

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

## Issued by the Chief Inspector

Name of designated centre:	Peamount Healthcare ID Community Based Service Slade Castle
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	10 July 2024
Centre ID:	OSV-0008107
Fieldwork ID:	MON-0035769

## About the designated centre

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

Peamount Healthcare ID Community Based Service Slade Castle provides full-time residential care to both males and females with an intellectual and/or physical disability and complex medical needs, including stroke, dementia, and palliative care needs. Care is provided by a team of registered general and intellectual disability nurses, social care workers and healthcare assistants. The centre is located in West Dublin and provides apartment style accommodation for up to 12 residents.

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

Number of residents on the date of inspection:	6
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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 10 July 2024	10:00hrs to 17:00hrs	Karen Leen	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of the designated centre Peamount Healthcare ID Community Based Services Slade Castle.. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's registration. The inspection was facilitated by the person in charge for the duration of the inspection. The inspector of social services used observations and discussions with residents in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. The inspector found that the designated centre met, and in some cases exceeded the requirements of the regulations in key areas of service provision and was embracing the national standards in areas such individualised supports, communication and decision-making in accordance with the residents' abilities and preferences. However, improvements were required in relation to regulation 15: staffing and regulation 17: premises.

Peamount Healthcare ID Community Based Service Slade Castle designated centre is located in West Dublin. The centre is comprised of nine individual apartments across two apartment blocks that can accommodate a maximum of 12 residents. One apartment is for the sole use of staff, and the other eight apartments are home to between one and two residents depending on resident preference and independence. On the day of the inspection, there were six residents present and there were six vacancies in the centre. The provider had submitted the renewal for capacity of 11 residents. The inspector visited all apartments within the designated centre and had the opportunity to meet with all residents. In addition, all residents completed the questionnaires in relation to support in the centre prior to the inspection. Residents received assistance from staff in completing the questionnaires. The information in these questionnaires presented that residents were happy in their home, that they felt they were assisted to take part in activities of their choice and that their home was free to have family and friends visit. Residents also commented that they had an active role in the running of their home.

The inspector visited all apartments in the designated centre and found them to be spacious, clean and tidy. Each apartment was decorated in line with residents' tastes and interests, with residents having their own bedrooms. For the most part residents were very happy with the premises, however one resident discussed that they would like to have shelving and pictures hung. The resident also showed the inspector areas of the centre that required painting. The provider had identified the works to be done, however at the time of the inspection there was no time frame in place for completion.

The inspector met one resident who brought them on a tour of their apartment. The resident had recently chosen to move between apartments within the designated centre and had decorated the sitting room and bedroom. The resident told the inspector that they had chosen the interior design of the rooms in line with some of their

hobbies. The inspector observed that the apartment had been decorated with residents interests and hobbies, with a number of musical instruments on display. The resident told the inspector that they play the guitar and often play for the residents in the centre. They also told the inspector that they attend the providers day service where they play guitar with a music group for friends. The resident told the inspector that they like spending time in the company of peers and staff and can access communal areas of the centre which they often do throughout the day. The resident told the inspector that they like to go for walks in the local village, pick up shopping or meet friends.

One resident told the inspector that they might plan their activities at the beginning of the week but that their plans will often change depending on what might be happening in the centre or the local community. The resident told the inspector that they like to walk to the village and attend mass twice a week and then on a Sunday. The resident discussed that they attend the providers main campus up to three times a week or will chose to attend drop in to sessions that are happening with friends.

The inspector spoke to one resident who showed the inspector their bedroom within their apartment. The resident discussed with the inspector that they had some items they had wanted placed in their room, the resident discussed that the person in charge and staff team were quick to support all residents in the centre. The resident told the inspector that they knew how to make a complaint to the person in charge or the provider should they need to. The resident was a member of the providers advocacy group and attended regular meetings.

The inspector spoke to one resident who was supported by staff to show the inspector a picture book of events that had taken place in the residents life over the last year. The inspector viewed pictures from milestone birthdays, holidays with friends and events such as Christmas spent with family and friends. The inspector observed staff communicating with the resident using alternatives signs and interpreting gestures. The inspector observed that the resident was at ease in the presence of staff and was satisfied with the results of their requests to support staff.

The inspector observed residents taking part in activities throughout the course of the day. Residents were seen assisting staff with preparing meals, watching television while completing knitting patterns. Residents were attending day service and hospital appointments with the support of staff. One resident discussed with the inspector that they attend two different day services throughout the week and that they were enjoying retirement on the other days. The resident told the inspector that they had chosen to reduce their days when day services had returned after the pandemic as they were enjoying spending more time at home or attending their local community.

One resident spoke to the inspector about their plans for a holiday in the summer with their family. The resident also showed the inspector their apartment which they shared with a peer. Both residents told the inspector that they enjoy sharing their apartment together. The residents told the inspector that they shared similar

interests in movies, music and knitting.

The person in charge with support of colleagues had developed a local training support for all staff in the designated centre in relation to human rights and the impact on residents. The training was focused on the areas of resident care which is supported by staff in the centre. These areas included supporting residents as a keyworker, supporting choice, advocating for residents in decisions on care and the creation of meaningful activities. The inspector observed a number of practices and experiences delivered to residents which upheld and promoted the principles of human rights. For example, residents had been supported with end of life plans in the comfort of their home. The inspector reviewed evidence of all residents involvement in the understanding of palliative care and following on bereavement supports.

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

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the Regulations and, to contribute to the decision-making process for the renewal of the centre's registration. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspector observed that the care and support provided to the residents was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the residents' needs and wishes were taken into account. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre.

The service was led by a capable person in charge, supported by a staff team and service manager, who were knowledgeable about the support needs of the residents, and this was demonstrated through good-quality safe care and support.

The provider ensured that there were suitably qualified, competent and experienced staff on duty to meet residents' current assessed needs. However, at the time of the inspection the centre had one whole time staff vacancy. The inspector found that although the provider had attempted to support residents by ensuring staff filling vacant shifts on the roster worked with regular staff, the inspector found that over the months of April to June 2024 the provider relied on a high frequency of agency

and relief staff to provide support for the designated centre.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. A supervision schedule and supervision records for all staff were maintained in the designated centre. The inspector found that staff were in receipt of regular, quality supervision, which covered topics relevant to service provision and their professional development.

The registered provider had implemented good governance management systems to monitor the quality and safety of service provided to residents. The provider had completed an annual report of the quality and safety of care and support 2023, which included consultation with residents, their families and representatives.

The registered provider had prepared a written statement of purpose that contained the information set out in Schedule 1. The statement of purpose clearly described the service and how it is delivered.

There were contracts of care in place for all residents which clearly outlined the fees to be paid. The contracts were signed by residents or their family or representative.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for residents in a prominent place in the centre.

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

## Regulation 14: Persons in charge

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

Judgment: Compliant

## Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the

centre were in accordance with the residents' current assessed needs. The inspector observed staff engaging with residents in a respectful manner and staff spoken to were knowledgeable of residents needs and supports.

The designated centre was currently operating on one staff vacancy. The inspector found that the person in charge was attempting to manage this vacancy with regular relief and agency staff. However, on review of roster from April, May and June the inspector observed a total of 22 different staff being utilised in the designated centre to manage the vacancy. The inspector found that agency and relief staff worked along side a familiar member of staff to act as additional support for residents.

There was a planned and actual roster in place for the designated centre. However, the inspector observed shift patterns on the roster which had not been completed with the name or role of the staff completing the shift.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. The inspector observed that the training matrix was reviewed quarterly by the person in charge.

There was a high level of compliance with mandatory and refresher training. All staff were up-to-date in training in required areas such as safeguarding vulnerable adults, infection prevention and control, manual handling and fire safety. Staff spoken with were knowledgeable regarding their roles and responsibilities in ensuring the safety of care. The person in charge had completed training with staff in relation to human rights and how to actively implement the rights into areas of care that had direct impact on residents lives. For example, the training focused on the keyworker experience for residents and end of life care for residents in the centre. The inspector observed that the centre had provided end of life care for residents with the assistance of the community hospice team over the last 12 months. Ensuring that staff were adequately trained and also ensuring that residents wishes were upheld.

Supervision records reviewed by the inspector were in line with organisation's policy and the inspector found that staff were receiving regular formal and informal supervision as appropriate to their role. The person in charge had completed a schedule of supervision for the coming year. The inspector reviewed staff meetings and found that the meetings promoted shared learning from audits conducted in the centre and a review of incident and accidents.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The inspector reviewed the six-monthly unannounced audit completed in January 2024 and found that recommendations actioned within the audit had been put in place clear time frames for completion. The inspector identified further work required to the centres premises outside of the six monthly audit, which will be discussed further under regulation 17: premises.

The person in charge had implemented an auditing system that ensured a suite of audits including fire, safety, infection prevention and control (IPC), medicine management where regularly reviewed by the staff team to promote a culture of shared learning within the centre.

An annual review was completed for the designated centre which included the views of residents and their representatives. The annual review highlighted the achievements of residents and the centre for the 2023 and plans for the coming year.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The inspector found that there had been no recent admission to the designated centre. Each resident had a contract of care in place which had been updated regularly and reflected identified changes in the designated centre. The inspector observed communication in relation to contracts of care with residents and their representatives.

Contracts of care in place in the centre were available in a full version and easy-to-read version, and clearly stated the terms and conditions of living in this designated

centre.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
<p>A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated to reflect changes in the designated centre's management and staffing ratio.</p> <p>The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.</p> <p>A copy of the statement of purpose was readily available to the inspector on the day of inspection. It was also available to residents and their representatives.</p>
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
<p>A review of incidents that occurred in the centre over the last year informed the inspector that the person in charge had notified the Health Information and Quality Authority (HIQA) of adverse events as required under the regulations.</p>
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
<p>The provider had established and implemented effective complaint handling processes. For example, there was a complaints and compliments policy in place. In addition, staff were provided with the appropriate skills and resources to deal with a complaint and had a full understanding of the complaints policy.</p> <p>The inspector observed that the complaints procedure was accessible to residents</p>

and in a format that they could understand. Residents were supported to make complaints, and had access to an advocate when making a complaint or raising a concern.

The inspector reviewed the complaints log and found that complaints were being responded to and managed locally. The person in charge was aware of all complaints and they were followed up and resolved in a timely manner, as per the provider policy.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

The inspector completed a walk around of the centre and found that the design and layout of the premises ensured that each resident could enjoy living in an accessible, comfortable and homely environment. The person in charge and support staff had supported residents with changes within the designated centre to further support accessibility in the centre. The provider had also developed provisional plans in relation to accessible premises for each resident in the designated centre in line with identified changing needs. The inspector found the atmosphere in the centre to be relaxed and facilitating to residents current stage in life. The inspector observed areas within the designated centre which required interior paint work and hanging of personal items for resident, which will be discussed further in regulation 17.

The person in charge had ensured that residents' health, personal and social care needs had been assessed. The assessments reflected the relevant multidisciplinary team input, and informed the development of care plans which outlined the associated supports and interventions residents required.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional. Residents were assisted and supported to communicate through clear guidance and support plans.

The registered provider had ensured that residents could receive visitors to their home in accordance with each resident's wishes and personal plan.

Where required, positive behaviour support plans were developed for residents, and staff were required to complete training to support them in helping residents to manage their behaviour that challenges.

There was evidence that the designated centre was operated in a manner which was respectful of all residents' rights. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunities to experience life in their local community. Residents accessed numerous external activities such as shopping trips, social activities, holidays, meals out and regular family visits. There was an emphasis on supporting residents with key lifestyle decisions and future decision making process.

On review of a sample of residents' medical records, the inspector found that medicines were administered as prescribed. Residents' medicines were reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were in receipt of person-centred care delivered by a stable team of suitably qualified staff.

## Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes.

Residents' files contained comprehensive communication support plans and a communication profile which detailed how best to support the resident.

Communication aids, including visual supports, had been implemented in line with residents' needs and were readily available in the centre. The inspector saw that there was information available to each resident to support their communication including a visual activity board and menu plans. The inspector observed staff using Lámh (a manual signing system) with residents while assisting them to talk to the inspector about their upcoming plans.

The provider had ensured that residents had access to media sources and technology. Residents had televisions, tablets and laptop devices, and there was Wi-Fi available in the centre. Residents were also supported to use video technology to keep in contact with loved ones.

Judgment: Compliant

## Regulation 11: Visits

There were no visiting restrictions in the designated centre. Residents could receive

visitors in line with their personal preference and choice.

There was a visitors policy displayed on the wall in the hall and visiting arrangements were outlined in the designated centre's statement of purpose and function, which was readily available to residents and their representatives.

Additionally, there was adequate private space in the centre for residents to receive visitors.

Judgment: Compliant

## Regulation 12: Personal possessions

The provider had ensured that residents retained control of their personal property and received support to manage their finances in accordance with their abilities and preferences. The inspector reviewed the financial records of four residents in the designated centre and found that residents received support when required to manage their finances. The inspector found that residents were made aware of payments and transactions within their bank accounts and the person in charge and staff team aimed to support residents to have control over finances as they wished.

The provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard residents' finances and access to their monies. The inspector found that residents had assessments completed that determined the levels of support they may require.

Each resident had their own bank account and staff maintained records of each transaction, including the nature and purpose of transactions and supporting receipts and invoices.

The provider and person in charge had ensured that all residents had access to their personal items. Residents were supported to store their belongings as they requested.

Judgment: Compliant

## Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably

decorated.

Minor premises issues pertaining to wear and tear had been identified by the person in charge and reported to maintenance. However, the inspector found that no time frame had been given in relation to the completion of works. These works included hanging of pictures and shelving for residents bedrooms and internal paintwork to a number of common areas and bedrooms in the designated centre. Residents spoken to on the day were aware that the person in charge had made a request for the work to be completed and had identified areas for pictures and shelving to be hung in their home.

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference. There was ample communal space for residents to meet family and friends. Four of the apartments within the designated centre had access to small balconies which had table and chairs and small potted areas.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean and in a good state of repair. A cleaning schedule was in place.

Staff had attended appropriate training and were knowledgeable about infection control arrangements.

The person in charge and staff team had completed monthly audits in relation to protection against infection and the inspector found that the findings of these audits were shared amongst the staff team through staff meetings.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector observed safe practices in relation to the ordering, receipt and storage of medicines. The medication administration records reviewed on the day of the inspection clearly outlined all the required details including; known diagnosed allergies, dosage, doctors details and signature and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were

administered as prescribed. Residents had also been assessed to manage their own medicines. Staff spoken to on the day of inspection were found to be knowledgeable on medicine management procedures and on the reasons medicines were prescribed.

Medication audits were being completed as per the providers policy and any recommendations or findings from audits were a topic discussed within staff meetings.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessments of need and personal plans were available on each resident's file. They were personalised to reflect the needs of the resident including the activities they enjoyed and their likes and dislikes. Four residents' files were reviewed and it was found that comprehensive assessments of needs and support were in place for these residents. The inspector observed that where a resident had an identified need an appropriate support plan was devised in order to ensure that such needs were adequately met. The inspector observed that support plans in place gave clear guidance to staff in order to support best practice.

The individual assessment informed person-centred care plans which guided staff in the delivery of care in line with residents' needs. Care plans detailed steps to support residents' autonomy and choice while maintaining their dignity and privacy. The inspector saw that care plans were available in areas including health care, pain management, mobility, communication, management of medical supports and changing needs.

The person in charge and support team had supported residents to access palliative care within their home. The inspector observed individual assessments and support plans devised with support from the community hospice team to ensure that residents received support which was appropriate to their current diagnosis but which also upheld and promoted residents dignity and choice.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. The inspector reviewed two of these plans. The positive behaviour support plans in place were detailed, comprehensive and

developed by an appropriately qualified person. They were reviewed regularly and were complemented by supporting risk assessments where needed.

Clearly documented de-escalation strategies were incorporated as part of each residents' behaviour support planning with accompanying well-being and mental health support plans.

Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. The inspector found that the person in charge presented restrictive practices to staff at staff meetings to ensure that although not currently in use in the centre restrictive practices remained an agenda item.

Judgment: Compliant

## Regulation 9: Residents' rights

The person in charge and staff team were aiming to develop systems which focused on rights and the ways in which care could be provided to promote the rights of residents. The person in charge had developed training for staff which focused on risk taking, advocacy, residents needs and providing keyworker support in a way which enhances these areas for residents. The inspector observed a number of positive impacts for residents based on the training supplied to staff which increased the holistic support to residents and identified meaningful activities for each resident depending on their wishes.

The individual choices and preferences of the residents were promoted and supported by management and staff and there was evidence that residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Residents meetings were carried out in the designated centre, in these meetings residents discussed topics such as choice, rights, dinner options and discussions on the running of their home and service. The inspector observed that residents meetings were carried out in an accessible format with staff in attendance knowledgeable of each residents form of communication and required supports in order to promote each individuals wishes in the running of their home and service provided.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Peamount Healthcare ID Community Based Service Slade Castle OSV- 0008107

Inspection ID: MON-0035769

Date of inspection: 10/07/2024

## 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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: In the event of unplanned absences, familiar staff will be requested from the agency. ADON has met with the nursing admin department and stressed the importance of maintaining accurate rosters. Recruitment is ongoing, with an open vacant line within the relief panel. Skill mix is reviewed daily by ADON and site manager. All staff receive a full induction.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The picture and shelves have been put up for residents. The PIC has completed a walkaround of the centre to review maintenance requirements and added time frames for completion of all works.	

## 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	31/08/2024
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/08/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and	Substantially Compliant	Yellow	31/08/2024

	internally.			
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