



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

## Issued by the Chief Inspector

Name of designated centre:	Laois Respite/Family Support Service (Adults & Children) - Area K
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	24 August 2023
Centre ID:	OSV-0002725
Fieldwork ID:	MON-0031770

## About the designated centre

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

This centre is a large bungalow on the outskirts of a rural town. Its stated objective is to provide residential respite services to both children and adults. Ordinarily, respite is facilitated by children and adults alternating the weeks they attend the service. This is in line with the centre's conditions of registration. The centre endeavours to provide a home from home experience to all individuals who avail of the service. Due to COVID-19 pandemic and other factors, at the time of this inspection, the respite service was not available to children. Adult respite service was available albeit, at a much reduced capacity. This is further discussed under capacity and capability further on in this report. The centre sits on a large site with ample parking to the front and is surrounded by a number of garden areas, such as a sensory garden, a children's play area and an area of lawn. In addition, an external building is used as a sensory room. There is capacity for five individuals at any one time. There are five single bedrooms, all at ground floor level, plus an additional bedroom for staff to sleep over. There is a large open plan kitchen, dining area and a small sitting room. An additional large living area is available and can be used as a playroom or as an alternative sitting room. The staff in the centre are committed to ensuring that as far as possible, an individual experiences continuity of their daily routine such as going to school or going to work or day services. The core function of the service is to provide respite as a means of providing individuals with the opportunity to develop new relationships and experiences, while maintaining existing ones.

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

Number of residents on the date of inspection:	4
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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 24 August 2023	10:30hrs to 17:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

This inspection was an announced inspection carried out to inform the providers application for the renewal of registration of this centre. The person in charge was available on the morning of inspection to support the process and had all documents available for the inspector to review. Overall the residents reported that they were happy and well supported and cared for in this centre and enjoyed attending for respite.

This centre provides residential respite services to both children and adults on alternate weeks. On the previous inspection children were residing in the centre, on this occasion adults were availing of the service. The residents are provided with their own bedroom for their stay and on arrival the residents each have a welcome meeting and an inventory of their personal belongings is taken. The inspector met with all four adults during the course of the day and found them to be very happy and content in the centre.

Three of the four residents were facilitated to attend day service while in the centre and one resident had an integrated service from the centre on the week they resided there. The inspector observed the resident who remained at the centre enjoying very person centred support, they had deep pressure hand massage in the morning which they appeared to really enjoy. They went out during the day and had lunch and on return were noted to be relaxing in a comfort chair listening to their favourite music play list on their phone with headphones. There was also a multi sensory room in a garden room external to the house for the residents to use as they wished and which they really enjoyed.

The other residents returned in the afternoon and were supported in a very respectful manner to get snacks, drinks and to have relaxation time after a busy day of activities. The residents bring in their own games and one resident had a bingo game with them. The staff were observed to engage in all the residents favourite activities and when the inspector was leaving the residents were getting ready to go out for dinner to a local restaurant in the house vehicle. The residents brought in photo albums and pre-loaded fire sticks to watch their favourite movies on the television. There is computer/Internet access available to all the residents. The residents enjoyed going to the cinema, bowling, picnics in the mountains and attended the Arch club disco regularly.

There was a very relaxed atmosphere in the centre throughout the day and the residents were very content to chat with staff and the staff knew their familiar routines, likes and dislikes. The staff were very kind toward the residents and supported them in a very person centred way, assisting them to make decisions about what they wanted to do in the evening and where they would like to go. The staff on duty were very approachable and when the inspector spoke to them they were able to outline each residents background, diagnosis and communication methods. The residents each choose their own room for their stay and in one of the

rooms the inspector noticed a wooden board to illustrate to the resident how many days they were in and how many were left of their weeks stay. The resident enjoyed taking off the wooden peg for each day and showed it to the inspector, it was a very effective visual aid to support the residents understanding.

In summary, the inspector found that the residents' were very happy in the centre and that care and support was provided to a very good standard. The staff team were very respectful toward the residents, promoted their independence and facilitated them to live meaningful lives. The inspector noted that the residents were consulted in the running of the centre and played an active role in decision-making within the centre.

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 to each resident living in the centre.

## Capacity and capability

The centre was well resourced and well managed to ensure that residents received a very good standard of care and support. The person in charge had good oversight and monitoring of the centre and ensured that the residents had a good quality of life and had meaningful relationships.

The person in charge was very well known to residents and staff and spent a lot of time in the centre. There was a robust management structure in place and very clear lines of accountability. There was regular core staff team who were very knowledgeable regarding the residents needs and had a very good relationship with them. Staff members said that they felt supported in their role through a process of regular supervision, team meetings, training and key worker meetings. All staff had training appropriate to their role and had also undertaken external training themselves in play therapy and relationships and sexuality for persons with a disability. The provider ensured that the staff received continuous professional development training including webinars and information sharing sessions. The provider facilitated training in capacity and decision making for staff and intended to review options around human rights training also.

On the day of inspection the provider had records available for the inspector to review in relation to staff and residents. All records were maintained to a high standard and met the requirements of the regulations.

The provider had completed an annual review of the quality of care in the centre and two unannounced audits. Action plans devised from the audits was complete on the day of inspection. One of the actions was to ensure the training schedule was up to date and staff training was in date and this had been completed. There was regular medication audits, infection prevention and control audits and fire safety

checks. The annual review assessed the leadership governance and management of the centre as well as the health and development of the residents and found a good standard of care and support was provided to residents. The unannounced audits considered the view's of residents through the process of a satisfaction questionnaire, these were returned and positive feedback was received from them.

The provider had ensured that each resident had a contract of care prior to moving in to the service and there was meeting to ensure they were clear on the services that were to be provided. These contracts were discussed and agreed by the provider and the residents and their representatives prior to commencing respite visits to the centre.

Notifications and incidents were reviewed on inspection and found evidence of learning from adverse events. There was a limited number of incidents however when incidents occurred there was review completed by the person in charge and team. If necessary the designated officer and safeguarding team would be notified or a referral made to the psychiatrist if a review was required. The Chief Inspector had been notified of all adverse incidents or events to date.

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

The provider had submitted a complete application in a timely manner to renew the registration of this centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge facilitated the inspection on the day and was found to be very knowledgeable regarding the residents needs and was well known to the residents. The person in charge was full time, had the required qualifications, experience and had worked in the centre for a number of years. They had a very good relationship with the residents and were supported in their role by a regional manager.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector reviewed four weeks of the staff rota on inspection and found that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout

of the designated centre. There was continuity of care from an established staff team who knew the residents since they came as children to the respite service. They were very knowledgeable regarding the residents social and health care needs.

Judgment: Compliant

### Regulation 16: Training and staff development

On review of the training records the inspector found that the staff had completed training in fire, medication, safeguarding and infection prevention and control. There was a detailed training record maintained including certificates of centre staff and a record of continuous professional development training completed such as sign language (LAMH), fundamentals of advocacy, capacity and leadership training. Staff attended team meetings 6 weekly and supervision was scheduled regularly with the person in charge for practice support and guidance.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a sample of records kept in relation to staff in accordance with schedule 2. The provider had ensured records were maintained in relation to staff who were employed in the centre and that there were records kept of qualifications, references and garda vetting and their employment history. The records also outlined when the staff member commenced employment and in what role. The inspector also found that the records in relation to residents (schedule 3 and 4) were appropriately maintained. There were details of the residents diagnosis, admission details, inventory of belongings, incidents which may have occurred and each residents individual needs.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured that all required audits were completed and an action plan was derived from them which was used as a monitoring tool for continuous improvement. There was evidence of completion of actions on the day of inspection such as follow up on work to be done to the premises. There was a clearly defined management structure in the centre and the residents received a very good standard of care and support. There were clear reporting pathways which staff



members were fully aware of if they required to escalate any matter. Questionnaires issued to residents and family members gave very good feedback regarding the service provided with one family member saying the resident has a smile on their face when going into respite.

Judgment: Compliant

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

There were contracts of care in place for all residents which clearly outlined fees to be paid and were signed by the residents. The contract of care also outlined the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident. These supports were in line with the resident's assessed needs and the statement of purpose.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications were reviewed prior to the inspection and discussed on the day of inspection. The person in charge had a clear understanding of the the adverse incidents that were to be notified.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care in this centre was being provided to a very high standard. The residents were happy availing of respite in the centre and were supported by staff who knew them well and provided a consistent approach. Although the residents enjoyed their respite stay the inspection highlighted areas for improvement such as the dated flooring and kitchen and the requirement for a visual schedules and supports.

There were communication passports in place in the centre and easy read documents to aid residents understanding of various matters. However the annual review highlighted the need for visual supports for one resident in particular although observed that most residents would benefit from their use. There was information displayed in regards to rights, assisted decision making and health related matters such as vaccinations. Residents were well informed and had an

independent advocate available to them if they required support.

The residents personal possessions were respected in the centre and their medication, personal electronics, monies, clothing and personal effects were all recorded on arrival at the centre at the welcome meeting. There was very good oversight and records were collated at the end of the residents stay to ensure they had all their belongings going home.

The residents had an excellent social life while in respite where they met friends and went on outings. When the person in charge and staff had their monthly meeting to schedule the respite visits they tried to facilitate friends coming into respite at the same time so that they had the opportunity to spend time together. Residents with whom the inspector met on the day told the inspector they had trips and get together and documentation reviewed on the day confirmed this. Records of activities and meal planners indicated that the residents enjoyed a good quality of life in this respite centre.

The premises were clean and warm and homely however the kitchen was dated and the flooring had ridges that may pose a issue in terms of mobility and infection prevention and control as they were difficult to clean. The residents bedrooms were comfortable and bright and they personalised them with their belongings when they came in for a stay. They residents choose their own bed linen and each room had lovely curtains and cushions. The gardens were beautiful and well maintained and there was lovely new pergola for residents to sit out. Both house and garden were well maintained and clearly the staff took great pride in creating a lovely environment for the residents.

Risk was managed very well in this centre, there was a risk register which identified all risk to be assessed and an in date risk management policy. The provider recognised that risk is an unavoidable aspect of opportunity and everyday life and sought to promote person-centred risk management. Residents were actively supported by staff to optimise community participation, be mindful of risk taking but balance opportunity and safety. The provider put in place supportive measures to reduce the potential negative consequences of risk and promote the potential benefits of taking appropriate risks. Risks assessed including community safety, risk of absconding, falls and fire safety. There was some use of restrictive practice in the centre such as bed rails and bumpers, this was assessed against the need to maintain residents safety and was reviewed regularly to ensure it was the least restrictive option.

Infection prevention and control (IPC) was maintained to a good standard in this centre. The centre was visibly clean and there were good systems and processes in place to maintain oversight of IPC. The staff team were knowledgeable regarding IPC and maintained very good systems of laundry management and cleaning schedules.

Fire management was prioritised in this centre, there were working fire doors throughout the centre and regular fire drills completed with an evacuation time of under 1 minute. There were adequate number of fire extinguishers for the size of

the building and regular in house fire checks were done daily to ensure no fire exits were blocked and no doors were wedged open and the fire panel was functioning correctly.

There was system in place for transfer of medication from home to the day centre and onto the designated centre and back to the residents home at the end of their stay. A form was completed once medication came into the day service and a stock count done and again once the medication arrived at the centre. All medication was signed for and a record kept and on return home to parents they would count the medication in and sign the medication transfer form. The inspector reviewed the medication administration records and found all medication was administered and signed for appropriately.

There was an assessment of need completed for each resident and a personal plan developed. As this was a respite centre the personal plan had limited information because the family members of the residents were their main carers. As the residents needs changed the staff updated the plan to reflect these changes and put support plans in place for eating, drinking and swallowing and personal intimate care. The residents needs were well supported in this centre and staff maintained good records.

Residents were supported to attend healthcare appointments as required and to maintain recommendations from clinicians such as general practitioners, dietitians and speech and language therapists. Residents were supported with a healthy diet and to take medications as prescribed and reminded to continue good oral health and facilitated to go for walks in the centre.

Consistency of approach is very important when supporting residents with behaviour management. Some behaviours were not recognised as such as the residents did not reside permanently in the centre and the behaviour had continued from childhood and was accepted as part the residents presentation. The behaviour in question could restrict the resident engaging in their community and needed to be reviewed by the appropriate professional in positive behaviour support.

Staff members were all trained in the protection of vulnerable adults and children as it was mixed centre. They were fully cognisant and could speak clearly about the safeguarding measure in place to safeguard the residents. They knew what to do and who to refer a safeguarding concern to and had regular discussions with residents regarding self protection.

Residents rights were respected in this centre and they were encouraged to be as independent as possible. The residents were being invited to attend sessions about rights and advocacy and to give feedback to facilitate change. The residents were very involved in decision making within the centre and encouraged in this.

## Regulation 10: Communication

The residents communication needs could be better met in the centre with the use of visual supports. One residents positive behaviour support plan stated that they can get anxious if they do not understand the activities for the day and that this could be supported with a visual activity planner. The person in charge committed to addressing this immediately.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

Each resident in the centre had access to and retained control of personal property and possessions. A welcome meeting was held on arrival for their stay in respite and an inventory of belongings was completed. This included finances and where necessary, support was provided to manage their finances for the duration of their stay in respite. Receipts were kept for purchases and records of finances were typed up on the internal system on each shift. The inspector observed a staff member completing the process on the day of inspection and found it very comprehensive.

Judgment: Compliant

### Regulation 13: General welfare and development

Three of the four residents in respite on the day of inspection attended day service and the fourth resident had a integrated day service from the centre while on respite. The residents used local amenities while in the centre such as playgrounds, parks and restaurants. There was a beautiful garden on site with table and chairs which the residents used and a multi sensory room which the residents enjoyed. The residents general welfare and development was supported to a high standard while on respite in this centre.

Judgment: Compliant

### Regulation 17: Premises

The inspector did a walk around of the centre and found that overall it was clean and well maintained. However the flooring throughout the centre was dated and had bumps and hollows in it and the kitchen was also dated although both were clean. There was an external multi sensory room which was great addition for residents. There was a beautiful well maintained patio and garden with a newly added pergola for the residents to enjoy. There was adequate storage space for residents and

ample communal space for residents to have visitors if they so wish.

Judgment: Substantially compliant

### Regulation 20: Information for residents

There was an easy read residents guide available and information regarding the complaints system and the complaints officers details. The confidential recipients details were clearly displayed alongside information regarding advocacy and rights. Residents had regular meetings with staff and were fully involved in the running of the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a robust risk management system in place guided by a regularly reviewed risk management policy. All identified risks were assessed and control measures put in place. The centre encouraged positive risk taking and residents rights were maintained and residents were not restricted in carrying out activities due to risk. Community awareness and safety was a risk for some residents but the person in charge had provided education and support around this to residents thus reducing the risk. Financial risk was also assessed and measures put in place to mitigate the risk of financial abuse. Each resident completed an assessment of financial decision making ability to ensure financial independence. There was also a system in place for responding to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The inspector reviewed cleaning schedules and infection prevention and control protocols and found that the the centre maintained very good infection prevention and control. Audits were completed to ensure practices were in line with policy guidance. Laundry management was highlighted recently as an area that could be improved and the person in charge had addressed the issues by purchasing an outdoor unit in which to store laundry baskets and other items. On the day of inspection a staff member was doing laundry and practices were observed to be in line with protocols. Staff spoken with were knowledgeable regarding good IPC practice and it was prioritised in the centre and was on the agenda for all team

meetings.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire management systems were in place in the two houses visited including fire alarms, fire blankets, fire extinguishers, emergency lighting and fire containment measures. Fire drill records reviewed indicated low evacuation times. Servicing records for the fire equipment indicated that they were serviced within the required time frame. Personal egress plans were in place for all residents which outlined all the information required for them to be safely evacuated in the event of a fire.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Medicines management practices were reviewed in the centre. It was noted that appropriate secure storage was provided and the medicines' storage was observed to be neatly organised with a sample of medicines reviewed seen to be appropriately labelled and in date. Stock checks were being completed for medicines and a return of discontinued medicines protocol was in place. A sample of medicines' documentation reviewed indicated that medicines were being administered as prescribed and all the required information was written on the medication administration record. Monthly medication audits were completed and an assessment for self administration was completed for all residents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had an assessment of their social, health and care needs completed and a comprehensive personal plan developed from this. It was difficult for the staff team to achieve consistency of approach as residents only came to stay for a week at a time. The personal plan was reviewed annually and achievable goals were set for the residents stay in respite. Staff members facilitated the achievement of these goals during the residents stay and kept a progress log. A communication book was kept between the centre and families so that information was current and staff members updated the personal plan as required.

Judgment: Compliant

### Regulation 6: Health care

Residents healthcare needs were supported in this centre although as this is a respite centre, family still retain overall responsibility for health care. The team however are very involved in supporting residents to attend appointments as necessary and were in the process of arranging a dietetics appointment for a resident who requires support to lose weight prior to surgery. As the residents have been availing of respite services for many years the staff are aware of their ongoing health care needs however they still have an annual review of each residents health care needs. Residents were supported to attend appointments with their general practitioner, dietitian and psychiatrist.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Guidance on how to support residents to engage in positive behaviour was available with staff spoken with demonstrating a good knowledge of this. However there were no formal positive behaviour support plans in place. Some behaviours of concern required to be reviewed by a behaviour specialist as they had not been recognised as such.

Judgment: Substantially compliant

### Regulation 8: Protection

There was one active safeguarding plan in place on the day of inspection of which the staff had full knowledge. The provider had appointed a designated person to refer any safeguarding concerns to. All staff were facilitated to receive safeguarding and Children First training and were fully aware of the control measures in place to safeguard the residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The residents were supported in this centre to make decisions and have their voice heard. There was a welcome meeting on arrival for their respite stay and residents got to choose their bedroom and what activities and meals they would like for the duration of their stay. While the staff did not have human rights training they had attended decision making and capacity seminars and in the coming weeks residents have been invited to attend 'Your Rights - Your Choice' sessions. These sessions endeavour to empower residents to identify their rights and any rights restrictions and to find solutions to any rights restrictions placed on them.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Laois Respite/Family Support Service (Adults & Children) - Area K OSV-0002725

Inspection ID: MON-0031770

Date of inspection: 24/08/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The Person in Charge will ensure responsive picture format communication is in place to respond to service user's needs. Communication needs will be highlighted in each individual's care plan as required.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Service Provider will develop a maintenance plan for the Designated Centre. The Area Director and Person in Charge will meet with the Maintenance manager to highlight and action priority areas.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in charge has referred the relevant service users to the Positive Behaviour Support Team and invited the Team to review Behaviour Support strategies already in place within the Centre. The Psychology Team and the Positive Behaviour Support Teams are currently reviewing support strategies including staff training regarding responding to Behaviors of Concern and values based and responsive relationships.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	10/01/2024
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 internally.	Substantially Compliant	Yellow	19/04/2024
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents	Substantially Compliant	Yellow	10/01/2024

	to manage their behaviour.			
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