

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

Issued by the Chief Inspector

Name of designated centre:	An Grainan
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	18 July 2024
Centre ID:	OSV-0008100
Fieldwork ID:	MON-0035300

About the designated centre

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

In An Grainan, residential care and support is provided on a 24 hour basis for up to 18 residents over the age of 18 with an intellectual disability. The centre consists of three purpose built bungalows on a campus in an outer suburb of Dublin. Each house has six single bedrooms and suitable private and communal space to meet the needs of up to six residents. Residents are supported by a person in charge, clinical nurse managers, care staff and household staff. There are good public transport links and local access to restaurants, shops, cinema, churches and libraries.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Thursday 18 July 2024	09:00hrs to 17:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, residents were supported to enjoy a good quality of care in this centre. This inspection was carried out to assess the provider's regulatory compliance and to inform a recommendation to renew the registration of the designated centre. The findings were positive, with the majority of regulations reviewed found to be compliant during the inspection. Improvements were required in staffing to ensure residents enjoyed continuity of care and support in their homes. In addition, the provider needed to review the arrangements in place to ensure the person in charge could fulfill the requirements of Regulation 14: Person In Charge.

An Grainan is a designated centre comprising of three bungalows on a campus setting and it has 18 registered beds. Residential care is provided for residents for residents over the age of 18 with an intellectual disability. At the time of the inspection, there were 15 residents living in the centre. The bungalows all have a similar layout, with six resident bedrooms, two main bathrooms, a laundry and sluice room, a staff locker room and bathroom, a small sitting room or visitors room, a sun room with double doors out to the garden, and a kitchen leading to a large sitting and dining room. Each house has well-maintained gardens which open onto a central shared area where activities take place on a regular basis such as exercise and music sessions. Residents' bedrooms were nicely decorated and reflective of their hobbies and interests. Residents had their favourite possessions and photos on display. Storage had improved in the bungalows as the provider had sourced sheds and installed heating to store equipment and larger items.

The inspector of social services had an opportunity to meet 14 residents over the course of the inspection and to spend time in each of the three houses. One resident was in hospital at the time of the inspection. They also had the opportunity to meet and speak with the person in charge, clinical nurse manager 1, eight staff and a student nurse.

Residents had a variety of communication support needs and used speech, vocalisations, gestures, facial expressions and body language to communicate. Some residents told the inspector what it was like to live in the centre, and the inspector used observations, discussions with staff and a review of documentation to capture the lived experience of other residents.

On arrival and throughout the day, the inspector observed that there was a warm, friendly and welcoming atmosphere in the houses. The inspector had an opportunity to sit and spend time with some residents and to observe them engaging in activities they enjoyed in their home such as, singing, dancing, listening to music, using their mobile phones, using their tablet computers, and completing arts and crafts projects. They were observed laughing and making jokes with each other and staff. They spoke about things they enjoyed doing, holidays and trips they had recently enjoyed, their plans for the day and for upcoming trips and holidays. One

resident showed the inspector pictures from their recent birthday party. They had a big party in a local hotel where they invited the important people in their lives. After the party they spoke about how much they enjoyed staying the night in the hotel.

Throughout the day, some residents went out for a walk with staff around the campus, some attended sessions in day services and others went shopping with staff. One spoke about their plans to go out for the day with staff at the weekend. They had not decided where they wanted to go but said they were really looking forward to spending the day with the staff. Residents also spoke about going to local hairdressers and beauticians. A number of residents showed the inspector their nails which they had done at a local nail bar. A number of residents spoke to the inspector about a recent dinner dance which they had all attended. They spoke about how much they enjoyed the music, dancing and seeing all their friends. They spoke about how much they loved getting all dressed up and about where they had bought their dresses and accessories. This was an event they had enjoyed annually prior to the COVID-19 pandemic and they spoke about how happy they were that it was back.

Residents told the inspector about how nice and supportive the staff team were. One resident said "staff are so good". Residents spoke about their keyworkers and how they were supporting them to develop and achieve their goals. Two residents told the inspector they would speak with staff if they had any worries or concerns. They were aware of where the complaints process which was on display in the centre, including where the picture of the complaints officer.

Residents' rights were regularly discussed with them through resident and keyworker meetings. Three residents living in one of the houses represented their peers on a local advocacy group. The inspector observed staff respect residents' privacy in their home. They were observed to knock on residents' bedroom doors before entering. The inspector found that residents were supported to make choices around how and they wished to spend their time, what and when they would like to eat and drink, and to what extent they wished to take part in the upkeep of their home and garden.

Each of the 15 residents completed, or were assisted to complete questionnaires on "what it is like to live in your home", which had been sent to them in advance of the inspection. In these questionnaires residents and their representatives indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. Examples of comments in their questionnaires included, "I like my room", "I like living here", "I go to a concert or visit nice places", "all the staff are nice", "I have plenty of friends here", "I love my home, I love doing my knitting and when my niece visits me", "I like to go out and eat in restaurants", "I like to eat take-away sometimes", "I like to buy food and have it cooked here", and "I like having my own bedroom and privacy".

The inspector found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and the annual reviews. The annual review 2023 included comments made by residents in the annual service user satisfaction survey

which included, "all the staff are good", and "I am happy to stay in ... with my friends and staff". The inspector also had an opportunity to review 15 resident annual service user satisfaction surveys for 2024 and residents included comments such as "I'm happy", "I like my room", and "I like my home and staff". The inspector also review seven family surveys for 2023. They included comments in the survey such as, "...is very happy....she gets on very well with the staff and ladies", "fantastic care and attention", "communication with the centre us very good", "...gets the best care and attention", "she is always smiling and laughing, is very much at home", and "...is treated with dignity and respect, is very well looked after".

In summary, residents were busy and had things to look forward to. The staff team told the inspector they were motivated to ensure they were happy and safe and taking part in activities they found meaningful. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required, such as those relating to staffing, staff training, and the arrangements in place to ensure the person in charge could fulfill the requirements of Regulation 14.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that residents were in receipt of a good quality of care and support. The provider was identifying areas of good practice and areas where improvements were required in their own audits and reviews. These included the requirement to bring about improvements in relation to staffing, particularly relating to continuity of care and support for residents, and to the arrangement in place for the role of the person in charge.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge reported to and received support from an assigned person participating in the management of the designated centre (PPIM) and a service manager. They were supported in their role by a clinical nurse manager 1 (CNM) who worked in the houses three days per week and completed administration two days per week. Residents and staff were very complimentary towards the person in change; however, they were also identified as the on-call CNM3 for 11 designated centres and PPIM for nine designated centres. This will be discussed further under Regulations 14 and 15.

There were centre 7.2 whole time equivalent (WTE) vacancies at the time of the inspection and this was found to be impacting on continuity of care and support for

residents. This will be discussed further under Regulation 15. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision, annual performance reviews, training, and opportunities to discuss issues and share learning at team meetings.

Registration Regulation 5: Application for registration or renewal of registration

The inspector reviewed information submitted by the provider with the application to renew the registration of the designated centre and found that they had submitted the required information.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed the Schedule 2 information submitted in relation to the person in charge. This demonstrated that the person in charge for the centre had the qualifications, skills and experience to fulfill the role. They were also found to be very familiar with residents' care and support needs; however, due to competing demands they were not assigned time on the roster for the governance, operational management or administration of this designated centre.

They were working full-time and in addition to the person in charge role they were identified as the on-call CNM3 for 11 designated centres, seven of which were on a campus and four in the community. They were also identified as PPIM of nine designated centres. They did not have any hours assigned to role of person in charge on the roster. They were based in the CNM3 office and not in the designated centre when they were on duty, but staff told the inspector they were available by phone and regularly visiting the designated centre.

The inspector also acknowledges that residents were observed to be very familiar with them and appeared very comfortable and content in their presence. Residents were observed to laugh and smile as they spoke to, and about the person in charge.

The provider had advertised a person in charge role and interviews were scheduled just after the inspection. This is captured under Regulation 15.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role.

The inspector was shown documentary evidence to demonstrate that there were 7.21 whole time equivalent staff vacancies and one staff on long-term unplanned leave at the time of the inspection. They were informed by a member of the management team that there had been a recent successful recruitment drive and that they continued to advertise for vacant posts and hold regular interviews. The provider was also in the process of recruiting for a person in charge.

The inspector reviewed rosters for the three houses in the designated centre from January to June 2024 and found that these were well maintained. However, staffing vacancies were found to be impacting on continuity of care and support for residents in the centre. For example, in June 2024 in one of the houses 36 shifts were covered by 17 different relief or agency staff, in the second house 12 shifts were covered by 9 different relief or agency staff, and in the third house 44 shifts were covered by 24 different relief or agency staff.

Through discussions with nine staff, the inspector found that the staff team were motivated to ensure residents were happy, safe and engaging in activities they enjoyed. They were very complimentary towards the supports in place from other members of the team, and from the management team. They also spoke about some of the challenges associated with the staffing vacancies, such as the time spent giving handover and supporting relief and agency staff to get to know residents' care and support needs and their likes, dislikes and preferences.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix for 33 staff in the centre and a sample of certificates of training for 10 staff. The inspector also reviewed the provider's policy and found that each staff had completed training listed as mandatory in this policy including, fire safety, safeguarding, manual handling, infection prevention and control (IPC), safe administration of medicines, complaints and food safety training. However, a small number of staff required refresher training in areas such as, fire safety and food safety.

100% of staff had completed training on applying a human rights-based approach in health and social care, and 16 staff had completed training related to The Assisted Decision Making (Capacity) Act 2015. The inspector spoke to the person in charge and CNM1 about the impact of this training for the staff team. They spoke about all the work that had happened on the campus around supporting residents to be aware of their rights, on culture and advocacy. These are discussed further under

Regulation 9.

The inspector reviewed the staff supervision schedule and a sample of supervision records for eight staff. In the majority of records reviewed, the agenda was resident focused and varied. Discussions were held in relation to areas such as staff's roles and responsibilities, training, policies procedures and guidelines, key working, team meetings, and staff's strengths and areas for development. However, five staff had not been in receipt of supervision, as planned, in the first six months of 2024.

Each staff member who spoke with the inspector stated they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support in the centre. They spoke about the provider's on-call system day and night, and the availability of the CNM1 and person in charge by phone.

The inspector reviewed the minutes of five staff meetings held in 2024 and found that agenda items were resident focused. However, these meetings were not well attended, with approximately 20% of staff attending them. In addition, there was limited evidence of detailed discussions about risk or learning from incidents in four of the five minutes reviewed, and limited actions were identified. For those actions that were identified, the completion of these actions was not tracked.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider had ensured that the records set out in the regulations were available for review by the inspector during the inspection. Throughout the inspection the records reviewed were found to be well-maintained, accurate and up-to-date.

Judgment: Compliant

Regulation 22: Insurance

The contract of insurance was available in the centre and reviewed by the inspector. A copy was also submitted with the provider's application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with what was described by staff during the inspection. Staff also clearly identified lines of authority and accountability amongst the team.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and capturing the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required.

The inspector viewed the safety pause records for each of the three houses for June and July 2024. These safety pauses were completed daily and areas discussed included, risks, safeguarding, complaints, finances, IPC, residents changing needs, upcoming appointments, and health screening.

Area specific audits were reviewed for 2024 including monthly, quarterly and annual audits in areas such as resident's finances, risk management, residents' personal plan, fire safety, medicines management, food safety, first aid, vehicle checks, health and safety checks, complaints, cleaning and staff training. The inspector found that the action plans for the provider's audits and reviews and the area specific audits showed that all the majority of the required actions were being completed in line with the identified timeframes. The outstanding actions related to staff recruitment and staff training.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed and it contained the required information. It had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and to be part of their local community. They were making decisions about how they wished to spend their time, and supported to develop and maintain friendships and relationships with the important people in their lives. They lived in warm, clean

and comfortable homes.

The inspector reviewed resident's goals and person-centred plans and found that documentation positively described their needs, likes, dislikes and preferences. They were supported to manage their finances and had accounts to financial institutions.

Residents, staff and visitors were protected by the fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies. Staff had completed training in fire prevention and residents were supported to become aware of fire safety procedures.

Residents were also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required.

Significant work had been completed across the campus to ensure that residents were aware of their rights and how to access independent advocacy services. A culture group was formed led out by a clinical nurse specialist and attended by staff representatives from different work areas across the campus.

Regulation 11: Visits

Visiting arrangements were detailed in the provider's visiting policy, the statement of purpose and the residents' guide which were all available and reviewed in the designated centre during the inspection. These documents detailed how visits were facilitated unless it posed a risk or if a resident did not wish to receive visitors.

Through a review of documentation and discussions with residents and staff it was clear that they were being supported to visit and be visited by the important people in their life. Four residents spoke with the inspector about how important their relationships were with their families and friends. They spoke about meeting their family regularly and meeting their friends for coffee or a drink at parties and events. One resident spoke about a recent trip down the country to see their sister. They showed the inspector pictures and spoke about how much they enjoyed spending time with their sister. The spoke about their plans to go see her again in later in the year. Another resident spoke about looking forward to staying in a hotel for two nights and their plans to visit their family.

The inspector reviewed residents person centred plans which showed logs and pictures of them spending time with their family and friends in the centre, on the campus, and on holidays. Family surveys for 2023 indicated respondents were happy with the arrangements in place for visiting and included comments such as "I feel welcome when i visit". Resident surveys for 2024 included comments such as, "spend time with the family", "brother and niece come to visit", and "I call my niece

every 2nd week and I can speak to them via face time".

Judgment: Compliant

Regulation 12: Personal possessions

The provider had developed a policy relating to residents' personal property, personal finances and possessions. The inspector reviewed financial records and audits for five residents for 2024 and found that they were being supported to manage their finances.

Residents had accounts in financial institutions. Receipts were maintained, account statements were available and audited, and a log of residents' income and expenditure was maintained. A log of residents' property and personal effects were also maintained in their care plans.

Monthly finance audits were completed and the person in charge and CNM1 were reviewing and signing these and following up on any required actions.

Judgment: Compliant

Regulation 13: General welfare and development

A resident sat with the inspector to review their person centred plan (PCP). They showed the inspector their goals and the steps they had taken to achieve them. For example, they showed the inspector pictures of them at a music concert and meeting the star of the show. They also discussed their hobbies, interest, passions, skills and talents, hopes, wishes and dreams. They spoke about the involvement of their family and keyworker in the review of their PCP.

The inspector reviewed activity records for each of the residents and found that on average they were taking part in activities in their community between three and 12 times per month. In addition to these activities in the community they were taking part in activities they found meaningful in their home and on the campus. There were pictures in residents' plans of them taking part in the upkeep of their home, cooking and baking, going to concerts and shows, going to parties, taking part in art and crafts projects, and going on holidays.

There was a day service timetable available in each of the houses which was in an easy-to-read format. It detailed the activities available to residents throughout the week including, chair aerobics, choir, music sessions, flower arranging, cinema club, know your rights, bingo, knitting club, karaoke, and late night music in the main hall on the campus. There was also a E-hub and the schedule for June included opportunities for residents to attend sessions relating to digital life stories, chats

about local news, fashion news, news about the soaps, health and wellbeing, fitness, chats about values and rights Tuesday.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around the three premises with the person in charge or CNM1 during the inspection. The houses were each found to be clean, homely and well maintained.

The provider had ensured that the premises was designed and laid out to specifically meet the needs of the resident. Each area of the premises and garden were fully accessible to residents.

Each resident had their own bedroom and storage for their personal items. These were personalised and decorated to suit their tastes. There was a large communal area in each of the houses and residents were observed to choose to spend time together and in the company of staff in these areas throughout the inspection. Residents could also choose to spend time in the smaller sitting room/visitors room, their bedroom or the sun room.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available and reviewed in the centre. It was found to contain the required information as set out in the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency both day and night. The inspector observed emergency evacuation procedures on display in each of the houses.

There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment and these were

reviewed by the inspector for 2024.

The fire alarm was regularly activated and checked, and documentation relating to this was maintained, available and reviewed. The inspector viewed service and maintenance records for emergency lighting, the alarm system and fire fighting equipment for 2024 and found that they had all been serviced and maintained in line with regulatory requirements.

There had been monthly fire drills in 2024. The inspector reviewed these and found that they were completed at different times, using the required equipment to support residents to safely evacuate and at specific times when the most residents and least staff were present. Staff had completed fire safety training but some were due refresher training and this was discussed under Regulation 16.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. The inspector spoke with the person in charge and five staff members and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available and reviewed in the centre. Safeguarding plans were developed and reviewed as required. Each resident had an intimate care plan in their personal plan folder. There was easy-to-read information relating to safeguarding and protection which was available in each of the houses. Safeguarding was a regular agenda item at the weekly resident meetings reviewed during the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were living on a campus and the majority of their meals were prepared by a centralised kitchen; however, every effort was being made by the local management team to promote a human-rights based approach to care and support in this centre. Residents had rights assessments completed and a review of restrictive practices had been completed with a view to reducing and eliminating restrictive practices, where possible. 100% of staff had completed human rights training. Three managers reported that this was having a positive impact for residents as staff were working hard to ensure residents were choosing where and how they spent their time, and making decisions about their day-to-day lives.

Residents had also been supported to open accounts in financial institutions.

The rights committee were holding monthly meetings on the campus. Some residents had attended information sessions on the Assisted Decision-Making (Capacity) Act 2015. An independent advocacy service had completed an information session for residents and staff in July 2022 and the Rights Officer held a complaints information session in August 2022. There was an advocacy folder in each house which had a picture of the local resident representative on the group. It contained minutes of the monthly meetings. Discussions at these meetings included those relating to the residents' charter of rights, the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD), events in the local community, events on campus, issues in the houses, day service, and access to services.

There was information available for residents in the houses in relation to areas such as, complaints, advocacy, money management, rights, and safeguarding. Work was ongoing to reduce the reliance on central catering with meals and snacks now being prepared in the houses on certain days, particularly at weekends.

The minutes of residents' meetings held in 2024 were reviewed across the three houses. Agenda items included, health and safety, value of the month, complaints, rights, care planning, restrictive practices, grocery shopping, menu planning, infection prevention and control, news from the office, who is on duty, finances, baking and cooking, updates from the local advocacy group and upcoming events.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for An Grainan OSV-0008100

Inspection ID: MON-0035300

Date of inspection: 18/07/2024

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider is committed to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents and that rosters will be managed appropriately. The provider will continue with ongoing recruitment campaigns to fill vacancies. The Provider acknowledges the vacancies and dependency on relief and agency staff to fulfil staffing compliment and makes every effort to ensure regular relief/agency staff are allocated where possible. The PIC currently assigned to the Centre is supported by a CNM1 who is assigned 19.5 hours per week supernumerary to support the PIC. The PIC will continue to visit the centre frequently and oversee the governance arrangements in the centre. The Provider is committed to recruiting a new PIC for the Centre and has interviews scheduled for this post week commencing 09/09/2024.</p>	
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: The PIC has undertaken a training needs analysis and will ensure staff attend identified training by 31st December 2024 The PIC will ensure all staff have supervision meetings in line with the organisation’s policy by 31/12/2024. The PIC will ensure a quality staff meeting agenda is followed to include discussion in relation to risk and incident management and will facilitate regular staff meetings,</p>	

promoting staff attendance and will ensure staff read and sign meeting records where they have been unable to attend.

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/12/2024
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.	Not Compliant	Orange	31/03/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	31/12/2024

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2024