



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

Issued by the Chief Inspector

Name of designated centre:	Rosshaven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	27 September 2022
Centre ID:	OSV-0005276
Fieldwork ID:	MON-0028834

About the designated centre

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

Rosshaven Services is a residential centre for people with moderate to severe intellectual disabilities, and who may also have autism, and or mental health, communication, and behaviour support needs. The service can accommodate up to five male and female residents, aged from 18 years to end of life. There are normally five full-time residential placements in the centre. The centre is a large comfortable two-storey house, which incorporates two self-contained apartments with separate secure gardens to the rear. It is located in a residential area close to both a city and a busy rural village. Residents are supported by a staff team which includes nursing and social care staff. Staff are based in the centre during the day, and remain on duty at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 September 2022	09:30hrs to 04:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

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

The inspector met and spoke with the team leader and staff members on duty in the centre. The sector manager and service coordinator also visited and spoke with the inspector during the day. The inspector also met with three residents living in the centre. The residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. The residents was observed to be familiar with and comfortable in their surroundings. From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that the residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed both in the community and in the centre. The inspector met and spoke with a family member who called to the centre and they indicated satisfaction with the service provided.

There were stable staffing arrangements in place and staff were well known to the residents. Staff were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. Throughout the day, residents were observed enjoying the interaction and company of staff. Staff were observed to interact with residents in a caring and respectful manner. Staff were observed spending time and interacting warmly with residents, responding to and supporting their wishes. While residents did not communicate verbally, staff were aware of the individual communication supports required by residents. The inspector observed effective communication between staff and residents, staff clearly understood and correctly interpreted their gestures, cues and also used the Lámh key word signing system.

On the day of inspection there were three residents in the house while the other two residents were attending their day services. One resident choose to stay in bed until the early afternoon in line with his preferred routine. During the morning time, one resident sat in the dining room interacting with staff as he observed them preparing an omelette which he then appeared to enjoy eating. The inspector noted that the resident was served his meal in line with the recommendations of the SALT (speech and language therapist). The resident then relaxed in his preferred chair listening to music in the sun room before going for a spin in the bus and going shopping for food items. During the afternoon, he was supported by staff to pick fresh tomatoes and strawberries from the plants growing in the poly tunnel in the rear garden area before going for another drive in the bus. Another resident had visited the local library during the morning time before being collected by a family member for his regular visit home. Throughout the day, residents were observed to have unrestricted access to their bedrooms and the communal areas of the house, coming and going as they wished from their bedrooms and following their own

routines.

Staff continued to support residents in keeping active and partaking in activities that they enjoyed both in the house and out in the community. Residents continued to enjoy activities such as going for drives and walks, using the tricycle, visiting the local shops, eating out, getting takeaway meals or going for a pint of Guinness. Some residents regularly enjoyed music, massage and equine therapies. Some residents enjoyed visiting local churches and visiting family graves. Another resident enjoyed visiting the local recycling depot to recycle used glass bottles, jars and aluminium cans. Residents also enjoyed spending time relaxing in the house, watching television or listening to their preferred radio or music channels. Some enjoyed having massages and foot spa's. The inspector saw photographs of the residents enjoying outings in the community, walking in parks, celebrating birthdays, attending family celebrations and using exercise equipment.

Residents were observed being supported by staff to select their preferred meal options. There was colourful pictorial menu options and food choices displayed so that residents could easily see and select their preferred options. Staff confirmed that residents were supported to go shopping to select their preferred food items, to eat out and get their preferred takeaway meals. The inspector observed a resident leading staff to the deep freeze unit and selecting his preferred food choice. Residents were also encouraged and had the choice to select healthier food options including fresh fruit and vegetables, low fat foods and foods high in fiber.

The designated centre comprised of a dormer style two-storey house, located in rural residential area, within close proximity to local villages and close to a city. It was centrally located and close to amenities such as public transport, shops and restaurants. The centre was generally found to be visibly clean, spacious, furnished and decorated in a homely style. Some parts of the centre had been recently renovated. A new fitted kitchen had been provided and works had been completed to provide a separate apartment on the ground floor for one resident. Two residents were now accommodated in their own apartments with separate bedroom, bathroom facilities and kitchen /dining room areas. Three residents had their own bedrooms and had access to shared bathroom and shower facilities as well as a variety of shared communal spaces including a dining room, sitting room, sun room and small relaxation room. Further improvements works were planned to upgrading the flooring to the hallways, refurbishment of the ground floor shower room and provision of a sensory room. Residents had access to a large well maintained garden area at the rear of the house. There were raised beds, outdoor furniture, swings, trampoline and poly tunnel provided. Staff reported that residents enjoyed spending time outside, some residents enjoyed gardening activities and the inspector saw photographs of residents enjoying outdoor activities in the garden.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance and there were no restrictions in place. There was plenty of space for residents to meet with visitors in private if they wished. Residents were supported to regularly visit family members at home while some residents regularly

met with family members for walks or coffee.

There were measures in place to ensure that residents' rights were being upheld. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning. The inspector observed that the rights of residents were respected and promoted by staff. Residents were supported to visit religious sites of their choice. Residents had access to televisions, the Internet and some had their own mobile telephone. There was a range of easy-to-read documents and information supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as residents rights, the complaints process, COVID-19 and staffing information were made available to residents.

In summary, the inspector observed that residents were treated with dignity and respect by staff throughout the day. It was evident that residents lived active and meaningful lives. Staff prioritised the welfare of residents and ensured that they had interesting things to do based on each person's individual abilities and preferences.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

This was an announced inspection carried out

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

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. This centre had a good history of compliance with the regulations. Improvements required in relation to the premises raised at the last inspection had been partially addressed and further improvement works were scheduled.

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

weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

There were sufficient, suitably trained staff on duty to support residents' assessed needs in line with the statement of purpose. The staffing roster reviewed indicated that this was the regular staff pattern and demonstrated that a team of consistent staff was in place to ensure continuity of care and support. There was evidence that staffing arrangements enabled residents to take part in the activities that they enjoyed and preferred. There was currently one nurse vacancy and the management team advised that recruitment for this post was on-going. Photographs of staff on duty were displayed so that residents could be reminded or check as to which staff were on duty.

Training was provided to staff on an on-going basis. Records indicated that all staff had completed mandatory training and further training was scheduled. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. Regular team meetings were taking place at which identified areas for improvement, policies, procedures, staff training updates were discussed and learning could be shared.

The provider had systems in place to monitor and review the quality and safety of care in the centre including an annual review and six monthly unannounced audits. The annual review from January to December 2021 had been completed. Consultation with residents and their families as well as an overview of key areas of regulation had been used to inform this review. Priorities and planned improvements identified for 2022 included continuing to promote community inclusion, support residents identify and achieve meaningful goals and to be more visible members of the community. The most recent unannounced six monthly provider review had taken place in June 2022. Actions as a result of this review had either been addressed or were in the process of being addressed. For example, the layout of the centre had been rearranged and refurbishment works had been completed to provide a self contained apartment to better meet the needs of a resident. Further improvement works to the premises were scheduled to take place and were planned to be completed by November 2022. Regular reviews of identified risks, health and safety, accidents and incidents, complaints, restrictive practices, medicines management were completed. The COVID-19 lead worker continued to complete monthly checks to ensure that all protocols were being adhered to.

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

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required, however, the floor plan required some updating to accurately reflect the room descriptions.

Judgment: Substantially compliant

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Staffing rosters reviewed showed that this was the regular staffing pattern. Recruitment was in progress to fill the vacant nursing post.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including infection prevention and control, hand hygiene, putting on and taking off PPE (personal protective equipment) and medicines management.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in place ensured that a good

quality and safe service was provided for people who availed of the service in this centre. The provider continued to monitor and review the quality and safety of care in the centre and action plans as a result of these reviews had either been addressed or were in the process of being addressed. The provider was actively trying to recruit additional staff in order to fill the current vacancy.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the application to renew registration required some updating to ensure that the narrative description of the premises clearly reflected the room layout in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. The complaints procedure was prominently displayed. The complaints procedure was available in an appropriate format and had been discussed with residents and their families. There were systems in place to record and investigate complaints. The annual review indicated that there had been no complaints received during 2021 and the team leader advised that no complaints had been received to date during 2022.

Judgment: Compliant

Quality and safety

The inspector found that the care and support residents received was of a good quality and ensured that they were safe and well-supported. Residents who the inspector met with appeared to enjoy living at the centre, appeared to be comfortable in their environment and with staff supporting them. While some improvements had been carried out to the premises, further improvements were still required to the repair and upgrading of parts on the building and to some aspects of infection prevention and control and fire safety management.

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Care plans were found to be place for all identified issues, were individualised and person centered. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences and support needs. Residents weights and medical conditions continued to be closely monitored. Staff spoken with were familiar with and knowledgeable regarding residents up to date health care needs.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. The inspector noted that residents who required support with behaviours of concern had plans in place outlining triggers as well as detailing proactive and reactive strategies to support them. Positive behaviour support plans had been developed in consultation with the psychologist. Recent refurbishment works had been completed to provide a self contained apartment to better meet the needs of a resident. Staff had received training in managing behaviours of concern. Staff were knowledgeable regarding these recommendations and were seen to implement these effectively during the inspection.

Residents had access to General Practitioners (GPs), out of hours GP service, consultants and a range of allied health services. A review of a sample of residents files indicated that residents had been regularly reviewed by the SALT, dietitian, psychologist, psychiatrist, dentist, and podiatrist. Residents had also been supported to avail of vaccination programmes. Files reviewed showed that residents had their annual medical review recently. Each resident had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Residents were supported to identify and achieve personal goals and these were kept under review. Personal outcome plans were available to residents in a suitable picture format and included goals such as attending family gatherings, celebrating upcoming birthday, attending a variety of social events and using a mobile telephone. Annual meetings were held with residents and their family representatives where appropriate. Regular meetings were held to review progress of the goals. Residents were also supported to be as independent as possible through the identification of skill building goals such as learning to complete various

personal hygiene and household tasks. Independent living skills intervention plans were in place and progress was regularly reviewed.

There were measures in place to ensure that residents' general welfare was being supported. Residents continued to be involved in activities and tasks that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and facilities in the local area and nearby city. The centre had its own vehicle and had access to a second vehicle when required to facilitate additional activities.

The layout and design of the house suited the needs of residents. The house was spacious, bright, comfortable and visibly clean. All residents had their own bedrooms and two residents had their own self contained apartments within the house with separate access to their own garden areas. The house and garden areas were easily accessible. While some improvements had been carried out to the premises, including a new fitted kitchen and upgrading of a ground floor shower room, further improvements were still required to the repair and upgrading of parts on the building. The management team advised that planned works had been delayed but were now scheduled to take place. Works included the replacement of damaged flooring to the ground floor hallway, repair of damaged plasterwork and door to the main sitting room, the upgrading and refurbishment of a ground floor shower room and renovation of a sensory room.

There was guidance and practice in place to reduce the risk of infection, including measures for the management of COVID-19, and the building was found to be generally visibly clean. There was a dedicated housekeeping staff member employed 15 hours per week, however, there was insufficient guidance in place to direct thorough cleaning and disinfection of the facility. There was no cleaning schedule to guide the frequency of cleaning, the type of cleaning to be undertaken, the method to be used or the products and equipment to be used. There were no records maintained of cleaning tasks completed. The provider had recently introduced a colour coding cleaning system however, staff advised that this system was not yet fully in use. The storage of cleaning equipment also required review as cleaning equipment including colour coded mop buckets and mop heads were openly stored outside contrary to good practice in infection prevention and control. There were adequate supplies of personal protective equipment (PPE) available and staff were observed to be correctly wearing it in line with national guidance. Arrangements described by staff for the management of laundry was in line with best practice in infection prevention and control.

Overall, there were good arrangements in place to manage risk in the centre, however, some improvements were required to some aspects of fire safety management. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, emergency plan and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated.

Improvements were required to some aspects of fire safety management. While the

staff demonstrated good fire safety awareness and knowledge of the evacuation needs of residents, the last fire drill simulating a night time scenario had taken place in March 2021. While all staff had taken part in a fire drill, some staff who worked at night time had not been involved in completing a fire drill simulating a night time scenario. The information provided on the fire alarm panel with regard to the location of zones also required review. The information provided on the panel was confusing and conflicted with other information provided in the service book which could result in a delay in locating the source of a fire. The layout plan of the building located in the front hallway also required updating to reflect the current layout and use of rooms in the building. The door leading from the main sitting room was damaged and did not close properly which posed a risk of uncontrolled fire and smoke spreading throughout the premises. The fire equipment and fire alarm had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills.

There was evidence of good medicines management practices and policies to support and guide practice. Staff spoken with demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines were stored securely. A review of a sample of medicine prescribing and administration charts showed that medicines were being administered as prescribed. Medicines management practices were regularly reviewed by the team leader and all staff who administered medicines had completed training on medicines management.

Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. There were no restrictions on visits at the time of inspection.

Judgment: Compliant

Regulation 13: General welfare and development

Residents continued to be involved in activities and tasks that they enjoyed in the centre and in the local community. During the inspection, residents spent time going places that they enjoyed, some attending day services, going for drives and walks in the local area, going to the shops, visiting the library, picking fruit in the poly tunnel, visiting family and some spent time relaxing in the house, watching television, listening to music and following their own routines.

Judgment: Compliant

Regulation 17: Premises

Improvements were required to the repair and maintenance of parts on the building including

- the replacement of damaged flooring to the ground floor hallway
- repair of damaged plasterwork and door to the main sitting room
- the upgrading and refurbishment of a ground floor shower room
- repair and upgrading of the kitchen floor surface in one apartment.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 27: Protection against infection

There was insufficient guidance in place to direct thorough cleaning and disinfection of the facility. There was no cleaning schedule to guide the frequency of cleaning, the type of cleaning to be undertaken, the method to be used or the products and equipment to be used. There were no records maintained of cleaning tasks completed. The provider had recently introduced a colour coding cleaning system however, staff advised that this system was no yet fully in use. The storage of cleaning equipment also required review as cleaning equipment including colour coded mop buckets and mop heads were openly stored outside contrary to good practice in infection prevention and control.

Some worn, damaged and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to some aspects of fire safety management.

- Some staff who worked at night time had not been involved in a fire drill simulating a night time scenario.
- The information provided on the fire alarm panel with regard to the location of zones also required review. The information provided on the panel was confusing and conflicted with other information provided in the service book which could result in a delay in locating the source of a fire.
- The layout plan of the building located in the front hallway also required updating to reflect the current layout and use of rooms in the building.
- The door leading from the main sitting room was damaged and did not close properly which posed a risk of uncontrolled fire and smoke spreading throughout the premises.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There was a medication management policy in place to guide practice in relation to the ordering, receipt, prescribing, storage, disposal and administration of medicines. A review of medicine prescribing and administration charts showed that medicines were being administered as prescribed. Medications were stored securely. There were systems in place for the return of out-of-date medicines to the pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Staff continued to ensure that residents had access to the health care that they needed. Residents had regular and timely access to general practitioners (GPs) and health and social care professionals. A review of residents files showed that residents had been referred and recently assessed by a range of allied health professionals. All residents had recently been reviewed by their GP. Residents were supported to avail of vaccine programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which included multidisciplinary input. Staff had received training in managing behaviours of concern. Works had recently been completed to provide a self contained apartment for a resident in order to better meet his needs.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff. Residents had access to advocacy services, a photograph and contact details of the assigned advocate was available. Staff were observed to interact with the residents in a caring and respectful manner. The residents had access to televisions, the Internet and information in a suitable accessible format. Residents were supported to visit and attend their preferred religious places of interest.

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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 Rosshaven Services OSV-0005276

Inspection ID: MON-0028834

Date of inspection: 27/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The floor plan was updated to reflect the updated room layout in the centre and the room descriptions.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The narrative description of the premises in the statement of purpose was updated to reflect the updated room layout in the centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Scheduled agreed for repairs and upgrading of damaged flooring, plasterwork and door, including the refurbishment of a ground floor shower room.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Local IPC guidance will be implemented along with and a cleaning schedule which will record and track the completion of cleaning tasks. • Implementation by all staff of the BOCSI colour coding cleaning system • Colour coded mop buckets and mop heads will be stored in a dry indoor storage area. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Colour coded Fire Zone Map has been updated and placed beside the Fire Panel • Colour coded Fire Zone Map has been updated to to reflect the current layout and use of rooms in the building. • The information provided on the panel will be consistent with other information provided in the service book and aids locating the source of a fire. • The layout plan of the building located in the front hallway has been updated to reflect the current layout and use of rooms in the building s reflected on the submitted statement of purpose. • The door leading from the main sitting room has been repaired and closes properly preventing the risk of uncontrolled fire and smoke spreading throughout the premises. • All staff on night duty will engage in a fire drill simulating a night time scenario 	

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	11/10/2022
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.	Substantially Compliant	Yellow	16/12/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	11/11/2022

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	07/10/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	11/11/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	11/10/2022