



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

## Issued by the Chief Inspector

Name of designated centre:	Corrib Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	24 and 25 July 2024
Centre ID:	OSV-0004858
Fieldwork ID:	MON-0035482

## About the designated centre

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

Corrib Services is a designated centre that supports residents with a low to moderate intellectual disability. The centre can also support the broader needs of residents including their overall health needs. The centre consists of three two-storey houses located in residential areas on the outskirts of the city. The houses are in close proximity to each other and the centre is registered to provide accommodation for 11 residents. Each resident has their own bedroom and a large number of these bedrooms have en-suite bathroom facilities. Residents in each house have access to kitchens, dining and living areas, laundry facilities and gardens. A social model of care is provided in the centre and residents are supported by both social care and support workers, and nursing support can be accessed as required. A staffing presence is maintained at all times when residents are present and one staff member supports residents during night time hours in each house. Transport is available for residents to access the community and public transport services are located within walking distance of each house in the centre.

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

Number of residents on the date of inspection:	9
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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
Wednesday 24 July 2024	10:00hrs to 19:15hrs	Jackie Warren	Lead
Thursday 25 July 2024	10:00hrs to 13:15hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with all residents who lived in the centre. The inspector also met with the person in charge, members of the management team and staff on duty, and viewed a range of documentation and processes.

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. However, some minor improvement to staff training and to operational policies was required, although these issues did not impact on the quality of life enjoyed by residents at the time of inspection.

Although residents were out and about at various times during the day, the inspector had the opportunity to meet with all residents during the course of the inspection. On the inspector's arrival at the centre, it was found that residents started the day at their own pace and got up at times that suited them. Residents knew the purpose of the inspection.

Residents said that they were very happy living in the centre and enjoyed their daily lives there. They told the inspector that they had good involvement in the community and talked about some of the social and leisure activities that they took part in and enjoyed. Residents said that they enjoyed going out in the community for meals, outings to various activities and places of interest, meeting up socially with friends, visiting their families, going to social gatherings, and going for walks. They also enjoyed taking part in everyday community activities such as going to the hairdresser, bank, and recycling centre, attending medical appointments and shopping. Family involvement was also very important to these residents and family visits were being widely supported by staff. Transport was available so that residents could go for leisure activities and to attend local amenities.

Residents explained that the activities and projects that they were involved in were very meaningful to them. A resident told the inspector about how links with family were supported. They said that they were planning to visit a sibling in the United Kingdom and was looking forward to the trip. They also talked about planned trips to visit other siblings in other parts of Ireland and confirmed that they do this frequently. Some residents told the inspector that they had had a late night the previous night as they had gone to Mayo to see a Mike Denver concert and had enjoyed the night out very much. The inspector heard residents talk about several parties that were planned in the coming week to celebrate significant birthdays and residents were looking forward to these. One resident had gone to town on the day of inspection to buy a new outfit for their own party and the inspector saw the

purchases on their return. Residents had also been on a river cruise, for a visit to a pet farm and had gone to a vintage car rally. One resident worked in a charity shop every weekend. A resident was very involved in the advocacy system and was an advocacy representative for the local geographical area. This resident explained how they attended meetings to represent other residents' views and were also involved in the publishing of an advocacy newsletter, a copy of which was shown to the inspector.

The inspector was told by residents that they had good relationships with staff. They stressed that they had no complaints or concerns, but also knew and that they could raise any issue with staff and were confident that it would be addressed. Residents knew who was in charge in the centre, and they said that they trusted the staff. Residents told the inspector that they enjoyed their meals in the centre. They explained that they had choices around their food shopping and meals, and that staff prepared meals that they liked, at the times that suited them and that they could be involved in meal preparation if they chose to. This was evident during the inspection.

Residents said that they all get on well together in the centre, and it was clear during the inspection that there was a good rapport between the residents themselves and between residents and staff. Throughout the inspection, all residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their home. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and offering meals and refreshments to suit their needs and preferences.

The centre consisted of three houses centrally located in residential areas close to a busy city, which gave residents good access to a wide range of facilities and amenities. All houses in the centre were spacious, well-equipped, comfortably decorated with photographs and art work displayed. Each resident had their own bedroom and these rooms were very personalised and each was decorated in line with the resident's interests. The inspector saw that each room reflected the resident's interest with displays of, for example, soft toys, art work, family photos, books, posters of cars, and football memorabilia. The centre had recently been reconfigured to improve compatibility among residents. All residents who were involved in the change told the inspector that they were happy with the new arrangements.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

## Capacity and capability

The provider had measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there. However, minor improvement to staff training, training records and review of operational policies was required.

There was a clear organisational structure in place to manage the service and this was described in the centre's statement of purpose. The person in charge was suitably qualified and experienced for this role. The person in charge worked closely with the wider management team, staff and a team leader who was based in the centre. There were effective arrangements to support the person in charge in the management of the centre, and also to manage the service and support staff when the person in charge was not on duty.

There were systems in place to oversee the quality and safety of care in the centre. These included ongoing audits of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the service which included consultation with residents.

The centre was also suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, and access to Wi-Fi and televisions. The provider had recently made changes to the configuration of the centre to reduce risk and to provide all residents with safe and more comfortable living arrangements. The provider had also ensured that the service and residents' property were suitably insured. The provider had also made provision for the use of volunteers in the centre, although at the time of inspection there were no volunteer programmes in place.

Adequate staffing levels were being maintained in the centre to support residents' preferences and assessed needs, and these staff had received training to support them in their roles.

Documents required by the regulations were kept in the centre and were available to view. A sample of documents viewed during the inspection included a directory of residents, audits, personal planning and healthcare documentation and fire safety records. There were also systems to manage and record any temporary absences of a resident from the designated centre. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. Policies required by Schedule 5 of the regulations were available to guide staff. Overall, the records and documents viewed by the inspector were clear, informative, up to date and well organised. However, at the time of inspection, two staff had not received some required refresher training or there were no records to demonstrate that this training has been completed. Most of the policies were up to date, although some policies had not been reviewed within the required time frames.

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

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted.

Judgment: Compliant

## Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre. The role of the person in charge was full-time. The inspector read the information supplied to the Chief Inspector in relation to the person in charge and this indicated that they had the required qualifications and experience for this role. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there, and was also knowledgeable of their regulatory responsibilities. It was clear that the person in charge was very involved in the running of the service and was well known to residents. The person in charge worked closely with the wider management team, staff and two team leaders who were based in the centre.

Judgment: Compliant

## Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. The inspector observed that there were adequate numbers of staff throughout the day to ensure that residents were supported to go out to activities that they enjoyed and to attend appointments. The person in charge and team leaders had developed planned and actual rosters which were being updated as required. The inspector viewed a sample of three weeks staffing rosters which showed that a team of social care workers and social care assistants were consistently rostered to care for residents.

Judgment: Compliant

## Regulation 16: Training and staff development



Overall, staff who worked in the centre had received appropriate training to equip them to provide suitable care to residents. The inspector viewed staff training records and saw that all staff had attended training in fire safety, although a small number of staff were awaiting refresher training in behaviour support. These staff were scheduled to attend this training by the end of September 2024. Although the person in charge was confident that all staff had attended safeguarding training, there was no certification submitted for two staff to confirm that they had attended this training. Following the inspection the person in charge confirmed that these certificates had been submitted and there was evidence that all staff had attended safeguarding training. The person in charge and her line manager explained that a new training recording system had been developed and was due to be implemented in the centre. Staff had also attended other training relevant to their roles such as training in diabetes management and hand hygiene.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents was being kept in the centre. The inspector read the directory of residents in respect of four residents and found that it included all the required information relating to each resident who lived in the centre.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured that the centre was suitably insured. An inspector viewed the centre's insurance policy which was up to date at the time of inspection.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

The provider had developed a clear organisational structure to manage the centre and this was set out in the statement of purpose. There was a suitably qualified and experienced person in charge who was supported by a team leader who was based

in the centre. The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support. The inspector viewed these audits, all of which showed a high level of compliance. The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, Wi-Fi, television, and adequate staffing levels to support residents' preferences and assessed needs.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had developed a statement of purpose for the service. The inspector read the statement of purpose and found that it accurately described the service being provided to residents, included the information required by the regulations and was available to view in the centre. The statement of purpose was being reviewed annually by the person in charge.

Judgment: Compliant

### Regulation 30: Volunteers

The provider did not use volunteers in their services. However, there was an up-to-date volunteer policy to guide practice in the event of this being required at any stage.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff. While most policies were up to date, some such as the recruitment policy and the complaints policy had not been reviewed within the past three years as required by the regulations. The person in charge confirmed that these policies were currently under review and that updated versions would be available in the near future. Additional policies and guidance documents, such as policies on fire safety, moving towards a restraint free environment, and infection control were also available to

inform staff.

Judgment: Substantially compliant

## Quality and safety

The provider ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice in a way that suited their preferences. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to activities in the local community and were also involved in activities and tasks that they enjoyed both in the centre and at activity groups locally. Family contact and involvement was seen as an important aspect of the service and residents had good involvement with family and friends. Residents could have visitors in their home as they wished and were also supported to meet family and friends in other places.

The centre suited the needs of residents, and was clean, comfortable and well maintained. There were three houses in the centre and these were located close to each other in residential areas on the outskirts of a busy city. The houses were spacious and each resident had their own bedroom. Laundry facilities for residents' use were available in each house and there was a refuse collection service provided. All houses had gardens where residents could spend time outdoors. The location of the centre enabled residents to access their preferred activities independently on foot, by public transport or in one of the centre's transport vehicles.

Residents' nutritional needs were well met. A well equipped and accessible kitchen was available in each house for the storage, preparation and cooking of residents' food. Residents were involved in the shopping, preparation and cooking of their own meals, which they could take at the times that suited them.

The provider had good systems in the centre to manage and reduce the risk of fire. These included staff training, emergency evacuation drills, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the centre to limit the spread of fire.

Residents' personal, health and social care needs and goals were agreed at annual meetings and plans to achieve their assessed needs had been developed. The goals that had been identified for the resident were meaningful and appropriate and clearly displayed in pictorial format.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. Resident had access to

general practitioners and medical consultants, and had access to national health screening programmes. Multidisciplinary healthcare services could be arranged as required. On reading residents' files saw that reports and information from healthcare professionals were available to guide staff in the delivery of appropriate care. Staff supported the resident to achieve good health through development of plans of care for any identified healthcare issues. Furthermore, there were safe practices in the centre for the management, storage and disposal of medication. Risk assessments had been carried out to assess residents' capacity to manage their own medication, and medication was being administered in line with these assessment outcomes.

Residents' civil, political and religious rights were being well supported. Throughout the inspection, the inspector saw that each resident had choice and control in their daily life. Information was supplied to residents through ongoing interaction with staff and the provider had also provided a written guide for residents with information about the service. Residents communicated with each other and with staff at weekly house meetings, when they made plans and discussed topics of interest to them. While information and opportunities were made available to residents, they could use this information to make informed choices around which options they wished to become involved in and which they wanted to decline. For example, residents made choices around their levels of involvement in voting and religion. Residents were also supported to manage and take control of their personal property and finances.

There were good measures in place to safeguard residents from harm and some additional measures had been introduced to strengthen these arrangements.

### Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre, at external day services, and in the local community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. Residents were involved in housekeeping tasks such as cooking and laundry. Residents who wished to were also supported to attend developmental groups, to have employment and to be involved in voluntary activities and sport .

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and

the needs of residents. During a walk around the centre, the inspector saw that the house was well maintained, clean and comfortably decorated. The centre comprised three houses in a residential area on the outskirts of a city. Houses were laid out to ensure that each resident had adequate communal and private space as required. All residents had their own bedrooms and there were adequate bathroom facilities available in all houses. Two houses had large rear gardens, while one house had a smaller outdoor area as the garden space had been reduced due to extension of the house. There were laundry facilities in each house for residents to use and there were refuse collection services supplied by private contractors.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The inspector visited the centre's kitchens in all three houses. These were well equipped, and food could be stored and prepared in hygienic conditions. There was adequate space for the storage of food, including refrigerated storage. Residents went shopping with staff and were very involved in food preparation as they wished. Meal plans for each week were decided in advance at residents' meetings each week, although there was flexibility if residents wished to make changes on any day.

Judgment: Compliant

### Regulation 20: Information for residents

There were good arrangements in the centre to ensure that residents were supplied with information. There was a residents' guide that contained a wide range of information for residents. The provider had developed separate residents' guides for each house in the designated centre. The inspector read the residents' guides and found that they met the requirements of the regulations. Information was also supplied to residents at weekly residents' meetings which were held in each house in the centre. This included information about healthy eating, exercise, fire safety, the right to feel safe, and human rights.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure, that where a resident was temporarily

absent from the designated centre, that the hospital or other place was supplied with relevant information about the resident. The person in charge showed the inspector two residents' hospital passports, which could be used if the residents were admitted to hospital or another care facility. The passports were informative and contained a range of information about residents' specific care needs to inform hospital staff. The inspector also saw that records of the residents' hospital admissions and any absences from the centre were being kept.

Judgment: Compliant

### Regulation 28: Fire precautions

There were measures in the centre to safeguard residents, staff and visitors from the risk of fire. The inspector examined fire safety systems and found that these measures were effective.

On a walk through the centre, the inspector saw that there were fire doors with self closing devices throughout the buildings to contain and reduce the spread of fire. Fire orders were displayed in the centre. The inspector read the fire orders and found that they included clear guidance on the procedures to be followed in the event of a fire.

The person in charge showed the inspector records of fire drills, equipment servicing, internal fire safety checks and personal evacuation plans. There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. Records viewed by the inspector showed that these processes were up to date.

Fire evacuation drills involving residents and staff were being carried out in the centre. The inspector viewed records of fire drills carried out in 2024, and found that residents had been promptly evacuated to safety on all occasions.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in the centre for the management, storage and administration of residents' medication. Residents' medications, including any medications intended for return to pharmacy, were suitably and securely stored. Clear medication prescribing and administration records were being maintained. Each resident has access to a pharmacist in the community. Risk assessments had also been carried out to assess residents' capacity to manage their own medication, and medication was being administered with varying levels of support for each

resident based on the outcomes of these assessments.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for residents based on their assessed needs. The inspector viewed a sample of two residents' personal plans. These personal plans had been developed with input from the provider's multidisciplinary team. Residents' personal goals had been agreed at annual planning meetings, and progress in achieving these goals was being recorded.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents had access to medical and healthcare services to ensure their wellbeing. The inspector viewed a sample of two residents' healthcare files which included records of medical appointments, assessments and plans of care. Residents could visit general practitioners, and medical specialist consultations were arranged as required. Residents also had access to allied healthcare professionals such as speech and language therapists, occupational therapists, physiotherapists, and behaviour support specialists, and appointments and assessments were arranged as necessary. Residents also attended community based appointments for their welfare, including reviews and treatments by chiropodists, dentists and opticians. Staff supported and encouraged residents to lead healthy lifestyles and incorporating exercise into their daily routines.
Judgment: Compliant
<b>Regulation 8: Protection</b>
The provider had arrangements in place to safeguard residents from harm. These measures included safeguarding training for all staff, an up-to-date policy to guide staff, development of intimate care plans for each resident, and access to a safeguarding process. Information was also made available to residents in user friendly formats to increase their awareness and understanding of safeguarding. The safeguarding process included involvement of a safeguarding team. The provider

had introduced strong measures to address a safeguarding issue in the centre and a review of incident records indicated that these measures had been effective.

Judgment: Compliant

### Regulation 9: Residents' rights

There were systems in place to support residents' human rights. Throughout the inspection, it was clear that residents had choices around how they spent their days, and how their lifestyles were being managed.

Residents told the inspector that they were very involved in decision making in the centre, and they were seen making plans and discussing their wishes with staff during the inspection. They explained that they could live their lives as they chose and received staff support as required to do this. They knew the complaints process and felt confident that if they made a complaint that it would be addressed. Residents also told the inspector about their rights and advocacy and confirmed that staff had told them about these. Minutes showed that these issues were discussed at weekly residents' meetings. The organisation had internal advocacy processes and one resident explained to the inspector that they were actively involved in this process and enjoyed this very much.

All residents were registered to vote and told the inspector that they had the option of voting if they chose to. Their spiritual preferences were supported and that included their rights not to practice their religion if that was what they wanted. Residents also told the inspector that they retained control of their own money and property, and could have the level of support that they required from staff to achieve this. To ensure that residents had appropriate control over their personal business, a range of assessments had been carried out for all residents such as assessments around managing finances and medication, and these areas were managed accordingly.

Clean, comfortable accommodation was provided for residents and they told the inspector of their involvement in decorating and personalising their rooms the way they liked, with bed linens of their choice, family photos, ornaments and merchandise relating to their hobbies and interests.

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	Compliant
Regulation 30: Volunteers	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Corrib Services OSV-0004858

**Inspection ID: MON-0035482**

**Date of inspection: 25/07/2024**

## **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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC to follow up that all staff due to attend Behaviour support training attend in coming weeks. A need for more courses to run during summer months highlighted to training department. A new system between HSEland and Brothers of Charity (BOC) will commence from 1st October allowing the BOC to export training information directly ensuring we have up to date certification for all staff.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: This is under review by the policy review group to ensure all policies are reviewed/updated within the identified timeframe. The expired policies have been extended and this information has been shared service wide.	

## 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	01/10/2024
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	01/10/2024