

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

## Issued by the Chief Inspector

Name of designated centre:	St. Vincent's Residential Services Group Q
Name of provider:	Avista CLG
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	21 January 2025
Centre ID:	OSV-0004692
Fieldwork ID:	MON-0037105

## About the designated centre

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

The centre provides a respite service with overnight respite breaks up to five children and young people, aged under 18 years, both male and female with an intellectual disability. The aim of the service is to provide a familiar, comfortable, safe community based and homely environment. The centre is a detached bungalow with a rear yard decorated as a play space. There are four bedrooms, of which two have ensuite facilities. There is a staff sleep-over bedroom, a sitting-room with play facilities and a kitchen that has a small dining area. There is a main communal bathroom. The centre is located on a busy road on the outskirts of a city and the children have access to services in the community. Children are supported through a medical model of care with the staff team including nurses available by day and night.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 21 January 2025	09:30hrs to 18:30hrs	Kerrie O'Halloran	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to inform the decision making with regard to the renewal of the centre's registration. From what the inspector observed, residents who accessed the centre enjoyed a good quality care and support in this designated centre. On the day of the inspection, the inspector had the opportunity to meet three residents that were attending the centre for an overnight respite stay.

The inspector observed that improvements had taken place in the centre since the last inspection in August 2023. However, some improvements were required in the areas of statement of purpose, staff training and development, individual assessment and personal plan, premises, fire precautions, medicine and pharmaceutical services. These areas will be discussed in more detail in following sections of the report.

On arrival at the centre the inspector was greeted by the person in charge. The inspector completed a walk-around of the premises with the person in charge. Overall the centre was well maintained. The person in charge informed the inspector that since the last inspection the centre had undergone painting works, however some areas required attention due to paint chipping/peeling on walls. The flooring on one bedroom also required attention.

The centre is located along a busy main road with limited parking. The centre also has limited space in hallways, dining areas and kitchen. Due to this, the centre only utilised a maximum of three beds per night to ensure a safe and good quality service to residents. The centre has a long term plan in place to build a new more spacious children's respite service, which will replace this centre. This will allow for more space and allow an increase in the bed occupancy currently being provided. Since the previous inspection, planning permission has been granted for this.

During the walk-around of the centre, one bedroom had previously been a twin room. As space in bedrooms is limited, the second bed had been recently removed from this bedroom in order to create a more accessible space. The person in charge provided the inspector with a standard operating procedure which identified how the bed could be promptly returned to the centre if required.

Later in the afternoon, three residents returned to the centre for their planned respite stay. The inspector observed staff members use gentle, age appropriate and reassuring communication when speaking with the residents. For example, one staff member was observed to say "good boy" to one of the children when they went to get ready for going out. The staff used a friendly tone of voice when speaking with the residents and were observed to smile a lot when around them. Residents were observed to appear relaxed and comfortable in the respite centre and in the presence of the staff members. All three residents appeared very happy and comfortable in the centre. Two residents told the inspector they loved coming to the

centre.

The inspector had the opportunity to speak with a family representative of one resident who had attended respite the previous night. The family representative communicated that they were happy with the service, that they could not fault the staff and that it was a great service.

The inspector met with three of the staff on duty during the course of the inspection along with a student who was on placement in the centre. All were aware of their different roles and responsibilities. Staff were very familiar with the needs of the particular residents in the centre on the day of the inspection. In addition, they outlined the adaptations the team make to facilitate the needs of the residents. For example, a bed was repositioned in a bedroom to support the use of a hoist for one resident. The kitchen dining area also had a lowered counter top in order for residents to do baking or cooking, and the dining table was also used to facilitate this.

As the inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Three residents and their families had completed the questionnaires and were highly complimentary of the service being provided. Residents commented that they loved the staff that supported them and visiting playgrounds nearby. Families described the service as a home away from home. They stated that their children are excited happy and comfortable when attending the respite centre.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

## Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. The review of the information and discussions on the day of the inspection informed the inspector that the provider was taking steps to provide a service that best met the needs of each resident. The person in charge followed the providers systems and there was evidence to show oversight of the service provided to residents. This was completed through the annual review, unannounced visits and audits.

The inspector reviewed a sample of the actions from the previous inspection and found that they had been completed by the time of this inspection. For example, shelving had been put in place to provide adequate and tidy storage in the storage rooms and some radiators had been replaced.

The inspector reviewed a sample of rosters. They indicated that there were

sufficient staff on duty to meet the needs of the residents.

In relation to the arrangements for training and staff development, there were supervision arrangements in place as per the organisational policy. However, two staff records were not in place to be reviewed on the day of the inspection. The inspector observed that staff had access to training and development opportunities in order to carry out their roles effectively. For example, they had training in manual handling and fire safety. One staff required wheelchair clamping training.

The provider had suitable arrangements in place for the management of complaints. For example, there was a complaints policy in place.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

### Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services. They were found to be aware of their legal remit with regard to the regulations and were responsive to the inspection process. The person in charge had a remit of one designated centre.

A staff member that was spoken to stated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

### Regulation 15: Staffing

The inspector reviewed a sample of rosters for over a three month period. On the day of the inspection there were three staff vacancies, new staff had been identified

for these positions through the provider's recruitment and these would be filled in the coming weeks. Until then, it was seen that these vacancies were being filled by regular relief staff and regular agency staff.

The staff team comprised of a person in charge, staff nurses, health care assistants and household staff. It was seen on the rosters during weekdays when children would be attending school and not accessing the centre, the staff nurse would be redeployed to assist in a nearby day education centre for children. The person in charge identified if this staff was needed in the centre or children were accessing the centre during the day the staff would remain in the centre for these hours.

Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff received training in areas to meet the needs of the residents the service is being provided, such as child safeguarding, manual handling and fire safety. The inspector reviewed the training matrix which seen staff were supported to access these training opportunities. One staff did require wheelchair clamping training and was identified as awaiting a date for this.

The inspector also reviewed the staff team supervision files. They demonstrated that there were formalised supervision arrangements in place which were in line with the frequency described in the organisational policy. However, on the day of the inspection two staff supervision records were not in place for the inspector to review. These had been identified on a supervision schedule in place that they had been completed on the 20/01/2025 and 06/11/2024.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The inspector reviewed the records of the residents which were maintained in the directory of residents. The inspector saw that these records were maintained in line with regulations and included, for example, each residents name, date of birth and the details of their admission to the centre.

Judgment: Compliant



## Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

## Regulation 23: Governance and management

The provider's governance and management systems were found to be appropriate.

There was a defined management structure in the centre which consisted of the person in charge and the children's service manager, who was the person participating in management for the centre. The role of the children's service manager was a new role since the last inspection of the designated centre in 2023.

The provider had arrangements for unannounced visits and an annual review of the service to be completed as per the regulations. The last six-monthly unannounced visit had taken place in December 2024. The annual review had taken place in November 2024. The person in charge had also completed a number of audits as per the audit schedule in place. Audits in place included complaints, medication, finance and fire audits. These audits had identified any areas that required attention in an action plan, which had identified the person responsible to complete and a date to complete. For example, the unannounced audit had identified an improved visual easy read display for fire evacuation would be beneficial, this had been completed and on display in the centre on the day of the inspection.

There were regular team meetings taking place. Incidents and any reflection/learning on practice were agenda items to ensure shared learning. The person in charge discussed how they would be rolling out a new template for the team meeting in the coming weeks, which would identify more clearly any actions to be followed up.

The provider and the person in charge demonstrated that they were actively seeking to enhance the service and promote positive interactions with residents.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated

centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre.

Some aspects of this required review. The centres staffing profile did not reflect the staffing in the centre on the day of the inspection. For example, the statement of purpose staffing profile identified 4 whole time equivalent (WTE) healthcare assistants, which was not reflective of the roster in place. The WTE of household staff also required review. The statement of purpose identified 1.3 WTE household staff, however the designated centre had below this on the rosters reviewed.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. On the day of the inspection the inspector also reviewed the centres incident log from June 2024 to January 2025. The reviewed showed that, as per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There was a designated complaints officer nominated. There had been two complaints in the centre since the last inspection. It had been recorded, reviewed and resolved to the satisfaction of the resident and their family.

The service had also received some compliments. For example, one parent complimented the staff on their great work in the centre. The centre had also received thank you cards from families and students.

Judgment: Compliant

## Quality and safety

Overall, the residents were receiving care and support which was in line with their assessed needs. However, as previously stated, some improvements were required in relation to individual assessment and personal plan, premises, fire precautions,

medicine and pharmaceutical services.

Although the centre is registered as a five bed service to provide residents with respite, generally one to a maximum of three children were accommodated at any one time, depending on their assessed needs.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Each resident had a personal emergency and evacuation plans in place (PEEP). However not all residents had completed a fire drill in the previous twelve months.

From a review of the safeguarding arrangements in place, the provider had arrangements in place to protect residents from the risk of abuse. For example, staff had received training in child safeguarding.

Residents personal plans were informative and identified the support and care needs required. Plans contained information on residents likes and dislikes and support plans were in place to guide staff on the care required for any additional needs that were identified. Residents had a planning meeting which included input from their parent/guardian. This meeting set out goals for the residents and were seen to be completed annually. Goals were in place for each resident, however some minor improvement required to ensure goals were individualised for each resident.

Overall, the inspector found that the residents were supported to enjoy a good quality of care when they accessed respite services. The person in charge and staff team were making efforts to ensure the children were happy and engaging in activities they enjoyed.

### Regulation 13: General welfare and development

The inspector reviewed some documentary evidence for four children that access the respite service on their daily recreation and activities they participated in. There was an improvement in the variety of activities documented that residents participated in since the last inspection.

Residents often made use of the centre's facilities, for example the sensory area located in the centres living room or played in the enclosed back garden with swing and small trampoline in summer months. Staff communicated that other in-house activities were offered, for example baking, music, arts and crafts and watching television. The centre facilitated theme based activities in the centre for the children at different times of the year, for example pictures were seen by the inspector of a Christmas party that all residents were invited to, along with decorating for Christmas.

Residents were observed to participate in activities outside of the centre. On the day of the inspection, staff offered a choice of activities to the residents. The residents choose the cinema and staff arranged to attend the cinema that evening. Activity

records also identified other activities children liked to do when attending respite such as, going for walks, visiting local pet farms, going to the shop, playing with technology devices and arts and crafts.

One respite service user was also supported by staff in the centre to visit a friend. Their friend had moved into a residential service in the county and the service user expressed they would like to visit them. The staff arranged and supported this and the visit was a success. The staff and management of the centre are planning to support to maintain this friendship going forward.

Judgment: Compliant

### Regulation 17: Premises

The premises was tidy comfortable and suitably decorated. It was found to be clean throughout.

The registered provider ensured that the designated centre had appropriate indoor and outdoor recreational areas provided which had age-appropriate play and recreational facilities. For example, a swing was in the garden and the living room had a soft play sensory corner in place.

The provider has plans in place to build a new children's respite centre and positive steps were seen to be in place in order to achieve this.

The centre had some areas of paint in the hallway and bedrooms that required attention as it was chipping from wall. A small piece of flooring was missing from a bedroom which required attention.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The person in charge had ensured residents had been provided with a choice at mealtimes, food had adequate storage facilities, choice offered was appropriate to the residents assessed needs and likes.

The centre had kitchen facilities with ample storage and many choices of food present. A visual menu planner was on display in the kitchen. Food storage areas were seen to be clean and well maintained. Staff had ensured to keep a record of the fridge temperature.

Where residents required support with eating or drinking, a support plan was in place to provide guidance to staff on how to prepare and support residents with

<p>their meals. As mentioned previously in the report, staff were offering residents a choice of time and meal for their dinner and snacks.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 20: Information for residents</b></p>
<p>The registered provider had prepared a residents guide, which was available to the resident and contained the required information as set out by the regulations. Easy to read versions of information was made available to residents in a format that would be easy to understand. This included information about complaints, fire restrictive practices and healthy eating.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 26: Risk management procedures</b></p>
<p>There were systems in place to manage and mitigate risk and keep the resident safe in the centre. For example, there was a policy on risk management available.</p> <p>There was a risk register in place with centre specific risks. Residents had a number of individual risk assessments on file so as to support their overall safety and wellbeing were applicable. For example, a resident had a risk assessment for travelling in the vehicle.</p> <p>On review of other arrangements in place to meet the requirements of this regulation, the inspector saw documentary evidence that equipment used to support residents in the centre was serviced within the last year. For example, the hoists that were available for use in the centre.</p>
<p>Judgment: Compliant</p>
<p><b>Regulation 28: Fire precautions</b></p>
<p>There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire fighting equipment, each of which was regularly serviced.</p> <p>Regular fire evacuation drills were taking place which had included minimum staffing levels and maximum resident numbers and also included a night time stimulation drill. A night stimulation drill reviewed identified it had taken over five minutes to</p>

evacuate the centre. The person in charge and staff team had identified a number of actions immediately following this drill and all actions were seen to be completed. The drill was then completed again to ensure effective evacuation of the centre and was also discussed at the centres team meeting to ensure shared learning.

However, some improvement was required. From a review of fire drills that took place in the previous 12 months in the centre it was seen that eight residents had not completed a fire drill in this time.

From a review of residents' documentation, the inspector observed that each resident had an up-to-date PEEP in place which guided staff as to what supports they required in the event of an emergency.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines. As this was a respite service systems were in place for ensuring medication was checked in and out of the service with each resident as required.

Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. The person in charge demonstrated to the inspector how medications were checked in at the beginning of the residents respite stay and the reconciliation completed at the end of each stay. The inspector viewed these records for the three residents who were accessing the respite service on the day of the inspection.

These records ensured the appropriate amount was available for the respite visit. The inspector also observed as the person in charge discussed how the medication was checked against each residents individual prescription sheet.

The centre had appropriate locked storage in place. However, some review was required as two items of medication received by the centre had no prescription labels in place.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider had ensured that the residents' needs had been assessed as per the regulations. The inspector reviewed four of these plans. Residents had received

input from a multidisciplinary team which included occupational therapist and speech and language therapist.

Care and support plans had been developed for residents, which gave staff support and guidance on how to support a resident. For example, one residents support plan guided staff on how to prepare their food and drinks.

In addition to residents personal support plans, a record was maintained of activities each resident completed while on respite. These records identified a number of activities for residents such as, trips to a nearby petting farm, walks, visiting playgrounds, going to the shop and seeing ducks. Many activities were also provided in the centre such as baking, beauty therapy, music and arts and crafts.

There was evidence that residents had been supported to set and achieve goals as part of the person centred planning process and there was evidence of progression, completion and ongoing review of goals. For example, one resident had identified they would like to develop their independence around a life skill and this was seen to be recorded and achieved by the resident. Overall, the goals in place were appropriate for the type of service received by residents in the centre. However, some goals in place were generalised for more than one resident. For example a goal identified was to explore community activities for more than one resident.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

While there were some restrictive practices used within the centre, for example a lap belt used when some residents were in their wheelchair, they were assessed as being required for residents' safety and subject to review.

Where residents presented with behaviour that may cause distress to themselves or others, the provider had arrangements in place to ensure those residents were supported. For example, staff had received training in the area of positive behaviour supports. Children had a nursing intervention positive behaviour support plan in place. This plan was reviewed at the resident's annual multi-disciplinary meetings. The person in charge highlighted this review would take place sooner if required. The inspector review two plans in place. Each plan identified the purpose of the plan, background information, presentation and examples of behaviour of concern while attending respite and triggers. The plan also identified how staff would support a resident to de-escalate. These plans were seen to be detailed and were reviewed as part of the resident's personal planning process.

Judgment: Compliant

## Regulation 8: Protection

There were systems in place to safeguard residents. For example, staff were trained in children first. There were no safeguarding concerns since the last inspection in this centre. One staff spoken with was clear on what to do in the event of a concern. From a sample of four residents' documentation, each had an intimate care plan in place which guided staff as to what supports each resident required.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents' files that were reviewed by the inspector documented that residents' consent was obtained for a variety of reasons, for example to take photographs. Menu plans were in place showed that residents were offered choices for meals such as dinner. On the day of the inspection, residents were seen to be given a choice of when they would like their dinner and what they would like. Some residents choose to have a snack after arriving and have their dinner later in the evening.

On the day of the inspection, staff were overheard giving the residents a choice of activities for that evening. These included going to the shop, going for a walk or going to the cinema. Residents choose to go to the cinema with some residents requesting to bring snacks while others were going to purchase some at the venue. Residents were very happy and excited to go with the support from staff.

Residents were supported to have regular monthly residents meetings. These had an agenda in place and discussed items such as complaints, rights, hygiene, like and dislikes and health and safety. One meeting had discussed the dangers of jumping on a bed. Easy read documentation was also available for a number of items, examples include complaints, fire and rights. Each residents meeting was ended with a fun activity such as singing, karaoke or playing a game.

Residents had a documented day and night routine in their personal plans. From the four plans reviewed it was seen that each resident had a personalised plan as to their routines, what times they like to get up and go to bed. The inspector spoke to the staff throughout the inspection and staff were knowledgeable in each resident's preferences.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	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
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Vincent's Residential Services Group Q OSV-0004692

Inspection ID: MON-0037105

Date of inspection: 21/01/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>As identified on inspection, one member of staff is awaiting wheelchair clamping training. They have now received a date and are booked in to complete same on the 12 March 2025. Please note this training is only offered twice a year and the staff in question had only joined the team on 22/10/2024.</p> <p>Formal staff supervision will continue, in a timely manner and in line with organizational policy. All records are kept in a secure locked cabinet in the centre's office. A copy of the notes is given to the supervisee by the CNM2/PIC. The notes will be reviewed at the next scheduled supervision meeting.</p> <p>All staff supervision records are now in place excluding staff members who are out on maternity leave at present. Compliance completed 30.1.25</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The statement of Purpose and Function for the centre has been reviewed and amended to accurately reflect the WTE of health care assistants and household staff as outlined in this report. This has been sent to HIQA registration on 24.02.25</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance requisition has been completed and forwarded to the maintenance department including fixing flooring in bedroom and refresh paint where required. To be completed by 1st May 2025.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The children who had not participated in a fire drill within the last 12 months will complete one on their admission in March and all will be completed by the 31 March 2025.</p> <p>The record will be maintained correctly of all children attending the centre and who have completed a fire evacuation drill in the last 12 months. Records will be kept in the fire folder, and this will be audited by the PIC during the year.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>PIC will link with other respite providers to gather information on best practice on receiving medication from families availing of respite services and to avoid medication coming in without pharmacy labels.</p> <p>PIC will review and update local standard operation procedure and forward to quality and risk officer for feedback.</p> <p>Letters from the service will go to all families availing of the service to outline the need for all medication coming into respite to have a pharmacy label otherwise it can't be accepted and could affect the child's admission to respite. All to be actioned by 31st March 2025.</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Training on HSeLand "Towards Excellence in Person-Centred Planning" will be completed by all staff to enhance their knowledge and recording of goals and support the families and the children is achieving their dreams and wishes.</p> <p>PIC will also arrange a talk in the centre for the team with the Avista Goal Enabler. Staff will be familiar and have available to them the Avista Policy on PCP guidance.</p> <p>Review of all care plans in relation to identified goals with team will be arranged by the PIC to improve creativity and ideas regarding each child dreams and wishes. Achieve by 31 May 2025.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	12/03/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/01/2025
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/05/2025
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	Substantially Compliant	Yellow	31/03/2025

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/03/2025
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	24/02/2025
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in	Substantially Compliant	Yellow	31/05/2025

	circumstances and new developments.			
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