:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform the renewal of registration of this centre. The inspector completed hand hygiene and the staff member on duty completed the required identification and sign in check.

On arrival at the first house the inspector met the person in charge and two staff members. Some of the residents were up and about and having tea at the dining table. Other residents got up during the morning and had breakfast; the staff supported some residents with a textured diet in a very person centred way. The residents were out and about during the morning, one resident went for a walk and a staff member did some baking with others. One resident asked the inspector to have a bun she baked and the inspector took the opportunity to chat to the residents and get their opinion of the service provided. Although some residents were unable to fully verbalise their opinions, it was apparent from their demeanour that they were content and relaxed in their environment and in the company of staff. The residents who had the ability to converse verbally were very positive about the care and support they received from the staff and there was a lovely atmosphere between residents and staff. The inspector explained their role to the residents and why they had visited. The residents who were able to verbalise gave positive responses and residents who were unable to verbalise indicated positive responses through smiles and gestures which indicated satisfaction with the service.

The inspector went to the second house in the centre in the afternoon and had a lovely visit with the residents there. The inspector observed interactions between residents and staff and found them to be very person centred and respectful.

Resident bedrooms in both houses were personalised with individual belongings and choice of colour, and it was evident that the residents were involved in decoration of their bedroom. The bedrooms in the centre were small and there were uneven surfaces throughout the house and some residents had mobility needs. In one bedroom in the designated centre there was a residents bedroom which had a patio door but had no window for ventilation. The residents bedrooms had televisions and radios and residents had electronic tablets and had access to the Internet. There were photos up throughout the centre of family gatherings and outings and holidays with friends.

The residents were noted to be very content in their home and relaxed in the presence of staff who were very kind to them. The residents joked and chatted with staff and it was evident that they had a good relationship. There was a regular staff team in place who were very knowledgeable regarding the residents' needs, and this was obvious in the style of communication they used, in which to support residents. Residents enjoyed TV, shopping, meals out, outings to the café/coffee shop, church, day service and enjoyed listening to music. Residents had enjoyed trips away recently and these were recorded in a photo book.

Both houses were warm, clean, homely and person centred. The inspector noted that, overall, the residents' rights were being supported in this centre and the residents were actively involved in the running of the centre. Residents were encouraged and facilitated in active decision making and received support where necessary.

In summary, the inspector found that residents enjoyed a meaningful and active life in the centre and were facilitated through service user consultation to be involved in the running of the centre. The residents received a good standard of care and support and they were happy in their home. The residents in the centre had been offered the opportunity by the provider to give feedback and all said they were happy in the centre.

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 to each resident living in the centre.

Capacity and capability

This centre had good governance and management systems in place and the residents enjoyed a good quality of life. The service provided was safe and appropriate to residents' needs. The residents had meaningful activities in their day and were happy in the centre.

There was clearly defined management roles in the centre and the person in charge was full-time in the role, had the required experience and qualifications to manage the centre.

On the day of the inspection there was adequate staff to meet the needs of the residents. The inspector reviewed the actual and planned rota over a period of four weeks which indicated continuity of care from a core staff team. The number of staff and the skill mix on the day of inspection were in line with the assessed needs of the residents. Staff with whom the inspector spoke, were knowledgeable regarding the needs of the residents and were noted to work in a person centred manner with the residents throughout the course of the inspection.

The inspector reviewed the training record and noted that there were gaps in one of the mandatory training; fire precautions training. The training record indicated and the staff informed the inspector that they had received training in safeguarding of vulnerable adults and infection prevention and control.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations. It had been reviewed and updated recently for the renewal of registration.

The provider also ensured there was signed contract of care in place for each resident which outlined the support, care and welfare the resident received in the designated centre, the details of the services to be provided and the fees to be charged.

The provider had established and maintained a directory of residents in the designated centre which included the information specified in schedule 3 and indicated the date residents came into the centre and their personal and medical information.

The provider had completed two unannounced audits of the service in 2022 and an annual review of the care and support provided to the residents was completed in March 2023 for the year 2022. The audits completed had an action plan to improve quality of care and support in the centre. The audit reviewed, quality and safety, training, staffing, safeguarding and a review of accidents and incidents. As part of the review, the manager sought the views of residents and family members through a questionnaire, positive comments were received from both. The issue of premises and fire upgrade was highlighted in the audit process and the provider is in line with the time bound plan submitted to HIQA. Areas for improvement on the action plan had been addressed and were complete on the day of inspection.

The inspector reviewed notifications on the day of inspection and found that the person in charge had notified HIQA of all incidents that had occurred and also provided a written report to the chief inspector at the end of each quarter of any restrictive practice or injury to residents.

The provider had a good and accessible complaints system in place and residents were supported to make a complaint if they so wished, there were no active complaints on the day of inspection.

Regulation 14: Persons in charge

The person in charge was full time in the centre and had the necessary qualifications and experience for the role, there was clearly identified roles and responsibilities. Staff were aware who to escalate matters to as they arose in the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the actual and planned rota and found there were adequate staff and the skill mix of staff was appropriate to meet the assessed needs of the

residents.

Judgment: Compliant

Regulation 16: Training and staff development

On the day of inspection fire precautions training was out of date for 80% of staff it had not been identified on the internal audit system. It had been scheduled by the person in charge and and was completed two days after the inspection. The person in charge forwarded the fire training certification details to the inspector once the training was complete. The staff were knowledgeable regarding the training they had received such as safeguarding of vulnerable adults and were able to outline the measures on the safeguarding plans that were in place. They were also observed to be vigilant around hand hygiene, cleaning and laundry management in line with their infection prevention ad control training.

Judgment: Not compliant

Regulation 23: Governance and management

There were management systems in place in the centre to ensure a safe service was provided and which met the individual needs of each resident. An annual review of the centre was completed in 2023 for the year 2022 and the centre also had two unannounced visits in 2022.

As part of service user consultation residents were were provided the opportunity to give feedback on the care and support received. Staff supported the residents with giving this feedback through house meetings and a questionnaire. The Team Leader discussed the questionnaire in both house meetings and assisted filling out the questionnaire. Residents that engaged in the process said they felt safe and happy in their home. The team leader discussed how to make a complaint if residents had any concerns. Questionnaires were also sent out to family members and received positive responses. The actions highlighted on the audits were completed on the day of inspection however the gap in mandatory fire training was not identified through the 6 monthly unannounced visit, this was highlighted to the provider on the day of inspection. The provider will review the template to ensure it is more effective going forward. The ongoing issues around premises upgrade and lack of fire containment measures and the issues with staff not being trained in fire precautions meant that Regulation 23 was substantially compliant.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Admission criteria for Waxwing 2 are governed by the providers own policy on 'Applications for Service/Supports, Transfers and Withdrawal of Service/Supports'. As part of the admissions process any specific needs of the individual (e.g. mobility needs) are considered to ensure that the centre can appropriately meet the needs of the residents. Signed contracts of care were in place for the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place for Waxwing 2 which accurately and clearly describes the services provided and had all the information outlined in schedule 1 of the regulations. It included the, number, gender and age range of the resident group and outline the staff numbers and designations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their responsibilities in terms of notifying the case holder of accidents and incidents, quarterly notifications and these had been submitted in accordance with the guidance.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider has a local complaints procedure which encourages residents to raise complaints and which requires all staff to endeavour to response to complaints which are raised by residents. The complaints procedure includes a pathway for escalation of complaints that cannot be resolved locally.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had a suite of policies and procedures in place which had been reviewed regularly and updated as necessary. There was a also a range of east-to-read policies available for residents which were discussed with residents at house meetings to aid their understanding.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents in the centre which included the information specified in paragraph (3) of Schedule 3. It included the date the resident came to reside in the centre and where they resided previously.

Judgment: Compliant

Quality and safety

Overall the centre provided a good quality of care and support to the residents. The residents' rights were respected and they had a good quality of life in the centre and had expressly said they liked living there and felt safe. However the issues previously identified in relation to premises and fire upgrade work were still evident and the provider had submitted a time bound plan to HIQA regarding same.

Overall the centre was not suitable to the resident needs and two new build houses were being negotiated in line with the time bound plan. However the premises had recently had new flooring put down and was warm, homely and personalised with resident belongings. The garden had also been maintained to a good standard.

The residents communication needs were supported in the centre and visual meal and activity planners were in place. The residents had televisions and radios in their rooms and had access to the Internet.

Residents were encouraged to have visitors and there is a policy in relation to same however the premises is limited in terms of private space to receive a visitor.

The provider facilitated residents with opportunities to participate in activities in accordance with their interests and capacities. The residents were known in their community and engaged in meaningful activities. They utilised local shops, went for walks and drives and went to the local hairdressers and to day services with the

provider.

The provider had reviewed practices in relation to pre prepared meals and meals were now made in house daily to give the residents more engagement with cooking and choice in the process.

Residents had access to easy-to-read information on advocacy, complaints and the confidential recipient and were kept up to date on all public health information in relation to infection prevention and control.

The person in charge was committed to ensuring that a comprehensive transition support would be developed to support residents to their new home once complete and this would include multi disciplinary input. One resident had recently had a hospital stay and was supported with this in a kind and person centred manner.

The centre had good practices in relation to the servicing of fire equipment and had personal egress plans in place for residents. However there were no fire doors or compartmentalisation in the attic in this centre. The provider has plans to move the residents to more suitable premises however one of the control measures to mitigate against the risk of fire was to ensure all staff were trained in fire precaution and this was not in place on the day of inspection. Staff were scheduled to attend training two days following the inspection and it was confirmed by the provider that they completed it. The staff were knowledgeable about personal egress plans and they had completed both day and night time simulated drills which indicated that residents could be evacuated safely.

The person in charge maintained good oversight of medicines management and there were good practices in relation to same. There was a locked storage unit for medication and they were administered as written by the physician on the medication administration record and signed for by the administering staff. All staff were trained in safe administration of medication and there was a medication management policy in place.

There was an assessment of need in place for all residents which outlined the supports required to live meaningful and active lives. The person in charge had ensured that a personal plan was developed which was reflective of the residents' social care, health and personal needs. The support plans were reviewed regularly to evaluate their effectiveness. The supports included a hospital and communication passport, intimate care plan, epilepsy care plan, mental health supports and a mobility support plan.

All residents were supported to enjoy good health care and were facilitated to attend appointments as necessary. There was evidence of attendance at mental health reviews and regular visits to the general practitioner. There was a health care plan in place which identified the resident needs and specified goals to be achieved such as lowering blood pressure and a plan to achieve this goal. There was evidence of attendance at a specialist clinic for orthotics to be fitted. There was also an end of life support plan in place for each resident which outlined the residents physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights

and wishes.

The person in charge had ensured that all staff had 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 staff and multi disciplinary team made every effort to identify and alleviate the cause of the resident's challenging behaviour and there were plans in place to guide staff in how to manage incidents of behaviour. There was a positive behaviour support policy in place which had been reviewed in August 2022.

The staff in the centre were trained in the safeguarding of vulnerable adults and residents were protected and kept safe from any form of abuse and all incidents were investigated appropriately. There were protocols in place around personal and intimate care and residents were supported to learn skills of self care and protection.

Residents rights were maintained in the centre and residents were consulted regarding the running and organisation of the centre. There were regular resident meeting and advocacy forums where residents could raise any issues of concern. Residents were encouraged and facilitated in active decision making and the centre was person centred in its approach to care.

Regulation 10: Communication

Residents were supported with communication through use of visuals and objects of reference. Each resident has an easy read residents guide to the service and residents have communication passports in place. The speech and language therapist is currently working with one of the residents to support them to use a communication device which will allow them to contribute independently at house meetings and other forums.

Judgment: Compliant

Regulation 11: Visits

Privacy for visits can be difficult as there is no space identified for this purpose. Staff in the centre are aware of the challenge in respect of visits and privacy and utilise the communal space by taking other residents on outings if visitors call. Residents are supported to maintain links with the families and friends, this is done by providing transport for home visits, facilitating phone calls and sending of greeting cards.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider had ensured that the residents had access to facilities for recreation and opportunities to participate in activities. On the day of inspection residents were out and about at day service and other activities. One resident went out for a walk and cup of tea. There was evidence of residents having gone on day trips. Overall the residents' welfare and development was supported in this centre and they had meaningful activities in their day, were supported to have meaningful relationships with friends and family and to enjoy a good quality of life.

Judgment: Compliant

Regulation 17: Premises

The premises were clean, had new flooring, and was decorated to the residents personal taste, colours and the residents had personal photographs in their rooms however the centre was still unsuited to the assessed needs of the residents residing there as the rooms were small and were not suited to residents with mobility issues. The provider had submitted a time bound plan to HIQA to move premises to a bespoke building by year end 2024. The provider communicated to the inspector on the day of inspection that this plan was underway and is intended to meet the restrictive condition placed on the registration of this centre.

Judgment: Not compliant

Regulation 18: Food and nutrition

Previously the residents meals were brought in by a frozen meal supplier prepared to a textured meal plan. The use of frozen meals has been curtailed and the staff are utilising a meal planner with the residents choosing their meals for the week ahead. Staff are preparing home cooked meals every day which can be modified in line with eating, drinking and swallowing plans. Meal planning is completed at the house meetings weekly. The residents were provided with more opportunity to see meals being prepared, gain sensory input from smells and also help with meal preparation.

Judgment: Compliant

Regulation 20: Information for residents

The provider has a suite of easy read policies and procedures in place to support residents. Each resident has an easy read residents guide to the service and there was accessible information available to the residents on the centre notice boards such as the complaints officer and confidential recipient details and advocacy information. Infection prevention and control posters and visuals supports were also available to resident.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was currently no one moving in or out of the designated centre. However once the residents new home is built the multi disciplinary team are committed to developing a transition support plan in conjunction with the residents to support a seamless transition and alleviate any anxiety around the move.

Judgment: Compliant

Regulation 27: Protection against infection

There was a daily and weekly cleaning routine and checklist in place. The provider completed a monthly Infection, prevention and control (IPC) audit and found no areas of concern. Staff members were trained in IPC and there was an in date IPC policy is in place. The centre had good practices in relation to laundering residents' clothes. Residents' clothes were washed separately at the correct temperature and alginet bags were used for soiled clothing. Residents were supported with understanding IPC through the visual posters and easy-to-read documents.

Judgment: Compliant

Regulation 28: Fire precautions

Both houses in the centre were without fire resisting doors and compartmentalisation throughout. There is a restrictive condition on the registration of this centre in relation this and the residents are intended to move to a new fire compliant home by year end 2024. In the interim there are control measures in place to mitigate against the risk of fire. Staff undertook simulated evacuations with

the residents and were able to safely evacuate the residents in an average of two minutes. There was an L1 fire panel and emergency lighting in place and required checks were carried out. Scheduled servicing takes place on the fire system and emergency lighting regularly. A fire register is in place and fire fighting equipment, including fire extinguishers and fire blankets are in place across the centre. PEEPs are in place for all residents, they are reviewed on a regular basis with information regarding each resident and an outline on how staff will need to support each resident to evacuate in the event of a fire. Fire training has been addressed under Regulation 16.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The centre had a good medicines management system in place and the person in charge had good oversight of this. There were good practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medication and a form was stamped by the pharmacy. The medication administration record clearly outlined all the required details including known diagnosed allergies, dosage, doctors details and method of administration. The following policies are in place in terms of medication management:

- 'Policy on Administration and Medication Management Process'

- 'Procedure for Supporting People who want to Administer their own Medication'

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider had a document called 'My Profile / My Plan' which sets out the health, personal and social care needs of each resident and this assessment of need informs the support plans and an overall personal plan was developed which maximised resident's personal development. The support plans included a communication and hospital passport, mental health supports and a mobility support plan. The inspector also reviewed other plans such as positive behaviour support plans, multidisciplinary team report and health professional reports. The goals outlined in the plan were very general and some were basic rights such as family contact or shopping. The person in charge committed to addressing this.

Judgment: Compliant

Regulation 6: Health care

Each resident has a general practitioner (GP) and is supported to access other health care professions as needed. All residents had access to multi disciplinary support including psychology, social Work and behaviour support as required through the provider. Each resident has an annual review completed by their GP.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were positive behaviour support plans in place for some residents which outlined the predisposing factors that may trigger an incident and the function of the concerning behaviour, the direct intervention used and a post incident report. The behaviour support plan is reviewed annually or as required and has an evaluation sheet to determine the behaviour support plans effectiveness.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place in the centre and staff members had received training in the safeguarding of vulnerable adults. There are three safeguarding plans in place in the centre. The mitigation/actions required section in the safeguarding plan places supervision as central to minimising and preventing further incidents. A shift plan is in place for each shift to support in implementing intensive supervision. There have been no reports of any safeguarding incidents or concerns since this shift plan was introduced in July 2022.

Judgment: Compliant

Regulation 9: Residents' rights

Choice and control is supported in this centre. Staff offer choice to the residents on an ongoing basis and were actively observed to do this. Residents take part in a weekly meeting in the house with staff, during this staff support residents to make decisions about, activities, meals and anything of interest to them. Staff include all persons supported in the decision making process. Those with communication difficulties were supported in a way which they can communicate their preferences.

Residents attend advocacy meetings and one of the residents attended a larger meeting in day services to bring their concerns forward. There is a regional advocacy structure in place and advocacy issues can be raised through the structure or directly to the advocacy facilitator who will work with residents and staff to highlight the issue to the provider.
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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	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
Regulation 19: Directory of residents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not 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 Waxwing 2 OSV-0004842

Inspection ID: MON-0031570

Date of inspection: 08/06/2023

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All staff working in the designated center are compliant in fire precautions training as of 14/05/2023 • The training matrix which records the training status of staff in the center, will be monitored monthly by the Team Leader and Person in Charge and required training will be booked for staff. • All outstanding mandatory and service specific training will be completed by 31/10/2023. • The Team Leader will complete an Individual Training Needs Assessment for each staff member yearly and will notify the staff of all training due to be completed in the coming 12 months. • Support and Supervision will be utilised to ensure training is completed within the required time lines.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • All staff working in the designated center are compliant in fire precautions training 14/05/2023. • The training matrix which records the training status of staff in the center, will be monitored monthly by the Team Leader and Person in Charge and required training will be booked for staff. • All outstanding mandatory and service specific training will be completed by 31/10/2023. • The Team Leader will complete an Individual Training Needs Assessment for each staff member yearly and will notify the staff of all training due to be completed in the coming 12 months.	

• Support and Supervision will be utilised to ensure training is completed within the required time lines • Two new properties have been sourced in conjunction with Limerick City & County Council. These will be 4-bedroom houses including kitchen/dining room as well as two living rooms, office and staff room. These properties will be fully fire compliant and will replace existing properties. Expected date of completion 31/12/2024

Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: • Visiting arrangements will be discussed at staff meeting 31/07/2023 • Staff to encourage the utilisation of available communal space in the house which include Sitting room, Dining room and room off the Sitting room • Staff to support meetings/visits outside the house where requested. • Two new properties in Co. Limerick have been sourced in conjunction with Limerick City & County Council. These will be 4-bedroom houses including kitchen/dining room as well as two living rooms, office and staff room. Ample space will be available for privacy during visits. These properties will be fully fire compliant and will replace existing properties. Expected date of completion 31/12/2024. These new properties will better support the facilitation of visits for residents.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • Two new properties have been sourced in conjunction with Limerick City & County Council. These will be 4-bedroom houses including kitchen/dining room as well as two living rooms, office and staff room. These properties will be fully fire compliant and will replace existing properties. Expected date of completion 31/12/2024 • These two new properties will enhance the living environment for residents.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • All staff are up to date on their fire safety training 14/06/2023 • Two new properties have been sourced in conjunction with Limerick City & County Council. These will be 4-bedroom houses including kitchen/dining room as well as two living rooms, office and staff room. These properties will be fully fire compliant and will replace existing properties. Expected date of completion 31/12/2024	

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 11(1)	The registered provider shall facilitate each resident to receive visitors in accordance with the resident's wishes.	Substantially Compliant	Yellow	31/12/2024
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.	Not Compliant	Orange	31/10/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/12/2024

Regulation 23(1)(c)	The registered provider shall 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.	Substantially Compliant	Yellow	31/10/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2024