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:	Charnwood Gardens - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	02 September 2021
Centre ID:	OSV-0003072
Fieldwork ID:	MON-0026510

About the designated centre

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

Charnwood Gardens is a community based residential home for four adults with an intellectual disability. It is based in a suburban area of North-West County Dublin and is comprised of one house. The house is close to a number of local amenities and has good public transport links. There are five bedrooms in the premises of the centre, four of which provide individual accommodation for residents, one of which has an ensuite bathroom and one which is used for a staff sleep-over room. In addition to sleeping accommodation, there is an entrance hallway, a modest sized living room, a kitchen come dining space, a utility room, a small downstairs toilet area, a main bathroom upstairs, a garage space adjacent to the centre, a garden area to the rear with decking area and a small garden with driveway to the front of the property. The centre provides 24 hour residential supports for four residents. The staff team is comprised of a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 2 September 2021	09:20hrs to 17:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This designated centre, a house in the community, was registered for four residents, and on the day of the inspection, the inspector had the opportunity to meet with all four residents. On arrival to the centre, the inspector was greeted at the door by one of the residents who asked to see their identification card before welcoming them into their home. The resident joined the inspector in the sitting room, spoke about what was important to them, and showed the inspector the goals they were working on, which included improving their handwriting. They showed the inspector their bedroom and explained they were looking forward to having a bigger bedroom in their new house as there was limited room for storage of personalised items.

The kitchen area, while reasonably presented, was a small galley style kitchen backing onto the downstairs bedroom and did not lend itself to the needs of residents. It was seen that signs were present in the kitchen identifying the person in charge, designated officer and information relevant to residents were also on display. Residents had access to communal bathrooms, one of which had a bath, and if residents wanted a shower, they had to stand in the bath. When reviewing documentation in the centre, it was evident that this was causing an issue for one resident due to increasing mobility supports.

The inspector met with three other residents over the course of the inspection and they spoke to the inspector about about the impact of the COVID-19 pandemic and how they were missing going to their work placements, which had not yet resumed, but would be recommencing in the coming weeks. Residents told the inspector how important their independence was to them and how this was supported by staff. All residents spoken with were aware of the new proposed house that had been identified by the provider and all residents said they were excited about the move and the positives this move would bring, including bigger personal and communal space.

The inspector found that residents meetings were regularly occurring, and discussions were held on fire safety, COVID-19, health and safety, menu planning and shopping, upcoming events, complaints, safeguarding, maintenance, and any other ideas or items residents would like to discuss. In addition, there was information available for residents in relation to COVID-19, ideas on things to do at home, phases and levels of COVID-19 restrictions, safeguarding, complaints, rights and advocacy.

As this inspection was announced in advance, the provider was sent specific questionnaires for residents to complete in advance of this inspection. Such questionnaires covered areas such as food, visitors, rights, activities, care and support, staffing and complaints. All four residents completed the questionnaire and listed a range of improvements they would like to see and also mentioned the positive aspects of living in Charnwood Gardens. Residents indicated that they were happy with the food and mealtimes in the centre. A number of residents referred to

the amount of choice they had and how they chose what they wanted to eat and when they wanted to eat. One resident stated that sometimes they did not like what was for dinner but could choose something else.

In their questionnaires, three residents stated that the house was too small and did not have enough space for their belongings, but they were looking forward to moving house. One resident said their bedroom was too small for all their belongings, another had no windows in their bedroom, and two other residents said the kitchen was too small and residents had to take turns to use it. From speaking to residents, staff and reviewing documentation, it was apparent that the house was not maximising the lived experience for residents. Later in the report, the proposed plan from the provider in responding to these issues is discussed.

Residents indicated that they met with their visitors outside of the centre due to COVID-19 restrictions, and one resident stated that they would like to invite their friends into the house for a cup of coffee. Staff and residents spoken with told the inspector that visits had not yet resumed to the centre. Published guidance and memos from the provider contradicted this, as visits had resumed since June 2021. This was brought to the attention of management at feedback.

Residents were supported to engage in activities that were of interest to them, such as cooking, shopping, puzzles, visiting beauticians and hairdressers. During the inspection, two residents were observed coming and going throughout the day either to appointments, shopping or community activities. Residents were also encouraged and supported to engage in household tasks to promote their independence. Residents informed the inspector they all had their own days to do laundry and cook dinner, and some took on extra tasks such as recycling. During the current health pandemic, when community activities were restricted, residents were supported to engage in online activities such as dance classes.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. At the same time, while the inspector observed a calm environment, they witnessed one interaction between two residents that demonstrated that residents did not always get along. One resident said that while they were generally happy in the house, residents had their differences, resulting in arguments and the resident liking to spend time away from their peers. The inspector observed in the incident reports that there were verbal altercations between residents on occasions, and some residents expressed dissatisfaction concerning this issue.

In their questionnaires, residents described activities they enjoyed both at home and in the community. This included activities such as walking, going to the local park, going to work, using their tablet computer, arts and crafts, chatting to staff, listening to music, shopping, going to the hairdresser and beautician, playing cards, watching television, going for a drive, and dancing. Each resident indicated in their questionnaire that they were aware of the complaints process and two residents expressed that they didn't like unfamiliar staff, and one enquired ''why so many

different staff were working on day shift".

On review of the centre's annual review consultation process, the inspector noted that, overall, feedback from the residents' families was positive. Still, they had areas of concern regarding the lack of permanent staff. They were happy about the care their family member received during the current health pandemic restrictions. Staff were described as "friendly" and "outstanding". However, families expressed that they would like to see more permanent staff for continuity of care as wished by their loved ones.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

This centre had been previously inspected in January 2021, with non-compliance found in seven regulations, including training, governance and management, positive behaviour support and residents' plans. This inspection found the provider had responded to these failings and addressed the majority of these concerns by implementing the action as set out within their compliance plan. Furthermore, the provider had informed the Chief Inspector in July 2021 that a new property had been identified for residents that would better suit the needs of the residents and address the limited communal areas within the current premises. Based on the findings of this inspection there was increased oversight of this designated centre which contributed to improved compliance levels in some areas. However, the inspector found that further improvements were required in the staffing arrangements of the centre.

Management systems were in place to monitor the quality of care and support to ensure the service provided was safe and appropriate to meet residents' needs. Onsite visits to the centre from senior management had recommenced since the provider had lifted restrictions to reduce footfall to the centre. The inspector found the audits and reviews completed during these visits were effective at identifying areas for improvement. They were then making the required changes, which were leading to improvements for residents in relation to their care and support and their home. These included further development of personal goals for residents and discussing living arrangements with residents.

In accordance with the regulations, the provider had ensured that a person in charge was in place to oversee this designated centre on a day-to-day basis. The person in charge was a social care leader who had the necessary qualifications and experience required by the regulations. They also demonstrated good awareness and knowledge of the residents and their support needs due to having worked with the resident group for a number of years. However, the inspector found that administration hours allocated to the person in charge required reviewing to fully

ensure the operational management and administration of the centre resulted in safe, good quality and effective service delivery for residents.

The inspector observed the centre was staffed by social care workers as stated in the centre's statement of purpose. However, the inspector identified that the staffing numbers declared in the statement of purpose were not in line with residents assessed needs. On review of the rosters, it was evident there was a reliance on relief and agency staff to cover shifts. This was an issue also raised by residents and their representatives. Due to the closure of day services during the COVID-19 pandemic, the inspector acknowledged there was an increased number of residents in the centre during daytime hours, and there was an increase in staff allocation to support residents during these times. However, these arrangements did not promote continuity of care and support and disrupted residents' relationships with staff.

Since the previous inspection in January, the provider had endeavoured to address issues identified in staff training and supervision needs. The inspector reviewed the training matrix for mandatory training and supplementary training required to meet the needs of residents and found all staff had completed the listed training. The training files for relief staff were not available for the inspector to review. However, correspondence received post-inspection confirmed all relief staff employed in the centre had the required training.

Another area of improvement since the previous inspection was the improved timeliness of notification of incidents when the person in charge was absent. Submitting such notifications is required under regulations and is essential so that the Chief Inspector is aware of events that can negatively impact the residents living in a designated centre. The inspector reviewed the incident, accident and near-miss records maintained in the centre. The person in charge had notified seven incidents relating to resident compatibility issues to the Chief Inspector in 2021, which correlated with resident feedback gathered for the annual review and observations made on the day of the inspection. This is discussed in greater detail under the 'Quality and Safety' section of this report.

Registration Regulation 5: Application for registration or renewal of registration

The provider had effective systems in place to ensure they complied with the requirements to renew their application and all required documentation had been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that the person in charge met the requirements of this regulation with regard to their qualifications, knowledge and experience. Residents were very familiar with the person in charge and appeared to have a very positive relationship with them.

Judgment: Compliant

Regulation 15: Staffing

Staff members present during the inspection was observed engaging with residents in an appropriate and positive manner while also demonstrating a good knowledge of residents and their needs.

The person in charge had prepared a planned and actual roster that accurately reflected the staffing arrangements in the centre. Three social care workers and the person in charge were employed in the centre, working a mixture of day and sleepover shifts. The provider implemented a second day shift between the hours of 9.30 am and 4.30 pm to support residents due to day service closures during the COVID-19 pandemic.

To cover a number of these shifts, relief staff were used. The inspector viewed the rosters and seen that 11 different relief staff were used in an eight week period, and on some occasions, two relief staff were rostered together. Therefore, the inspector was not satisfied that the provider was ensuring continuity of care and support, particularly when staff were employed on less than a permanent basis.
In addition, the inspector found there was no formal induction process for relief to ensure they were knowledgeable regarding residents' support and care needs.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence available to demonstrated that training identified as mandatory by the provider had been completed by all staff members. In addition, a range of non-mandatory training had also been completed by the staff team.

Formal staff supervision was occurring in the centre, it had been identified in the providers own audits that improvement was required to ensure it was being completed as per the schedule. A schedule was in place to ensure all staff had regular formal supervision and appraisals in 2021.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. An annual report was completed, and unannounced visits were taking place to ensure that service delivery was safe and that a good quality service was provided to residents. The inspector saw that the person in charge carried out a schedule of local audits throughout the year, including audits relating to the care and support provided to the residents living in the centre. Compared to the previous inspection in January 2021 there was an increase in the compliance levels of the centre.

The annual review involved consultation with residents and their families to determine their views on areas for improvement. Actions on both the annual review and the six-monthly review were clearly identified and documented. On the day of the inspection, actions were completed within identified timelines and signed off by the person in charge.

The person's in charge supernumerary hours required review, which the provider already recognised. Supernumerary hours totalled four hours a week, limiting the person's in charge ability to address all actions identified through audits and regulatory requirements. Improvement was also required in the person's in charge oversight of relief and agency staff completed training to ensure they were fully competent to meet the needs of all residents as further explained under regulation 15 staffing.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the information required by the regulations. This statement of purpose was on display in the designated centred and had been reviewed within the previous 12 months.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was knowledgeable of their responsibility to give notice of incidents that occurred in the centre. It was found that all incidents that required notification had been submitted to the chief inspector within the appropriate time

frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Feedback regarding the service provided was sought annually from residents and their representatives. There was a designated person who was nominated to investigate and respond to any complaints regarding the service.

In their questionnaires, residents indicated that if they were unhappy about anything they would speak to their keyworker or go to a member of the staff team or the complaints officer. Two residents who had used the complaints process indicated they were happy with how their complaint was dealt with and with the reply they got from the complaints officer.

Judgment: Compliant

Quality and safety

It was observed by the inspector that improvements had been made to the quality of service provided to residents since the inspection carried out in January 2021. These areas included the provision of positive behaviour support, personal planning while appropriate risk management practices were being followed. The inspector did identify on this inspection that infection control measures required a review in line with national guidance.

The previous inspection of this centre had found that the registered provider had not ensured sufficient private space for residents, storage space for their belongings and communal space. The provider had also identified that the bathroom did not meet the assessed needs of all residents. The provider had informed the inspectorate in 2020 that they were not successful in securing a lease for the duration of the centre's next registration cycle, commencing January 2022. The provider was requested to submit monthly updates informing the Chief Inspector of the plans for the future of the designated centre in advance of their registration renewal. In July 2021, the provider notified in their monthly updates that they had commenced the process of purchasing an identified property. In discussions with the person in charge and senior management during the inspection, the inspector was informed that the new property would address space issues, meet residents' needs and projected a move in date for early 2022.

Through its auditing processes, the provider had recognised that improvements were required to the documentation and recording of residents assessments of

needs and personal plans. The person in charge had actioned these findings and ensured that all residents had a comprehensive assessment of need and personal plan in place, which reflected the residents' most current needs, plan of care, aspirations, and goals. The provider had ensured residents had ongoing support from the multi-disciplinary team, including input from positive behaviour support specialists. The support plans were subject to regular review, and residents were able to express the frequency of such supports. For example, one resident had been supported to have regular meetings regarding one aspect of care in line with their preferences.

The inspector reviewed the procedures relating to safeguarding and protection in the centre. As previously mentioned, seven incidents of a safeguarding nature had been notified to the Chief Inspector in 2021 compared to 11 incidents in 2020 and 19 incidents in 2019. The majority of these safeguarding concerns related to adverse peer-to-peer interactions. The provider had implemented a number of additional control measures to support residents, including additional staffing at key times each day. The inspector found that the number of incidents had decreased with the development of a more stable workforce over 2021, as residents had indicated they felt more secure in their environment when supported by staff that know the residents well, again highlighting the importance of rostering familiar staff. While there had been a reduction in the number of allegations of abuse, it was not evident that some of these safeguarding plans were fully effective as some plans relied on residents limiting their access to the shared living environment or being asked to withdraw themselves from the communal space during incidents.

There were systems in place for the assessment, management and ongoing review of risk. A risk register was in place, and general and individual risk assessments were developed and reviewed as required. Such risk assessments were noted to have been recently reviewed while staff present in the centre demonstrated a good understanding of any risks present in the centre. There were systems to respond to emergencies and for the review and trending of incidents and adverse events.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. There were systems to ensure there were adequate supplies of personal protective equipment (PPE) in the centre. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. There had been no outbreaks of COVID-19 in the centre, and staff had completed training in infection prevention and control and the use of (PPE). While the provider had developed policies, procedures, guidelines and contingency plans for use during the pandemic, these required updating and review in the centre to ensure the most current guidance was readily available.

The inspector found that the registered provider had safe and appropriate systems in place for fire safety management. The premises was equipped to detect, contain, and alert staff and residents to fire or smoke in the designated centre. Monitoring and detection systems were in place and serviced regularly. Fire fighting equipment, extinguishers and emergency lighting systems were all found to be in place.

Regulation 12: Personal possessions

All residents had their own bank account. Each resident had a financial assessment carried out and a care plan to ensure that residents were supported to be as independent as possible with their finances, while ensuring they were appropriately safeguarded. There were clear systems in place to assess risk relating to residents' finances. Residents rooms were decorated in line with their preferences and had items such as televisions, photographs, medals and a range of other possessions personal to each resident. From meeting with residents and viewing some of the bedrooms in the centre, it was evident that not all residents had adequate space to store clothes and other personal affects. This is address under the regulation below, Premises.

Judgment: Compliant

Regulation 17: Premises

As discussed in the report, the provider did not meet the requirements of this regulation or the criteria set out in Schedule 6, namely, adequate private and communal accommodation, adequate space and suitable storage facilities, and baths, showers of a sufficient standard suitable to meet the needs of residents.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risk management procedures in the centre included identifying and assessing risks and developing risk management plans. Risk management plans outlined the control measures to mitigate against identified risks, and plans were regularly reviewed. The inspector found control measures as outlined in plans were implemented in practice and promoted positive risk-taking for residents. For example, For example, residents were supported to spend periods of time alone in their home with additional controls. Social stories had also been developed and were available for residents to explain some risks.

Judgment: Compliant

Regulation 27: Protection against infection

Staff had received training in all aspects of infection prevention and control, including hand hygiene, donning and doffing personal protective equipment and staff were observed adhering to infection control measures during the inspection. COVID-19 and infection and prevention control (IPC) measures and changes in restrictions were discussed at staff and resident meetings. Hand hygiene facilities were provided throughout the centre, and alcohol-based hand gel was readily available in all areas. Some IPC measures did require additional oversight from the provider to ensure they were consistent with national standards and public health guidance. The inspector identified that all visitors to the centre remained restricted, which was not in line with the Health Protection Surveillance Centre (HPSC) National guidance at the time of the inspection. Guidance with respect to the isolation protocols to support residents in the event of a suspected or confirmed case of COVID-19 also required review as guidance was not available to the inspector for review or clear. For example, there were three folders of COVID-19 information. The inspector found that the presence of older and irrelevant information obstructed the retrieval of the most up-to-date protocols and the inspector was not presented with the requested information.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Residents were protected by the fire precautions in place in the centre. Suitable fire equipment was available, and there was evidence it had been regularly serviced. There were adequate means of escape, and emergency lighting was in place. The provider identified through its annual review that some improvements were required in the review and updating of personal emergency evacuation plans following any learning from fire drills. The inspector found these had been completed along with corresponding risk assessments. Risk assessments also included the use of an enclosed garden as part of a fire assembly point. The person in charge informed the inspector that professional advice had been sought regarding this space and confirmed that the fire assembly point was located sufficiently far enough away from the house.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Plans reviewed by the inspector included a comprehensive assessment of need dated March 2021. Details regarding the residents' circle of support and how to support them in their environment, health, money management, medication, personal care, decision-making, and coping strategies were included. The inspector

noted the quality and content of these plans were of a high quality, had input from multi-disciplinary professionals and clearly outlined the supports and required.

The goal planning process for residents had been strengthened since the annual review by the provider to ensure residents goals were being reviewed for achievements or challenges so the appropriate supports could be implemented. The provider and person in charge had also self-identified that improvements were also required to make plans more accessible to residents, and there was evidence that this process had commenced.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to have the best possible health with plans of care developed to support the assessed needs in relation to health matters. Residents were also facilitated to attend a range of allied healthcare professionals and engage in national health screening programmes. Residents' care plans were updated and reviewed at regular intervals and in line with their assessed needs; for example, a dietitian review took place in June 2021. The inspector reviewed a sample of healthcare plans; they had sufficient information to guide staff in supporting the healthcare need and were also developed in conjunction with the resident. For instance, photographs were taken of the resident participating in their physiotherapy prescribed exercises.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Staff training was provided in behaviour management and residents had access to multi-disciplinary specialist support when required.

Personalised positive behavioural support plans were in place. Behaviour support plans were developed in consultation with the residents themselves and staff that knew the resident well. This resulted in detailed guidance on the proactive, active and reactive strategies to help residents manage their emotions and self regulate.

There were no restrictive practices in use in the centre. The inspector identified that at times, residents had some limitations placed upon them in accessing all areas of the centre during incidents and required review under regulation 8 Protection.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed a sample of documentation relating to alleged safeguarding incidents that had taken place over the last seven months. Where appropriate, safeguarding plans were put in place to minimise the risk of further incidents, and the appropriate bodies were notified. The inspector saw that regular multi-disciplinary meetings were taken place and these meetings ensured that residents' changing needs were responded to and that appropriate supports were put in place to keep residents safe.

From a review of these safeguarding plans and the accidents and incidents, it was apparent that there were some negative interactions between residents. Improvement was required to the management of some incidents to ensure affected residents were not negatively impacted by such incidents and were not restricted access to all areas of their home.

Judgment: Substantially 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Charnwood Gardens - Community Residential Service OSV-0003072

Inspection ID: MON-0026510

Date of inspection: 02/09/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Service Manager had met with the Director of HR to discuss the staffing crisis. • All grades of staff have been advertised and shortlisting and interviews will be held before the end of October 2021. • The PIC and CNM3 will offer additional shifts to regular staff who are available for more hours. • As far as possible regular relief and agency staff will be assigned to remaining shifts until regular staff are recruited. • The PIC and the CNM3 will review the house guidelines, the relief folder and introduce a robust induction plan for relief and agency staff. • The Provider will ensure that relief staff have the mandatory training required. • The provider is working with Agencies to ensure that all staff provided have the mandatory training required.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Provider had agreed that the PIC should have 10 hours per week supernumerary. • The Provider will ensure that relief staff have the mandatory training required. • The Provider is working with Agencies to ensure that all staff provided have the mandatory training required. • The PIC will assure herself that staff working in her centre have the required training for the centre.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The Provider had engaged with Marillac Housing Association to secure a new home for the residents of this centre. The requirements for this property were more space, accessible bathroom and individual bedrooms one of which was to be on the ground floor.
• Marillac Housing have secured a property and have purchased same. Ownership is expected to come through in Jan 22
• Preparing of Tendering for mediating works will be carried out in Jan/ Feb 22
• Tendering process will be complete in March/ April 22
• Construction works to be complete by July 22
• Fit out and registration by September 22.
• Commence occupancy in September 22

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• The PIC has reviewed the covid folders to ensure that current information is available to staff team and older data is archived.
• The PIC has reviewed the centre specific contingency plan.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Provider has recognized that the current living environment are not meeting the assessed needs of the residents and have engaged with Marillac Housing to acquire a larger property with more living space and larger kitchen area.

The MDT will review the safeguarding plans to ensure that all necessary actions are in place to mitigate against further incidents. The PIC will arrange MDTS.

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/12/2021
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	30/09/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting	Not Compliant	Orange	30/09/2022

	accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
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	31/12/2021
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	20/10/2021
Regulation 08(2)	The registered	Substantially	Yellow	30/09/2022

	provider shall protect residents from all forms of abuse.	Compliant		