



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

Issued by the Chief Inspector

Name of designated centre:	The Bay
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	21 October 2021
Centre ID:	OSV-0003434
Fieldwork ID:	MON-0026638

About the designated centre

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

The Bay is a designated centre operated by Autism Initiatives Ireland located in County Wicklow. The service provides a respite service for 10 adults with an intellectual disability on a rolling basis. A maximum of four service users can be accommodated at one time. The centre consists of a two storey house and an adjoining apartment. The house comprised a sitting room, kitchen/dining room, office, three individual service user bedroom and shared bathrooms. The adjoining apartment comprised a sitting room, kitchen/dining room, one bedroom, office and a bathroom. The designated centre is located close to the local town with access to local shops and transport links. The centre is staffed by a person in charge, social care worker and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 - 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 21 October 2021	10:00 am to 6:00 pm	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support during their respite stay at the designated centre. The respite centre remained open throughout the current health pandemic however, to ensure the safety of residents, the number of residents attending per night in the main house, had been reduced temporarily. The apartment was a single occupancy building and was specifically allocated to one respite resident.

On the day of the inspection, two respite residents were attending their day service and one resident was attending a group music class in a town close by. The inspector got the opportunity to meet with all three residents in the afternoon when they returned to the centre. As much as possible, engagement between the inspector and the residents took place from a two metre distance and wearing the appropriate personal protective equipment in adherence with national guidance.

One of the respite residents met with the inspector in the staff office. The resident said they were happy for their staff member to stay in the room while the talked with the inspector. The resident had been made aware that the inspector was coming to visit their home and why they were visiting. The resident was always accommodated in a single occupancy apartment during their respite stay every week. They told the inspector that they liked the apartment and in particular, their bedroom. They said they were happy about the care and support that they received from their staff. The resident said they enjoyed coming on respite breaks to the centre and enjoyed the different activities they were supported to take part in. For example, playing football, going for walks, watching sports on TV and playing games on their mobile telephone. At the end of the conversation the resident went back to their apartment to do some baking supported by their staff member.

Later in the afternoon, the inspector met with two other residents in the sitting room of the house. 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. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff, it was obvious that staff clearly interpreted what was being communicated by the residents.

In advance of the inspection, the residents, with the support of their family, were asked if they would like to complete a Health Information and Quality Authority (HIQA) 'questionnaire for residents' to provide feedback on the service they received. There was a low take-up response however, of the residents that did complete a questionnaire, the response was positive. Residents noted that they were happy with the service provided to them, the social activities they were supported to engage in, and the support provided by staff. One resident noted they felt safe in the centre, another resident commented that it was good to have the

same staff. One family noted that they believed their family member benefited from mixing with other people when they attended the service. Families noted that they were made feel welcome at any time and staff always made time to speak with them. All residents and families who completed the questionnaire, noted that they knew who to go to if they were unhappy or needed to make a complaint.

The designated centre consisted of a large house and an apartment attached to the back of the house. The main house was decorated with an array of Halloween decorations throughout the sitting room, hall and kitchen which created a sense of occasion for the residents during their stay. The inspector observed some of the residents talking with their staff about planning a Halloween party including dressing up for the occasion.

In addition to the decorations, the walls of the house displayed numerous pictures of residents enjoying different activities during their respite stay at the centre. There were various pieces of artworks hanging on the walls which had been completed by different residents. There were ample easy-to-read and visual signs in the house for residents to better understand and be aware of what was taking place in the centre. For example, fire evacuation procedures, the fire escape route, staff on duty, meal choices, keeping safe during Covid-19 and details regarding safeguarding and making a complaint.

The single occupancy apartment was bright and airy with an open plan sitting room and kitchen area. The resident had their own room and it was decorated in line with their likes and preferences. There was a decking area out the front and there was a garden area beneath the decking.

Overall, the design and layout of the designated centre ensured that each resident could enjoy their respite visit in an accessible, spacious and comfortable environment. The centre was found to be suitable to meet the residents' individual and collective needs. However, the inspector observed that areas of both premises required upkeep and repair so that they ensured residents were enjoying a respite break in an environment that was in good state of repair, safe and mitigated the risk of infection.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. During their respite stay in the centre, residents were provided with a choice of healthy meal, beverage and snack options. On observation of menu plans and residents' fridges and food cupboards, the inspector saw a wide variety of nutritious food available to the residents.

In summary, the inspector found that residents well-being and welfare was maintained to a good standard during their respite stay in the centre and that there was a strong and visible person-centred culture within the designated centre. The inspector found that systems in place endeavoured to ensure that residents were safe and in receipt of good quality care and support. Through observing residents and speaking with staff and through a review of documentation, it was evident that staff and the local management team were striving to ensure that residents were

staying in a supportive and caring environment where they were supported to have control over and make choices during their respite stay.

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 availing of the respite service. On the day of the inspection, the inspector found that some improvements were needed to fully ensure a quality and safe service was provided to residents at all times.

Capacity and capability

The inspector found that for the most part, the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to residents availing of the respite service in the designated centre. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. Overall, there were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to. The service was led by a capable person in charge, supported by a deputy manager and a staff team who were knowledgeable about the support needs of the residents who availed of the respite service.

There was a staff roster in place in the centre and it was maintained appropriately. The inspector reviewed a sample of the centre's actual and planned rosters and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents during their respite stay in the centre. The staff roster clearly identified the times worked by each person including the person in charge and the deputy manager. The inspector reviewed a sample of staff files and found that they included all Schedule 2 requirements.

There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. There was a core team working in the centre. The inspector was advised that a number of staff had worked for five years or more in the centre. Where relief staff were employed, the person in charge endeavoured to employ staff who were familiar to the residents' needs and who worked with them on a regular basis. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents. On the day of the inspection the inspector observed kind, caring and respectful interactions between staff and residents throughout the day.

There was a training schedule in place for all staff working in the centre and this was regularly reviewed by the person in charge. The inspector found that staff had been provided with the appropriate mandatory training such as safeguarding, fire

safety, medicine management, food hygiene and positive behaviour supports, but to mention a few. Staff were also provided with additional training that was specific to the respite residents' needs.

Staff were provided with one to one supervision meetings with the person in charge in the form of 'practice support meetings', which occurred on a quarterly basis. Staff who spoke with the inspector, advised that these meeting were beneficial to their practice.

The inspector found that for the most part, there was satisfactory governance and management systems in place which enabled service delivery to be safe and of good quality. The provider had completed an annual report for 2020 of the quality and safety of care and support in the designated centre and this was made available to the respite residents and their families. Residents and their families had been consulted in the process. In addition, six monthly unannounced reviews of the quality and safety of care and support in the centre were carried out in line with the regulatory requirement.

Peer to peer quality monitoring reviews were carried out in the centre by senior managers who were responsible for another centre. The reviews identified where improvements were required and included an action plan for the person in charge to complete. The inspector saw that all actions from the most recent peer to peer review in the centre had been completed in a prompt and timely manner. In addition to these reviews, the person in charge, supported by their deputy, completed a monthly management report incorporating areas such as safeguarding, medicine, restrictive practice, complaints and maintenance.

Overall, the inspector found that the system of audits and reviews in place in the centre were effective in monitoring the quality of care and support provided to residents. On the day of the inspection, the inspector found a number of examples where improvements identified in audits and reviews resulted in better outcomes for residents. For example, a peer to peer review of respite residents' personal plans identified that improvements were needed to better demonstrate the consultation process with residents. The person in charge promptly followed up on this action and as a result, residents' personal plans now included specific documentation to demonstrate an enhanced consultation process.

While the inspector found local government and management systems were of good quality in this centre, the inspector found that improvements were warranted to area of team meetings. On review of minutes of previous meetings in 2020, the inspector saw that matters relating to residents' care and support, personal plans, staffing arrangements and keeping safe during the current health pandemic were some of the matters discussed at meetings which provided an opportunity for shared learning. However, during 2021 staff meetings were not taking place regularly or on a consistent basis. As such, opportunities for shared learning and potential improvements to enhance the lives of residents during their respite stay, was not always ensured.

The person in charge demonstrated sufficient knowledge of the legislation and their

statutory responsibilities and complied with the regulations and standards. The person in charge was familiar with the respite residents' needs and ensured that they were met in practice. There was evidence to demonstrate that the person in charge was competent, with appropriate qualifications, skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

There was an effective complaints procedure which was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. There was an easy-to-read document on how to make a complaint and the centre's notice board included a diagram of the steps of the complaint process. On the day of inspection, the complaint log demonstrated that no complaints had been made in the centre in the last twelve months.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including guiding staff in delivering safe and appropriate care. However, on review of the centre's Schedule 5 policies, the inspector found that not all policies and procedures had been reviewed and updated in line with the regulatory requirement. For example, the policy relating to staff training and development.

Regulation 14: Persons in charge

The inspector found that the the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements included enough staff to meet the needs of the respite residents during their stay and were in line with the centre's statement of purpose. The inspector reviewed a sample of staff files and found that they included all the Schedule 2 requirements.

Judgment: Compliant

Regulation 16: Training and staff development

The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective services for the respite residents.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were satisfactory governance and management systems in place in the centre however, some improvements were required.

Improvements were needed to ensure that staff meetings took place on a regular and consistent basis to support shared learning and continuous quality improvement of service delivery.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. A copy of the statement of purpose was available to all respite residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

There were effective information governance arrangements in place to ensure that the designated centre complied with all notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established and implemented effective systems to address and resolve issues raised by respite residents or their representatives. Systems were in place, including access to an advocacy service, to ensure respite residents had access to information which would support and encourage them express any concerns they may have.

Judgment: Compliant

Regulation 4: Written policies and procedures

On review of the centre's Schedule 5 policies, the inspector found that not all policies and procedures had been reviewed and updated in line with the regulatory requirement. For example, the policy relating to staff training and development.

Judgment: Substantially compliant

Quality and safety

The inspector found that the respite residents' well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The designated centre was well run and provided a pleasant environment for residents during their respite break. The person in charge and staff were aware of each of the respite resident's needs and knowledgeable in the care practices to meet those needs. Care and support provided to residents was of good quality. However, on the day of inspection, the inspector found that improvements were required to the general maintenance and upkeep of the centre so that it ensured residents were enjoying a respite break in an environment that was in good state of repair, safe and mitigated the risk of infection.

There was a comprehensive assessment of the resident's health, personal and social care needs and this was used to inform associated plans of care for the resident. The inspector found that residents and their family members were consulted in the process of the personal plan. Overall, residents' personal plan detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes during their respite stay. The residents'

personal plans included information about residents' likes and dislikes, how they liked to be supported when they were unhappy, matters relating to their health and safety, their personal care and eating and drinking supports. The plans were regularly reviewed through monthly keyworking sessions that noted the residents' progress of their goals. However, improvements were needed to ensure residents were provided with an accessible format of their personal plan so that it could be easily understood by them.

The inspector found that the provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Where appropriate, residents were provided with positive behaviour support plans. Systems were in place to ensure that where behaviour support practices were being used, that they were clearly documented and reviewed by the appropriate professionals. There was a number of restrictive practices in place in the centre which were guided by the centre's restrictive procedure's policy. The inspector found that the person in charge endeavoured to ensure that where restrictive practices were used they were the least restrictive for the shortest duration. For example, there were protocols in place to ensure that only during periods where a resident's specific health condition went into decline, was a number of restrictive practices used. Outside these periods the restrictions were never in use.

The respite residents were protected by appropriate safeguarding policies and procedures in the centre which were regularly reviewed and up-to-date. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults and staff who spoke with the inspector were familiar with reporting systems in place, should a safeguarding concern arise. There were safeguarding measures in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's privacy and dignity. Overall, where incidents occurred they were followed up appropriately. However, on review of a sample of incident reports, the inspector found that a review of the template was needed to ensure that possible impacts of behavioural incidents on all residents were captured. This finding had arisen during an inspection in another centre run by the same organisation and the inspector was advised that a review of the template was currently in process.

The registered provider had ensured that there were systems in place in the centre for the assessment, management and ongoing review of risk. The provider's risk management policy was up-to-date and contained all information required by the regulations. There was a risk register in place in the centre and it clearly identified the relevant risks in the house, in line with the assessed needs of the resident, including risks related to COVID-19. Details of the assessment of each risk and the control measures in place to mitigate it were clearly outlined.

Overall, the design and layout of the designated centre ensured that respite residents could enjoy living in an accessible, comfortable and homely environment during their respite stay. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for residents availing of the respite

service. A number of rooms had been recently freshly painted including an upgrade to some of the furnishings in the rooms.

However, some improvements were needed to the overall upkeep of the centre to ensure residents were enjoying a respite break in an environment that was in good state of repair and mitigated the risk of infection. On entering each of the rooms in the house and apartment, the inspector found that overall, the rooms were clean and tidy. However, a number of rooms required a deeper clean and the ventilation systems in place required reviewing. For example, some rooms had mould on the walls and windows and some air vents had black marks with heavy layers of dust on them. In two bathrooms, the seal around the shower tray was in disrepair and a radiator in one bathroom was rusty. There was ingrained dirt around the door saddles and thresholds in the kitchen and the small sitting room. Furthermore, the timber flooring in the main sitting room was badly marked and scrapped as was the coffee table in the same room and paintwork was required in a number of rooms. The latter two findings had been self-identified by the person in charge as a task that required completion however, had yet to be forwarded to the provider's maintenance department.

The registered provider had adopted infection prevention and control measures specific to COVID-19 which were effective and efficiently managed. There were satisfactory control measures and contingency arrangements in place in case of infection. The registered provider had an up-to-date COVID-19 contingency plan, which included comprehensive guidance on infection prevention and control measures, the management of suspected or confirmed cases of COVID-19 among residents and staff, and contingency plans in relation to staffing and other essential services. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents. Resident personal items, including their bedding and towels were placed in individual boxes in the cupboard. Bottles of hand sanitizers were available in appropriate areas throughout the centre and staff were observed wearing face masks, in line with current guidance. On the day of the inspection, the inspector found that on entering the apartment, a review of the location of the hand hygiene facilities were needed to ensure that they were readily accessible to anyone who entered.

The inspector found that there were good systems in place for the prevention and detection of fire. All firefighting equipment and fire alarm systems were appropriately serviced and checked. To support the needs and wishes of residents, a specific device to keep doors open during the day were fitted to a number of doors. However, on the day of inspection the device on the kitchen door was not effective in keeping it open, so it remained closed. The external contractor had been contacted on an number of occasions however, as on the day of inspection, there was no scheduled time for the device to be fixed.

Fire safety checks took place regularly and were recorded appropriately. Fire drills were taking place at suitable intervals. The mobility and cognitive understanding of residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. All staff had received suitable

training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow.

Overall, there were adequate means of escape, including emergency lighting. However, on the day of the inspection, due to the placement of two door mats inside a final fire exit door in the apartment, the door could not be fully opened. The person in charge promptly removed the mats to allow the door to open out fully.

Regulation 17: Premises

Overall, the centre appeared clean, however, a number of rooms required a deeper clean and the ventilation systems in place required reviewing. For example, some rooms had mould on the walls and windows and some air vents had black marks with heavy layers of dust on them. In two bathrooms, the seal around the shower tray was in disrepair and a radiator in one bathroom was rusty. There was ingrained dirt around the door saddles and thresholds in the kitchen and the small sitting room.

The timber flooring in the main sitting room was badly marked and scrapped as was the coffee table in the same room. Paintwork was required in a number of rooms.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The risk management policy contained the information required by the regulations and had been reviewed and updated in line with the timeframe identified in the regulations. There was a risk register in place in the house which had been reviewed and updated in July 2021.

General and individual risk assessments were developed and reviewed as required, including risks related to COVID-19.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the registered provider had adopted infection prevention and control measures specific to COVID-19 which were effective and efficiently managed. In some areas, improvements to the cleanliness and upkeep and repair of the centre

was required however, these are addressed in Regulation 17.

Judgment: Compliant

Regulation 28: Fire precautions

The devise on the kitchen door was not effective in keeping it open. The external contractor had been contacted on an number of occasions however, as on the day of inspection, there was no scheduled time for the devise to be fixed.

Due to the placement of two door mats inside a final fire exit door in the apartment, the door could not be fully opened. The person in charge promptly removed the mats to allow the door open out fully.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of the resident's health, personal and social care needs and this was used to inform associated plans of care for the resident. However, improvements were needed to residents' personal plans to ensure that they were provided with an accessible format of their plan so that it could be easily understood by them.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Overall, there were systems in place to ensure that where behavioural support practices were being used, they were clearly documented and reviewed by the appropriate professionals on a regular basis.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. All staff had received up-to-date training in the safeguarding and

protection of vulnerable adult and staff who spoke with the inspector were familiar with reporting systems in place, should a safeguarding concern arise. There were safeguarding measures in place to ensure that staff providing personal intimate care to respite residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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	Compliant
Regulation 22: Insurance	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
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Bay OSV-0003434

Inspection ID: MON-0026638

Date of inspection: 21/10/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staff Meeting scheduled for Thurs. 2nd December '21. Agenda has been posted in staff office. Staff meeting planned for 11/1/21 for forward planning for New Year. 2 x Future Planning Meetings scheduled to include input from families, Day Service, Psychology, Psychiatry etc. These will be held on 30/11/21 and 10/12/21</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>The Learning and Development Policy has since been updated. All Policies in relation to Schedule 5 are now up to date and fully reviewed.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>External cleaning company will carry out a "deep clean" of the service in December. Cleaning duties will be revised and intensified by PIC. Touch Surface sign sheets will also</p>	

be introduced at the next team meeting and will come into immediate effect. Maintenance have begun the task of painting. They will also replace seals on shower and ensure showers in all areas are in suitable condition. New coffee table will be purchased. New floorings will be fitted in the first quarter of the New Year.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Apex Fire will replace faulty Dorguard unit on kitchen door on 10/12/21. On this date they will also fit additional units to every bedroom door as well as the small sitting room in the main house

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 Meeting held on 18-11-21 to discuss new framework for PCP. Discussion re: accessibility + visual / accessible format. Draft version to be reviewed at next meeting on 8-12-21. Aim to role out to services in Jan 2022.

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 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	31/03/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2021
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	02/12/2021
Regulation	The registered	Substantially	Yellow	10/12/2021

28(2)(b)(i)	provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Compliant		
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	21/10/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	10/11/2021
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/01/2022