



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

Issued by the Chief Inspector

Name of designated centre:	Clochatusce Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	25 April 2022
Centre ID:	OSV-0004072
Fieldwork ID:	MON-0036764

About the designated centre

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

Clochatuisce Services is a designated centre run by Ability West. The centre comprises of one large bungalow which provides full time residential care for up to six male and female residents, over the age of 18 years with an intellectual disability. Clochatuisce can provide accommodation for those with a range of medical and physical needs. The centre is located on the outskirts of Galway city and is located near local public transport services and amenities. Each resident has their own bedroom with access to a shared shower room. Each resident bedroom has overhead hoist and includes double doors for emergency exit. There are shared communal areas and a garden space which is wheelchair accessible. The centre has it's own mode of transport to support residents to access community based activities. Clochatuisce Services has a team of staff who are on duty both day and night to support residents who live in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Monday 25 April 2022	09:30hrs to 16:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing compliance with the regulations. The centre comprises of a single storey house located on the outskirts of Galway city. There were five residents accommodated on the day of inspection, one resident was residing on a part-time basis and another resident was in hospital. The inspector met with the person in charge, staff on duty, a relative and the five residents living in the centre.

On arrival at the house, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering. Daily monitoring of staff and residents for signs and symptoms of COVID-19 were continuing to take place.

From conversations with staff and residents, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life. Residents were supported to live person-centred lives where their rights and choices were respected and promoted. Many of the residents had high support needs and the inspector was satisfied that those needs were being met. A family member who was visiting on the day of inspection spoke of his satisfaction with the care, support and service provided.

The inspector met with five residents during this inspection. Some residents were unable to tell the inspector their views of the service but appeared in good form, content and were observed to be at ease and comfortable in the company of staff. Staff were observed to interact with residents in a caring and respectful manner.

The inspector met and spoke with one resident who had moved into the house in recent years. They had their own individual living room in the house. The resident spoke briefly with the inspector on their own terms. They told the inspector that they enjoyed going out to the shops to buy soft toys, jewellery and getting takeaways. They spoke of enjoying watching television and looking out the glass doors at the bird feeders. The resident was observed to be supported by one to one staff in line with their personal plan and appeared comfortable in their environment.

There were stable staffing arrangements in place and the inspector noted that staff knew the residents well. There was an atmosphere of friendliness in the house visited. Staff spoken with were very knowledgeable regarding residents support and health care needs, wishes, preferences and interests. Throughout the day, staff were observed spending time and interacting warmly with residents, responding to and supporting their wishes. Three staff from the day services normally facilitated residents with a day service from the house during the weekdays.

On the morning of inspection, some residents were up and were being supported to have their breakfast in the kitchen area while others were still in their bedrooms in line with their preferred routines. Following breakfast some residents relaxed in the

communal day room listening to music, others were supported to go for a walk in the local area and others were being supported with personal care. Another resident sat in the kitchen relaxing with a cup of tea.

The inspector observed residents being supported with their lunch time meal. The daily and weekly menu was documented which showed that a choice and variety of meals were offered. All residents had been assessed by the dietitian and speech and language therapist (SALT). Staff were knowledgeable regarding the nutritional needs of residents including those who required modified and specialised diets as well as the recommendations of the dietitian and speech and language therapist. Modified consistency diets were attractive and nutritious in appearance. Staff confirmed that residents were also supported to eat out and get takeaways.

During the afternoon, some residents enjoyed a nap in line with their preferences and usual routines, others went out for a walk while some residents enjoyed their weekly reflexology session.

Residents were supported to engage in meaningful activities that they enjoyed both in the centre and in the community. The centre was located in an area with good access to a range of facilities and amenities. There was easy access to a range of shops, restaurants, hotels, coffee shops, post office, pharmacy and other businesses. It was close to a local sea side resort where residents liked to visit for walks and get ice creams. Residents were supported to go for regular walks, drives to places of interest, go shopping, eat out, visit the hairdresser, and cinema. The centre had its own mini bus which residents could use to go for drives and visit places of interest. Residents were also supported to partake in activities that they enjoyed in the centre including music therapy sessions, jacuzzi baths, reflexology, art, nail painting and gardening.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was facilitated in line with national guidance. There was space for residents to meet with visitors in private if they wished. Some residents received regular visitors to the centre, while others were supported to visit family members at home. The inspector noted that a relative visiting the centre was welcomed and provided with refreshments.

The inspector observed that the rights of residents were respected and promoted by staff. Residents had access to information, television, radio and the Internet. There was a range of easy-to-read documents and information supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as the complaints process, COVID-19, staffing information, how to keep safe and the human rights charter were made available to residents. Staff had established residents' preferences through the personal planning process, ongoing communication with residents and their representatives. Each resident had their own bedroom and the inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Staff interactions with residents throughout the day were dignified, staff were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for support. Residents could access religious services of their choice and

some residents enjoyed visiting the local church to light candles.

The centre was a comfortable single storey house with well-maintained gardens. The external areas of the house were well maintained with colourful flower pots at the entrance area providing an inviting entry. The centre was warm, visibly clean, spacious, furnished and decorated in a homely style, well maintained and visibly clean. There was a variety of communal spaces available for residents, a well equipped kitchen, dining room, and laundry room. Residents had their own bedrooms which were spacious, comfortably decorated and personalised with residents own family photographs and other personal belongings of significance to them. Each resident had access to a shared accessible shower room. There was a separate well equipped and spacious bathroom with jacuzzi bath. Residents had access to a garden area to the rear of the house. The inspector observed that an array of potted summer plants were ready to be planted. The person in charge advised that they had plans in place to provide some raised garden beds, plant a sensory garden and provide new outdoor furniture.

The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. Overhead ceiling hoists were provided to all bedrooms and some bathrooms to safely assist residents with mobility issues. Specialised equipment including beds, mattresses and a variety of specialised individual chairs were provided. All residents had their own individual equipment including hoist slings and shower chairs. Service records reviewed showed that there was a service contract in place and all equipment had been regularly serviced. Corridors were wide and clear of obstructions which promoted the mobility of residents using specialised chairs and wheelchairs.

Throughout the inspection, it was evident that staff continually strived to ensure that the care and support provided to residents was person-centred in nature and effective in meeting their needs.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the Regulations. The inspector noted that issues identified at the last inspection in relation to the process for admissions to the centre was being followed in relation to a new resident who was currently staying part-time in the centre as part of their transition plan.

The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were

accountable to. However, arrangements in place for the day-to-day management of the centre required review. The post of the person in charge was not full-time as set out in the statement of purpose and as required by the regulations. While the person in charge worked full-time in the centre and she had the necessary qualifications and experience to carry out the role, she also worked as a social care worker on both day and night shifts. There were only 12 hours per week assigned to her management role, to ensure effective oversight, operational management and administration of the centre. The person in charge had identified this issue as a risk and had brought it to the attention of the senior management team. There was no designated staff member working in the house, for example, a team leader to support the person in charge in her role. The person in charge was supported in her role by a senior manager, the assistant director of client services. The on-call management arrangements in place also required review. While there were arrangements in place for out of hours at weekends, there were no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

On the day of inspection, there were sufficient, suitably trained staff on duty to support residents' assessed needs in line with the statement of purpose. Staff spoken with confirmed that the current staff team knew the residents well. Staffing rosters reviewed indicated that this was the regular staffing pattern. However, some staff rosters were not dated, some did not include the role description of staff and the staff member in charge of each shift in the absence of the person in charge was not identified.

Training was provided for staff on an ongoing basis. There was a training schedule in place for 2022. The training matrix reviewed identified that staff had completed all mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review dated February 2022 had been completed. Unannounced audits were being carried out twice each year on behalf of the provider. Quality improvement plans as a result of these reviews had been addressed. For example, the contingency plan had been reviewed, repairs had been completed to the house, individual shower chairs had been provided for residents, and cleaning schedules for individual items of shared equipment such as the Jacuzzi bath had been implemented. The person in charge continued to regularly review identified risks, health and safety, infection prevention and control, accidents and incidents, restrictive practices, medication management and fire safety. Records reviewed indicated a high level of compliance with audits.

The provider had developed a comprehensive contingency plan to guide staff on the prevention and management of COVID-19. The contingency plan had been kept under regular review and updated accordingly.

The inspector was satisfied that there was an effective complaints procedure in

place to manage complaints. There were no open complaints at the time of inspection.

Regulation 14: Persons in charge

The post of the person in charge was not full-time as set out in the statement of purpose and as required by the regulations. While the person in charge worked full-time in the centre and she had the necessary qualifications and experience to carry out the role she also worked as a social care worker on both day and night shifts.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The management team were committed to on-going training of staff. All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including medicines management, various aspects of infection control, wheelchair harnessing, use of hoists, epilepsy management and feeding, eating, drinking and swallowing difficulties.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place required review to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. The post of the person in charge was not full-time as set out in the statement of purpose and as required by the regulations. There were only 12 hours per week assigned to the role, to ensure effective oversight, operational management and administration of the centre. There were no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector was satisfied that there was an effective complaints procedure in place to manage complaints. There were no open complaints at the time of inspection. There was an easy read information leaflet available explaining clearly how to make a complaint. The complaints procedure was displayed in a prominent place in line with regulations. There was an easy read version of the complaints procedure available in picture format.

Judgment: Compliant

Regulation 15: Staffing

Staffing rosters reviewed indicated that there was a regular pattern of staff who knew the residents well. However, staff rosters required review to ensure that they were complete and properly maintained. Some rosters were not dated, some did not include the role description of staff. The staff member in charge of each shift was not identified on the rosters.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents received a good quality service, that their care and support needs were met and that there were suitable arrangements in place which ensured a safe and person-centred service.

Overall the inspector found through a review of documentation and discussion with staff, that residents were well cared for and had support plans in place for assessed needs. Staff spoken with were familiar with and knowledgeable regarding residents up to date health care and support needs. Personal plans in place were detailed and person centered. Personal plans had been developed in consultation with residents, family members and staff. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed.

Residents had access to General Practitioners (GPs) and a range of allied health services. A review of a sample of residents files indicated that residents had been regularly reviewed by the dietitian, speech and language therapist (SALT), occupational therapist (OT), physiotherapist, psychologist and chiropodist. Residents had also been supported to avail of the national health screening and vaccination programmes. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided.

Residents' nutritional needs, were assessed, their weights were monitored regularly and plans of care had been developed as required based on these assessments and monitoring outcomes. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. The inspector observed these recommendations being implemented in practice.

The person in charge regularly monitored incidents and accidents including falls. Falls risk assessments and care plans were regularly updated. Bed rails were in use for some residents assessed as being at high risk of injury from falling from bed. There were clear rationales and protocols documented for the use of the bed rails including evidence of input from a multidisciplinary team. While staff outlined that safety checks were regularly carried out at night time, there were no risk assessments completed in line with national policy for the use of bed rails. All restrictive practices had been reviewed by the restrictive practice committee however, some reviews were out of date and did not have up-to-date approval from the committee.

Residents that required supports with behaviours of concern had comprehensive support plans in place, which had a multidisciplinary input and were reviewed as required. The plans detailed specific strategies to support residents and aimed to ensure that any possible impact of behaviours on other residents were minimised. Staff had received training in the management of behaviours, and staff spoken with demonstrated an awareness of the strategies required to support residents. In addition, staff were noted to be supporting a resident with behaviours of concern in a manner as outlined in their individual plan.

The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. It was comfortable, visibly clean, spacious, bright, furnished and decorated in a homely style. Overhead ceiling hoists were provided to bedrooms and bathrooms to assist with mobility. Specialised equipment including chairs, beds, mattresses, bath and showering equipment, and grab rails were provided. There were service contracts in place which showed that equipment had been regularly serviced.

There were systems in place to control the spread of infection in the centre including guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' for signs and symptoms of COVID-19. The person in charge had systems in place to monitor and oversee infection, prevention and control. The building and equipment used by residents was found to be visibly clean. Staff spoken with were knowledgeable regarding infection prevention and control systems in place for laundering of clothes. There were systems in place for regular flushing of pipe work to reduce the risk of Legionella.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat

each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. During the inspection residents spent time doing things they enjoyed including listening to music, relaxing and interacting with staff, having their nails painted and partaking in a reflexology session. Residents were supported to go for drives and walks in the local area, visit local businesses including shops, restaurants and coffee shops. Residents were also supported to visit local hairdressers, the cinema, pet farm, go swimming and local church.

Overall, there were good arrangements in place to manage risk in the centre. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, infection prevention and control policies, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated. However, risk assessments had not been completed in line with national policy for the use of bed rails.

The person in charge demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Training records reviewed indicated that all staff had completed fire safety training. Staff and residents spoken with confirmed that they had been involved in fire safety evacuation drills. Regular fire drills had been completed simulating both day and night time scenarios. The building was designed and constructed with two fire zones and all bedrooms were provided with double doors to the outside to facilitate bed evacuation.

Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members, while others were supported to regularly visit family at home. The inspector observed that a relative visiting the centre was welcomed and provided with refreshments.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs. The centre was close to a range of amenities and facilities in the local and surrounding areas. The centre also had its own dedicated vehicle, which could be used by residents to go on outings and attend activities.

Judgment: Compliant

Regulation 17: Premises

The centre was designed to meet the needs of the residents. It was found to be clean, suitably decorated and maintained in a good state of repair. It was well equipped with aids and appliances to support and meet the assessed needs of the residents. There were service contracts in place which showed that equipment had been regularly serviced. Residents had access to a variety of communal day spaces as well as as the garden area. The laundry room was well equipped and maintained in a clean and organised condition.

Judgment: Compliant

Regulation 26: Risk management procedures

While there were systems in place for the assessment, management and ongoing review of risk in the centre, risk assessments had not been completed in line with national policy for the use of bed rails.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place to control the spread of infection in the centre both on an ongoing basis and in relation to COVID-19. Infection control information, guidance and protocols were available to guide staff and staff were observed to implement it in practice. All staff had received relevant training in various aspects of infection control. There were cleaning schedules and protocols in place for cleaning and disinfection of surfaces and equipment. There was a colour coded cleaning system in place and staff were knowledgeable regarding the systems in use. Cleaning equipment was appropriately stored and systems were in place for

laundrying of mop heads.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had fire safety management systems in place. Daily, weekly and monthly fire safety checks were being carried out and recorded. The fire equipment was serviced annually and fire alarm was services on a quarterly basis. Fire exits were observed to be free of obstructions. All staff had completed fire safety training and all were knowledgeable regarding the evacuation needs of residents.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Comprehensive assessment of the health, personal and social care needs of each resident had been carried out. Individualised personal plans had been developed for residents based on their assessed needs. Care and support plans were found to be informative and person centered. Regular meetings were held to review progress of the goals. Systems were in place to record evidence of consultation with residents and their families with regard to review of their personal plans.
Judgment: Compliant
Regulation 6: Health care
Residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care appointments. The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had access to general practitioners (GP), healthcare professionals and consultants. Residents were supported to access vaccination programmes and national screening programmes.
Judgment: Compliant
Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had support plans in place. The support plans had been developed in consultation with the multidisciplinary team. Plans were informative, identified triggers and included supportive strategies to guide staff in managing behaviour of concern. All staff had received training in managing behaviours of concern. Staff continued to ensure that any possible impact of behaviours on other residents were minimised.

Judgment: Compliant

Regulation 8: Protection

The person in charge had ensured that all staff had received training in relation to safeguarding of residents and the prevention, detection and response to abuse. The person in charge was aware of the statutory requirement to notify the Chief Inspector of allegations of abuse. The inspector was satisfied that a notification made to the Chief Inspector in December 2021 had been investigated and managed in line with the safeguarding policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The inspector observed that the residents interactions with staff were seen to have an individualised and person-centred approach. The privacy and dignity of residents was well respected by staff. All residents had their own bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and ask permission before entering bedrooms. Residents had access to advocacy services and information regarding their rights.

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	
Regulation 14: Persons in charge	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 15: Staffing	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clochatuisce Services OSV-0004072

Inspection ID: MON-0036764

Date of inspection: 25/04/2022

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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <ul style="list-style-type: none"> • A review of the Statement of the purpose was undertaken to ensure that the contents were in line of the Schedule 1 of S.I. 367 regulations. The statement of purpose has been amended to reflect these requirements (Version 13) and will be submitted to HIQA in May 2022. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A review of the Statement of the purpose was undertaken to ensure that the contents were in line of the Schedule 1 of S.I. 367 regulations. The statement of purpose has been amended to reflect these requirements (Version 13) and will be submitted to HIQA in May 2022. • There are currently arrangements in place for out of hours on-call weekends. The Senior Management Team and Human Resources Directorate have reviewed and are formalising a formal on-call out of hours rota. In the interim, during weekdays, in the case of an emergency, a local arrangement is in place that if the staff are unable to contact the Person In Charge (PIC), they contact the Person Participating in Management (PPIM). This arrangement is documented with contact details, on display for staff in the service. 	

Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • A review of the staff roster was undertaken to ensure that the roster clearly identified dates and the staff member in charge of each shift, this is now in place, and also it includes the role description of staff. This was completed on 16/05/2022. • Information regarding staff member in charge of each shift was re-iterated to staff team via communication book on 16/05/2022. • The Person in Charge (PIC) and Person Participation in Management (PPIM) will continue to review the staff roster in order to best meet the needs of the residents, this will be done through support meetings. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • Person in Charge has reviewed each of the resident's risk assessments and made changes to ensure that the use of the bed rails are included. • Person in Charge (PIC) and Person Participating in Management (PPIM) will continue to review the risk management plans and risk register on a quarterly basis or more frequently if required, this will be done through support meetings. 	

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Substantially Compliant	Yellow	31/05/2022
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	16/05/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	30/06/2022

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	16/05/2022