



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

Issued by the Chief Inspector

Name of designated centre:	The Paddocks
Name of provider:	Autism Initiatives Ireland Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	19 October 2022
Centre ID:	OSV-0002064
Fieldwork ID:	MON-0028917

About the designated centre

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

The Paddocks can provide 24 hour care and support to five people with Autistic Spectrum Condition (ASC) and associated conditions such as learning disabilities, mental health issues, epilepsy and other complex needs. Currently there are five residents living in the centre. The ages of the service users supported are from 18 years of age upwards. The designated centre consists of a main home with a living room, conservatory, kitchen, bedrooms and bathrooms. There are also two self-contained apartments, with one person living in each apartment, located on the grounds of the main house. Each resident has their own bedroom. The homes are in close proximity to local transport links and driving distance to many local amenities. A team leader (person in charge), senior social care worker, social care workers and support workers support the residents as required according to their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 19 October 2022	09:15hrs to 18:15hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to inform a registration renewal recommendation for this designated centre. The house consisted of a main house and two sole occupancy living areas; an apartment separate to the main house and an annex which was attached to the main house.

The inspector visited the main house and the apartment during a walk around of the designated centre. The annex was not visited due to the expressed wishes of the resident living there. However, with permission from the resident, and to demonstrate that this part of the designated centre was in good upkeep and repair, and met the assessed needs of the resident, the person in charge took photographs of the rooms in the annex and submitted a copy to the Health Information and Quality Authority (HIQA).

On the day of the inspection, the inspector was provided with the opportunity to meet with two of the five residents living in the centre. The residents used non-verbal communication and were supported by staff when engaging with the inspector. Residents' views were also taken from observations, HIQA *'questionnaires for residents'* and various other records that endeavoured to voice the residents' opinions.

Most of the HIQA questionnaires had been completed by residents' family members in advance of the inspection. Overall, the feedback was positive about the care and support provided to residents. Some families noted on the questionnaires that the arrangements in place for visitors was very good and that residents can choose to have their family visit whenever they want. Some family members noted that staff were very caring and very pleasant to deal with, while other family members expressed that staff were very supportive and in particular, during the health pandemic. Residents and their families were aware of how to make a complaint should they need to, and of who to go to.

Overall, the questionnaires noted that residents were happy with the amount of choice they were provided around their daily lives and of the choice of community and on-site activities made available to them. Residents were happy with their bedrooms and the amount of space provided in their rooms. All questionnaires noted that residents were content with the food and meals provided to them and that there was lots of choice at mealtimes.

During the walk around of the main house and apartment, the inspector observed both areas to have a relaxed homely feel to them. On observing residents in the main house, they appeared to be content and familiar with their living space. Overall, the physical environment of the centre was clean and for the most part, in good decorative and structural repair. Residents expressed themselves through their personal spaces. For example, the apartment included photographs, pictures and items that were personal to the resident living there. Each resident was provided

with their own bedroom and had been consulted in the decor of the room.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. On observing the residents interacting and engaging with staff, the inspector saw that staff could interpret what was being communicated by the residents. On speaking with staff, the inspector found that they were familiar with the residents' different personalities and were mindful of each resident's uniqueness and different abilities.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were provided with a choice of healthy meal, beverage and snack options which were recorded in their personal plan. Treats were also available to residents such as takeout meals and a wide variety of healthy snacks.

Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. On speaking with staff about applying human rights training to their practice, the inspector was provided with a number of examples of where practice had improved subsequent to the training.

For example, the inspector was informed about a period where a resident's laundry was stored in the utility room rather than in their wardrobe and that this was in place to avoid the resident's wet and dry clothes getting mixed up. Although this arrangement was more convenient to manage, it was observed to be impacting on the resident's right to have their personal belongings in their own room. The resident's clothes are now stored in their bedroom and strategies have been put in place to support the resident managing their wet and dry clothes better.

Another example was provided regarding the amount of snacks made available to a resident. To avoid overeating snacks, there was a restriction in place to provide the resident with a certain amount of snacks per day. Staff found that this impacted on the resident's right to choose what they wanted to eat. The resident now enjoys snacks whenever they like and are being supported on an on-going basis to eat a healthy amount of snacks without any restrictions.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were in receipt of good quality care and support.

Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives. However, improvements were needed to some of the systems in place to ensure the safety of residents at all times. These are addressed in the next

two sections of the report which 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 to each resident living in the centre.

Capacity and capability

The registered provider and person in charge were striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. Overall, the inspector found that the care and support provided to the residents was person-centred and endeavoured to promote an environment where each of the resident's needs and wishes were taken into account. On the day of the inspection, there was a clearly defined management structure in place. The service was led by a capable person in charge, supported by a senior social care worker, who were knowledgeable about the support needs of residents and this was demonstrated through good-quality care and support.

The inspector found that since the last inspection, a number of improvements had been made which resulted in positive outcomes for residents, and in particular, improvements to the premises and restrictive practice reviews. There were also a number of improvements to the fire precautions' systems which saw most actions from the last inspection complete. However, not all actions had been completed satisfactorily and as such, the safe evacuation of all residents was not ensured at all times. In addition, improvements were needed to the workforce in the centre to ensure that there was sufficient staff in place to meet the needs of residents at all times, and that they were in line with the statement of purpose.

On the day of the inspection, the inspector found that the provider had not adequately addressed a risk relating to the safe evacuation of all residents from all areas of the designated centre. While the provider had organised for work to be completed to bring Regulation 28 back into compliance, the provider had not adequately ensured that the works had been signed off by an appropriate fire expert.

Subsequent to the inspection, the provider was required to submit an urgent compliance plan to provide assurances that the risk would be addressed in a timely manner. The provider followed up with further information and assurances.

In addition, to the fire safety risk, the provider had not ensured that the service was appropriately resourced to meet the residents' needs at all times. While the provider was actively recruiting for new staff, the current staff vacancies meant that there were gaps in the workforce roster which impacted on areas of service delivering including some of the local governance and management systems in place. In addition, senior management and the person in charge were required to cover a number of shifts. This in turn had the potential to impact on their ability to carry out the effective governance, operational management and administration of the

designated centre at all times.

Notwithstanding the above, the provider had put in place an array of governance and management systems within the designated centre to monitor the safe delivery of care and support to residents.

The provider had completed an annual review of the quality and safety of care and support in the designated centre during January 2021 to January 2022 and there was evidence to demonstrate that the residents and their families were consulted about the review. The most recent six monthly unannounced visit of the centre had taken place in June 2022 and most of the tasks on the action plan had been completed.

Other audits relating to residents finance, health and safety and medicines had also been completed by the provider and local management team. A comprehensive visual inspection of the centre, was completed by the person participating in management in September 2022 with many of the actions completed to date.

In addition, the person participating in managements carried out regular unannounced visits to the centre to ensure residents safety, health and wellbeing, with the most recent occurring in August 2022. These visits included a staff knowledge check. For example, staff were questioned on how they would respond to matters relating to safeguarding, infection prevention and control and restrictive practices.

Furthermore, peer to peer review were regularly completed by some of the organisation's senior management staff not associated with this centre. The reviews monitored the quality of care provided to residents and endeavoured to ensure continuous quality improvements in the centre. Furthermore, there was a robust local auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents.

There were a number of staff vacancies in the designated centre. There was a core relief panel in place, including a number of redeployed staff employed to fill these vacancies. While the provider was in the process of recruiting staff and had secured two new recruits, overall, at times, the number of vacancies in the centre was impacting on the care and support provided to residents and in some circumstances, impacting on local governance and management systems that endeavoured to ensure positive outcomes for residents.

The inspector met and spoke with two staff members on the day of the inspection, and throughout the day had brief conversations with other members of staff. Staff demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in the centre. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to residents. The inspector reviewed a sample of staff folders and found that, overall, they included all of the Schedule 2 regulatory requirements.

The education and training provided to staff enabled them to provide care that reflected up to date, evidence-based practice. The training needs of staff were regularly monitored and addressed by the person in charge to ensure the delivery of quality, safe and effective services for the residents. Overall, staff training was up to date however, some improvements were needed to the area of fire safety training.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and was endeavouring to ensure that they were met in practice.

Judgment: Compliant

Regulation 15: Staffing

The person in charge was endeavouring to ensure continuity of care for residents. For example, there was a core relief staff panel assigned to the centre. Some of the staff who the inspector spoke with had worked in the centre for over four years. Where relief staff were not available, staff who had previously worked with residents were employed.

However, despite the use of regular relief staff and redeploying staff from other centres to work in the centre, as well as on-going recruitment efforts by the provider, there were currently two and a half whole-time equivalent vacancies in the centre, this was taking into account positions filled a week previous to the inspection where there had been four whole-time vacancies. The inspector reviewed a sample of the centre's actual and planned roster and saw that not all shifts, during the month of September and part of October 2022, had been adequately covered.

The inspector reviewed a sample of staff folders and found evidence to demonstrate that for the most part, all the requirements on Schedule 2 was adhered to. However, due to a recent change in systems at organisational level, a key piece of

documentation had not been included in staff files. By the end of the day, the person participating in management arranged for this information to be provided to the inspector in a format that was separate to staff files.

Judgment: Not compliant

Regulation 16: Training and staff development

There was a schedule in place for staff practice support and performance appraisal meetings. This was provided to staff on a one to one basis to support them perform their duties to the best of their ability. Staff who spoke with the inspector advised that they found these meetings beneficial to their practice.

The person in charge had put a training schedule in place for all staff working in the centre. The inspector found that for the most part, staff had been provided with the organisation's mandatory training. Overall, the person in charge was endeavouring to ensure that staff training was kept up to date however, there were a number of staff due refresher training in a number of areas. For example, refresher training was due for the following areas; safeguarding, food hygiene, infection prevention and control, manual handling and emergency first aid.

Staff had been provided with training relating to human rights to support them apply a human rights-based approach to their practice. For example all staff had completed the Health Information and Quality Authority's e-learning course: *Applying a Human Rights-based Approach in Health and Social Care: putting national standards into practice.*

On speaking with staff, the inspector was informed of a number of examples of how staff applied the training to their daily practice when supporting residents. For example, on considering residents' right to exercise choice and control in their daily lives, staff had identified alternative ways to support residents which ultimately lead to a less restrictive way than had previously been in place. This lead to positive outcomes for residents and saw them supported to manage their laundry in a way that was more suitable to them and choose when and how much snacks they wanted.

(Further detail of these examples have been included in the *'What residents told us and what inspectors observed'* section of the report).

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was made available and was up to date with all the

required information.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

For the most part, there were satisfactory governance and management systems in place in the centre that ensured the service provided was safe and effectively monitored.

However, the provider had not ensured that the service was appropriately resourced to meet the residents' needs at all times. There had been four staff vacancies in the centre, however on the day of the inspection, due to recent recruits, this had reduced to two point five.

The vacancies were impacting on areas of service delivery including areas of local governance and management. On review of a sample of team meeting minutes, the inspector saw that these meetings provided a good place for shared learning amongst staff regarding the care and support provided to residents, safeguarding, infection control and training but to mention a few. However, the inspector found that team meetings had been taking place less frequently than planned and was informed by the person in charge that this was primarily due insufficient staff cover during these times.

On the day of the inspection, the inspector found that the provider had not ensured that there were systems in place to ensure the safe evacuation of residents from all areas of the centre at all times. As a result an urgent action plan was issued to the provider to provide assurances under Regulation 28 that the concerns relating to the safe evacuation of residents was appropriately addressed. At the time of writing the report, the provider had submitted further information and assurances.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Most of the residents were provided with a contract of care for the centre they were living in however, where a resident transitioned from another of the organisation's designated centres in December 2021, they had not yet been provided with a contract of care for this centre.

The provider was currently in the process of reviewing the way residents' contracts of care were set out. This was to better ensure that residents were fully informed of the service they could expect to receive, and of the fees payable.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Quality and safety

The inspector found that overall, the residents' health and wellbeing was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, improvements were needed to ensure the safety of residents at all times, and that there were adequate means of escape in all areas of the designated centre, should a fire break out.

The inspector found that all firefighting equipment and fire alarm systems in the

designated centre were appropriately serviced and checked. A new alarm system had been installed in one of the single occupation apartments. Fire safety checks took place regularly and were recorded appropriately. Fire drills were taking place at suitable intervals. The mobility and cognitive understanding residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow.

However, on the day of the inspection, the evacuation routes from two areas of the house required urgent attention; a sitting room in the main building and a bedroom in the annex area of the house. Both these rooms had no direct access to the evacuation route and as such did not provide adequate means of escape in the event of a fire. Subsequent to the inspection, the provider provided further information and assurances.

The inspector reviewed a sample of residents' personal plans and saw that they included an assessment of each resident's health, personal and social care needs and that overall, arrangements were in place to meet those needs. The plans were regularly reviewed and residents and their family members, were consulted in the planning and review process of their personal plans. Where a new resident moved into the centre in December 2021, they had been provided with a comprehensive transition plan, which included a copy in a format that met the residents' assessed communication needs.

Arrangements were in place to support and respond to residents' assessed support needs. This included the ongoing review of behaviour support plans and adverse incidents. Where residents were provided with positive behaviour support plans, the inspector found that they included clear guidance and information to support staff appropriately and safely respond to residents' assessed support needs. In addition, where appropriate, residents were provided with a version of their positive behaviour support plan in a format that best met their communication needs.

The inspector found that where restrictive practices were being used, they were based on the centre's and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

The inspector found that, for the most part, the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were satisfactory contingency arrangements in place for the centre during the current health pandemic. Policies and procedures and guidelines in place in the centre in relation to infection prevention and control clearly guided staff in preventing and minimising the occurrence of healthcare-associated infections. Overall, the inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the resident.

There were cleaning schedules in place and, for the most part, there was evidence to demonstrate that staff were adhering to the schedules however, some gaps were found. In addition, to ensure the centre was conducive to a safe and hygienic environment at all times, some of the fixtures and fittings in the house required a deeper clean and in some cases, upkeep and repair. This was to ensure that all surfaces could be effectively cleaned, to minimise the risk of the spread of infection to residents and staff.

On the day of the inspection, and in line with the expressed preference of a residents, only two of the three houses were visited by the inspection. The inspector found that the design and layout of the designated centre ensured that residents could enjoy living in an accessible, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and overall, enabled a good quality of life for residents living in the centre. There had been a number of improvements to the upkeep and repair of the centre since the last inspection, and in particular to some of the outdoor facilities made available to the residents.

Regulation 17: Premises

Overall, the designated centre was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. Two residents were provided with a single occupancy living space and three residents shared the main house. The residents living environment provided appropriate stimulation and opportunity for the residents to rest and relax. Since the last inspection there had been a number of improvements to the centre, including paintwork, new furnishings, new flooring and upkeep and repair to some of the fixtures and fittings.

The inspector observed some areas of the house that required upkeep and repair however, these have been addressed in Regulation 27 as they impacted on infection prevention and control measures.

Judgment: Compliant

Regulation 27: Protection against infection

There was a small amount of upkeep and deep cleaning issues observed by the inspector during the walk around of the designated centre which meant that the centre was not conducive to a safe and hygienic environment at all times.

For example, in a resident's bedroom and en-suite, patches of mould were observed in between the sheets of perspex and the windows. In addition, not all surfaces could be effectively cleaned, which in turn, posed a potential risk of the spread of infection to staff and residents. For example, the area surrounding the door frame in

the same bedroom had chipped and peeling paint.

On review of the cleaning schedule, the inspector found that there were some days where the required cleaning tasks had not been marked as completed. For example, in September and October 2022, there were times where the staff bathroom, sitting room, laundry room and kitchen had not been marked a cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

On the day of the inspection the inspector found that the systems in place for the prevention and detection of fire required attention. In particular, to the evacuation routes from two areas of the house. This had been identified with the provider on the last inspection and follow up work was completed to both room's windows however, on the day previous to the inspection an external fire expert advised that the follow up work had not provided adequate evacuation routes.

On the day of the inspection, floor plans and evacuation routes were reviewed and an urgent work order was put in place for structural work to commence within four days to ensure that there were adequate evacuation routes from the two rooms. These plans were subsequently changed and the provider was required to urgently address the risk.

Subsequent to the inspection the provider followed up with information and assurances through an urgent compliance plan response.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Overall, the inspector found that residents' personal plans were found to be person-centred in nature and that the reviews of plans were conducted in a manner that promoted the meaningful participation of each resident.

Residents were provided with future planning meetings which included multidisciplinary input. These meetings reviewed residents' goals and objectives.

Residents personal plans included an "about me" section which included their likes and preferences. On a monthly basis, residents were provided the opportunity to meet with their keyworker to engage in a consultation meeting about the progress of their goals.

In addition, each resident's personal plan was reviewed regularly through a local

auditing system to ensure their effectiveness and that all items contained in the plan were up-to-date.

Judgment: Compliant

Regulation 7: Positive behavioural support

There had been improvements organisationally to the review of restrictive practices.

The practices were reviewed on a monthly basis through monthly practice returns and managers' reports. The information for the monthly practice returns was collated by the positive behaviour support team and represented in the monthly practice return report. The overview report was monitored monthly at the practice support meetings and any actions for follow up were identified and implemented.

Each restrictive practice was reviewed at least every six months and once yearly as part of residents' future planning meetings.

The restrictive practice register was reviewed twice a year by the practice support team at their meetings in April and November.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had put in place safeguarding measures in place to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected their dignity and bodily integrity.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review.

Where there had been an safeguarding incident, it had been followed up appropriately and notified to HIQA within the required timeframe.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Paddocks OSV-0002064

Inspection ID: MON-0028917

Date of inspection: 19/10/2022

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: Current relief staff contracts are changing to part time and full time flexible contracts this will support the designated centers vacancies as well as continuous improvement towards continuity of care</p> <p>Recruitment and retention remains a top priority for the organisation and regular HR/Operational meetings will continue to take place to review existing recruitment and retention strategies and continuously explore new strategies.</p> <p>Upon completion of the pay restoration process in 2023 the organisation plan to return to incremental pay increases to promote the retention of staff.</p> <p>A Review of the current service rota is taking place to explore the creation of more attractive roles to further attract potential applicants,</p> <p>The organisations job advertisements have been updated to reflect the organisations ethos and to ensure all employee benefits are listed to make the advertisements more attractive to potential applicants,</p> <p>The human resources department are liaising with new platforms and recruitment agencies to further promote successful recruitment for the designated centre</p>	
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
 A Staff training that is due refresher document will be displayed in the office for staff to identify training requirements and complete during the required timeframe.

Ensuring mandatory training is up to date will be a key part of the criteria for incremental pay increases, this will be communicated during practice supports and performance reviews

The weekly managers checklist will be updated to include identifying staff training needs and identifying refresher training required for completion,

Provider unannounced audits will identify staff training needs and refreshers due and highlight the findings in the report, the audit tool will be updated to reflect discussions with staff about their training needs and promote staff ownership of training completion

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:
 Current relief staff contracts are changing to part time and full time flexible contracts this will support the designated center vacancies as well as continuous improvement towards continuity of care

Recruitment and retention remains a top priority for the organisation and regular HR/Operational meetings will continue to take place to review existing recruitment and retention strategies and continuously explore new strategies.

Upon completion of the pay restoration process in 2023 the organisation plan to return to incremental pay increases to promote the retention of staff.

A Review of the current service rota is taking place to explore the creation of more attractive roles

The organisations job advertisements have been updated to reflect the organisations ethos and to ensure all employee benefits are listed to make the advertisements more attractive to potential applicants,

The human resources department are liaising with new platforms and recruitment agencies to further promote successful recruitment

The fire door in the annex has been upgraded to a FD30

The door between the kitchen and the living room in the main house has been removed to make it one room in the main house

A new break glass unit will be installed in the bedroom in the annex as an additional risk measure ,

SU consultation will be completed with residents twice yearly to discuss fire evacuation and ensure understanding of evacuation plans,

The organisation will continue to have all fire detection and fire extinguishing systems serviced and reviewed as required in line with fire regulations,

Assessment of need will be completed annually or sooner as required with residents to ensure that current evacuation systems are adequate

Regular fire drills will continue to take place with residents and any risks or recommendations identified during fire drills will be acted upon and risk measures implemented, the fire drill record will continue to record the location of the fictional fire and ensure the resident is exiting through the nearest fire exit.

Health and Safety Audits and 6 monthly provider audits will be updated to include review of the fire officer sign off on works completed. The Health and Safety audit and 6 monthly provider audits will reflect the requirement for an LD1 fire alarm system and ensure that no bedrooms in the designated centre are inner rooms.

The fire escape window in the Annex will be replaced with an external door, with a thumb turn lock and a new call point will be installed at this exit.

Resident Personal Emergency Egress Plan will be updated to reflect exiting through the nearest fire exit .

Interim measures implemented to mitigate risk while works are progressing, resident PEEP has been updated to reflect exiting through the fire escape window, fire drills will be carried out with the resident exiting through the fire escape window and SU consultation will be carried out with the resident to check and support his understanding of exiting through the fire escape window. The risk assessment will be reviewed and updated to reflect these risk measures and the current fire safety systems in place.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The six monthly unannounced provider audits will be updated to reflect checking review

dates of contracts of care

The organisation will complete a review of all contracts of care for all designated centres in January 2023

A review date has been added to the new contract of care template to ensure that moving forward these are reviewed at regular intervals

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The daily cleaning checklists will be updated to reflect guidance that if cleaning hasn't been completed as assigned this will be handed over for night duty staff to complete,

The managers weekly checklist will be updated to check all daily cleaning checklists to ensure that any gaps in records are discussed with staff and actions are implemented to prevent reoccurrence,

The 6 monthly unannounced provider audit tool will be updated to identify any gaps in daily cleaning checklist and ensure that where this has occurred there is evidence of follow up and actions assigned.

The 6 month unannounced provider audit tool will be updated to ensure that all surfaces can be effectively cleaned,

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The fire door in the annex has been upgraded to a FD30

The door between the kitchen and the living room in the main house has been removed to make it one room to ensure effective evacuation procedures

A new break glass unit will be installed in the bedroom in the annex as an additional risk measure ,

Regular fire drills will continue to take place with residents and any risks or

recommendations identified during fire drills will be acted upon and risk measures implemented, the fire drill record will continue to record the location of the fictional fire and ensure that the resident is exiting through the nearest fire exit.

SU consultation will be completed with resident twice yearly to discuss fire evacuation and ensure understanding of evacuation plans,

The organisation will continue to have all fire detection and fire extinguishing systems serviced and reviewed as required in line with fire regulations,

Assessment of need will be completed annually or sooner as required with residents to ensure that current evacuation systems are adequate

Any risks or recommendations identified during fire drills will be acted upon and risk measures implemented,

Health and Safety Audits and 6 monthly provider audits will be updated to include review of the fire officer sign off on works completed. Health and Safety audit and 6 monthly provider audits will reflect the requirement for an LD1 fire alarm system and ensure that no bedrooms in the designated centre are inner rooms.

The fire escape window in the Annex will be replaced with an external door, with a thumb turn lock and a new call point will be installed at this exit.

Residents Personal Emergency Egress Plan will be updated to reflect exiting through the nearest fire exit .

Interim measures implemented to mitigate risk while works are progressing, resident PEEP has been updated to reflect exiting through the fire escape window, fire drills will be carried out with the resident exiting through the fire escape window and SU consultation will be carried out with the resident to check and support his understanding of exiting through the fire escape window. The risk assessment will be reviewed and updated to reflect these risk measures and the current fire safety systems in place.

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	01/03/2023
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	01/03/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	30/01/2023

	training, including refresher training, as part of a continuous professional development programme.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/03/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/04/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/01/2023
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/01/2023

	residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	28/04/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	28/04/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	28/04/2023