



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

## Issued by the Chief Inspector

|                            |                                   |
|----------------------------|-----------------------------------|
| Name of designated centre: | Ard Clochar Community Group Homes |
| Name of provider:          | Health Service Executive          |
| Address of centre:         | Donegal                           |
| Type of inspection:        | Announced                         |
| Date of inspection:        | 04 July 2023                      |
| Centre ID:                 | OSV-0005248                       |
| Fieldwork ID:              | MON-0031068                       |

## About the designated centre

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

Ard Clochar Community Group Homes can provide full-time residential care and support for up to 9 adults with a disability. The designated centre comprises two interconnected purpose built bungalows. Residents in each bungalow have their own bedrooms with en-suite bathrooms. In addition, residents have access to communal areas in each bungalow which includes a sitting room, kitchen dining room, laundry room and additional bathroom facilities. The centre is located within a residential area of a rural town and is close to local amenities such as shops and cafes. Residents have access to transport vehicles at the centre which further enables them to access amenities such as leisure facilities in the surrounding area. Residents are supported by a staff team of both nurses and health care assistants who are available in the centre both during the day and at night.

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

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| Number of residents on the date of inspection: | 9 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                  | Times of Inspection  | Inspector     | Role |
|-----------------------|----------------------|---------------|------|
| Tuesday 4 July 2023   | 15:00hrs to 19:00hrs | Jackie Warren | Lead |
| Wednesday 5 July 2023 | 10:00hrs to 15:00hrs | Jackie Warren | Lead |

## What residents told us and what inspectors observed

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

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The centre was designed and equipped to meet the specific needs of the people who lived there and provided them with a safe and comfortable living environment. There was comfortable furniture, soft furnishings, and artwork, and wide corridors with handrails.

The inspector met with all residents who lived in the centre at the time, some of who were happy to discuss their lives there. Residents who spoke with the inspector said they were very happy with all aspects of living in the centre. These residents said that they were well supported by staff, who provided them with good care, and that they always made their own choices around their lives.

Residents told the inspector that they would feel comfortable to raise any concerns with staff and were confident that any issues would be addressed. These residents knew who was in charge in the centre, and they said that they trusted the staff. Resident also told the inspector that they enjoyed the 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. During the inspection, the inspector saw residents having freshly prepared meals at various times to suit their preferences. Staff were also very aware of any special dietary requirements of residents. Staff were observed preparing meals for residents who had guidelines in place regarding food consistency for swallow safety. It was noted that the foods were home-cooked and that care was taken to ensure that the meal was presented in an appealing manner with all items separate on the plate, so that the resident could taste the different flavours. Residents also said that they often went out to the town for a meal, coffee or refreshments and that they enjoyed this. During the inspection, one resident was having a late breakfast, as they preferred not to get up too early and to have the breakfast at their leisure.

The inspector also read questionnaires that had been completed by all residents who lived in the centre. There were no issues of concern stated in the

questionnaires and all residents described a high level of satisfaction with their experiences living in their home. The areas that residents were happy with included the comfort of the house, visiting arrangements, and their choices, including meal choices and involvement in making their own meals and lunches. All residents who completed questionnaires were very happy with the care they received from staff and knew that they could turn to staff if they had any concerns. Each resident also recorded a varied range of individualised activities that they were involved in and enjoyed. These included weekly music classes, shopping, visiting family, going out for meals, concerts, cinema and bowling, going to Mass, visiting the pub for a sherry, the mens' shed, swimming at a leisure centre, and personal care such as foot massages and foot spa treatments.

As this was a home-based service residents had choices around doing things in the centre, or going out to do things in the community. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, shopping, visiting families, gardening, and music. The centre had dedicated transport, which could be used for outings or any activities that residents chose. The staffing levels in the centre ensured that resident could be supported by staff to do activities of their preference. On the day of inspection, some residents were out and about during the day, while some resident chose to stay in the centre. For example, two residents were out for a day trip with staff and were going for a beach outing and a meal out, while another resident chose to have a lie in and get up later. A resident who chatted to the inspector spoke highly of staff and praised the care, support and fun that they received from staff. The resident also talked about getting their interest in getting a job and explained that this was being planned. Another resident talked about a planned visit and a train journey and a holiday which they were looking forward to.

Residents' involvement with family and friends was a very important part of this service. Several residents talked about going to visit and spend time with family and friends, and family members also came to visit residents in the centre. Around the time of inspection, a resident was meeting up with their siblings and a friend to go to visit a relative. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance.

Throughout the inspection, all residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. 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 was two adjoining houses in a residential area of a rural town and close to the coast. Each house was self-contained and had a kitchen, sitting room, bedrooms and laundry facilities. Some residents invited the inspector to see their bedrooms. These were clean and comfortable, and were decorated and furnished in a manner which reflected the needs and tastes of each individual who lived there.

Throughout the buildings there were wide corridors with handrails, to promote

accessibility and safety for residents. A resident had pets which they enjoyed very much, and A resident who liked outdoor work had painted outdoor furniture and garden accessories in bright colours and had enjoyed this work. Transport was available so that residents could go out for drives, appointments, family visits and to visit local amenities that they enjoyed.

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

## Capacity and capability

The provider had measures in place to ensure that this centre 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, some management systems required strengthening to ensure that a good quality and safe service would continue to be maintained. The required improvements related to the provider's annual review of the service, and staff recruitment.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team, and was very knowledgeable regarding the care and support needs of residents. The person in charge was the manager of this service only and was present there daily. There were effective arrangements in place to support staff when the person in charge was not on duty. Monthly governance meetings were taking place and these were attended by all the persons in charge in the area. The person in charge attended these meetings and found them beneficial.

The provider ensured that the service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. An audit schedule was in place for 2023, and auditing was being carried out as planned. Unannounced audits of the service were carried out twice each year on behalf of the provider. These audits showed a high level of compliance and any identified actions had been addressed as planned. All findings from audits, reviews and reports formed a detailed quality improvement plan which was being addressed and frequently updated.

A review of the quality and safety of care and support of residents was being carried out annually. This review was comprehensive and detailed, included consultation with the resident and their representative, and gave rise to an improvement plan with realistic time frames for completion. However, improved verification of the annual review was required, as the most recent annual review had not been dated, or signed, and the person carrying out the review was not stated.

The centre was 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, access to Wi-Fi, television, appropriate insurance cover, and adequate staffing levels to support residents' preferences and assessed needs. The provider had recently re-configured and reduced the capacity of the centre, which gave the person in charge capacity for enhanced oversight of the service. The centre was suitably staffed at the time of inspection, and records demonstrated that suitable staffing levels were being maintained through the use of an established staff team and regular agency staff. Staff who met with the inspector had worked in the centre for a long time and had an in depth knowledge of the residents and their support needs. However, at times the centre was reliant on agency staff which presented a risk to the consistency of the staff team.

Staff had received training relevant to their roles, such as training in medication management, hand hygiene and infection prevention and control, in addition to mandatory training in fire safety, behaviour management and safeguarding. However, a small number of staff had not received some training within the required time frames. The person in charge had identified these training needs and was addressing this. Two staff were awaiting training in behaviour support, one of who was scheduled to attend this within the coming days. There was evidence that this training had previously been arranged and cancelled due to availability of trainers. At the time of inspection, there was no evidence that this was impacting negatively on residents. Two staff had also not yet completed sexuality awareness training but were scheduled to do this training by the end of July 2023.

Documents required by the regulations were kept in the centre and were available to view. Documents viewed during the inspection included personal planning records, directory of residents, audits, temporary absent of a resident from the designated centre, and staff training records. There was a statement of purpose which gave a clear description of the service and met the requirements of the regulations. Since the last inspection of the centre required improvements to record keeping had been addressed. The provider had developed a new personal planning system which was clear and accessible and was being introduced on a phased basis. Clear food records were being kept for each resident, and staff training records were available to view.

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

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant



## Regulation 14: Persons in charge

The role of person in charge was full time and the person who filled this role had the required qualifications and experience. The person in charge was based in the centre and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

## Regulation 15: Staffing

Planned staffing rosters had been developed and staff were allocated accordingly. On the day of inspection, staffing levels and skill-mixes were sufficient to meet the assessed social and clinical needs of residents. Staff who were on duty knew the residents well and were very familiar with their care needs. However, the overall compliment of staff had reduced and the provider had not been successful in recruiting replacement staff to address this. Although the person in charge, staff on duty and review of the roster confirmed that there the roster was being suitably filled, this presented a risk that consistent staff may not always be available, which could impact on continuity of care and support for residents.

The following improvement is required:

- ensure that additional staff are recruited in line with the provider's identified staffing requirement.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Most staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding, in addition to other relevant training. However, some staff had not received some required training as identified by the provider's training plan.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

There was a directory of residents which included the required information relating

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| to each resident who lived in the centre.  |
| Judgment: Compliant  |
| <b>Regulation 21: Records</b>  |
| The provider had ensured that records required by the regulations were maintained in a clear and orderly fashion and were kept up to date.   |
| Judgment: Compliant  |
| <b>Regulation 22: Insurance</b>  |
| There was a current insurance policy in effect for the service.  |
| Judgment: Compliant  |
| <b>Regulation 23: Governance and management</b>  |
| 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. An audit schedule had been developed, audits were being completed as planned and these showed a good level of compliance. A comprehensive review of the service was also being carried annually out by the provider. However, the most recent annual review had not been dated, or signed, and the person carrying out the review was not stated. |
| Judgment: Substantially compliant  |
| <b>Regulation 3: Statement of purpose</b>  |
| There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was being reviewed annually and was up to date.   |
| Judgment: Compliant  |

### Regulation 30: Volunteers

There were no volunteers involved with residents in the centre. However, the person in charge was mindful that, should volunteers be used at any stage in the future, that they would be managed and supervised in line with the requirements of the regulations and the organisation's policy.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of the absence of the person in charge for specific durations.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge.

Judgment: Compliant

## Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of the service and the provider ensured that residents received a good level of person centred care.

The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived there. The inspector found that residents received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to

residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. The centre was located in a residential area on the outskirts of a coastal town and wheelchair accessible transport was available which enabled residents to visit the facilities and leisure amenities in the neighbouring areas. There were accessible grounds where residents could spend time outdoors. Some residents had been involved in planting flower pot displays and had repainted garden furniture in bright colours.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs, and residents' personal goals had been agreed at annual planning meetings. Residents' personal planning information was comprehensive, up to date, and suitably recorded. Staff who spoke with the inspector were very familiar and knowledgeable about residents' personal plans. Nursing staff were based in the centre, who were involved in the ongoing assessment of residents' health needs. Furthermore, the resident's medications were suitably and safely managed.

Residents' nutritional needs were well met. Nutritional assessments were being carried out and suitable foods were made available to meet residents' assessed needs and preferences, and residents' weights were being regularly monitored. Each resident could choose what they liked to eat each day, or if they preferred to eat out. Residents' meals in the centre were prepared and eaten separately in each house in the centre, and food records were being suitably maintained.

The centre suited the needs of the residents, and was spacious, warm, clean, comfortable and well maintained. All residents had their own bedrooms, all of which were comfortable and personalised.

Information was supplied to residents both through suitable communication methods, through interaction with staff and the provider had also provided a written guide for residents with information about the service. It was clear throughout the inspection that staff were familiar with residents' communication needs and could communicate effectively with them.

The provider had suitable measures in place for the support and management of behaviour that challenges should this be required. Staff had completed training in managing behaviours of concern and there was an up-to-date policy in place.

## Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

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| <b>Regulation 11: Visits</b>  |
| Residents could receive visitors in accordance with their own wishes, and were also supported to meet with, and visit, family and friends in other places.  |
| Judgment: Compliant   |
| <b>Regulation 13: General welfare and development</b>   |
| Residents were supported to take part in a range of social and developmental activities both at the centre, and in the community. Suitable supports were provided to residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. |
| Judgment: Compliant   |
| <b>Regulation 17: Premises</b>  |
| The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean, suitably decorated and comfortably furnished.  |
| Judgment: Compliant   |
| <b>Regulation 18: Food and nutrition</b>  |
| The residents' nutritional needs were being met. Residents chose their own food. Suitable foods were provided to cater for residents' preferences.  |
| Judgment: Compliant   |
| <b>Regulation 20: Information for residents</b>   |
| There was a residents' guide that met the requirements of the regulations.  |

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, including infection status. All such absences were being recorded, and there was a policy to guide this practice.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. A new personal planning was being introduced to the service to improve clarity and accessibility of this documentation. A sample of files viewed were up to date and informative.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges should this be required.

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   | Substantially compliant |
| Regulation 16: Training and staff development   | Substantially compliant |
| Regulation 19: Directory of residents   | Compliant               |
| Regulation 21: Records  | Compliant               |
| Regulation 22: Insurance  | Compliant               |
| Regulation 23: Governance and management  | Substantially compliant |
| Regulation 3: Statement of purpose  | Compliant               |
| Regulation 30: Volunteers   | Compliant               |
| Regulation 32: Notification of periods when the person in charge is absent                                  | Compliant               |
| Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent | Compliant               |
| <b>Quality and safety</b>   |                         |
| Regulation 10: Communication  | Compliant               |
| Regulation 11: Visits   | Compliant               |
| 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 29: Medicines and pharmaceutical services  | Compliant               |
| Regulation 5: Individual assessment and personal plan   | Compliant               |
| Regulation 7: Positive behavioural support  | Compliant               |

# Compliance Plan for Ard Clochar Community Group Homes OSV-0005248

Inspection ID: MON-0031068

Date of inspection: 04/07/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



# Section 1

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

**Compliance plan provider’s response:**

| Regulation Heading  | Judgment                |
|---|-------------------------|
| Regulation 15: Staffing   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing the following actions will be taken:</p> <ul style="list-style-type: none"> <li>• The PIC will review the centers roster on an ongoing basis to ensure that the appropriate staffing is provided to ensure that resident’s needs are met and are compliant with staffing levels identified in centers Statement of Purpose.</li> <li>• There are currently 2 nurse positions. One position has been accepted from the current nursing panel. This Nurse will take up position once they have received registration and have been cleared for hire. In the interim these vacancies are being covered by HSE bank nurses. There is bank nurse panel within HSE ID services that can be utilized to meet deficits in nursing staff.</li> <li>• Center is awaiting approval for one HCA to take up position in center in the interim regular agency staff are being utilized to cover deficits in staffing.</li> <li>• Senior management are currently working with the Human Resource Department to address staffing deficits. Currently there are weekly telecalls with Head HR, Paybill, HOS, GM and Disability Manager to address potential solutions to urgent staffing vacancies.</li> <li>• There is currently a rolling campaign to hire staff for Intellectual Disability services to address deficits.</li> <li>• An on call system is in place to ensure effective governance cover at weekends and evenings. This is updated regularly and communicated to all staff.</li> <li>• Form A’s, Form B’s and business cases have been submitted for the replacement of required Health care attendants.</li> </ul> |                         |
| 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>To ensure compliance with regulation 16: Training and staff development the following actions will be taken:</p> <p>PIC has reviewed the centers training matrix. A training needs analysis has been completed 15/07/2023.</p>  |                         |

A training plan has been provided for each member of staff who will have completed all mandatory HSEland training by 30/08/2023.  
 Dates have been confirmed for studio 3 training which will take place 03/08/2023 and 16th, 17th and 18th of August 2023.  
 One staff member to complete Sexuality awareness in Supported Settings date has been arranged for August 2023.

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| Regulation 23: Governance and management | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

To ensure compliance with regulation 23 Governance and Management the following actions will be taken:

- The PIC will liaise with senior management to review the template for center’s Annual Review to ensure that there is an area for date of when review takes place and area for signature for person carrying out review. The template updated to reflect signature and date of Annual review. Completed August 2023.

## Section 2:

### Regulations to be complied with

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

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

| Regulation          | Regulatory requirement   | Judgment                | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 15(3)    | The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. | Substantially Compliant | Yellow      | 28/11/2023               |
| 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      | 30/11/2023               |
| Regulation 23(1)(d) | The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre   | Substantially Compliant | Yellow      | 28/11/2023               |

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|  | and that such care and support is in accordance with standards. |  |  |  |
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