



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

## Issued by the Chief Inspector

Name of designated centre:	Fuchsia Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	17 July 2023
Centre ID:	OSV-0004471
Fieldwork ID:	MON-0035500

## About the designated centre

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

Fuchsia Services consists of three houses and provides a residential service to 13 male and female adults. One of the houses is situated in a small village where residents live in walking distance to the community amenities. This house also has buses available to support residents in accessing private appointments or activities. Residents are facilitated to remain at home in line with their wishes and attend day services at their leisure in this house. The other two houses are located within walking distance of each other and a medium sized town. Both of these houses also have transport. A social model of care is provided in the centre and residents are supported by a combination of social care workers, care assistants, a nurse and community connectors. Residents are also supported at night by a staff member in each house on a sleep-in arrangement and in one of the houses a waking night staff is also on duty.

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

Number of residents on the date of inspection:	12
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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
Monday 17 July 2023	10:50hrs to 19:15hrs	Angela McCormack	Lead
Monday 17 July 2023	10:50hrs to 19:15hrs	Eilish Browne	Support

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor the arrangements that the provider had in place to ensure compliance with the Care and Support Regulations (2013). Fuchsia Services consists of three houses one of which is located near a small village while the other two houses are within walking distance of a medium sized town. Fuchsia Services provides a residential service to 13 male and female adults. The inspection was carried out over one day by two inspectors. Inspectors found that the health, wellbeing and social care needs of residents who lived at Fuchsia Services were protected and promoted.

On arrival to the centre, inspectors were greeted by one staff member who reported that the person in charge was on annual leave. The inspection was facilitated by senior management in the absence of the person in charge. However inspectors did get the opportunity to speak with the person in charge and also met and spoke with five members of staff on the day of inspection. Inspectors also met with 12 residents living in the centre. One resident was on holidays with their family at the time of inspection, and one resident who received shared part-time care in one of the houses was not in the centre on the day of inspection. Residents who chose to engage with inspectors spoke of how they enjoyed living in the centre. Inspectors also had the opportunity to observe the daily interactions and the lived experiences of residents in this centre.

Inspectors had the opportunity to visit all three houses throughout the day. On arrival at the first house, two residents were sitting at the kitchen table. One resident was having their breakfast while another resident was playing games on their smart phone. Residents appeared comfortable in their surroundings and staff were observed to interact with residents in a person-centred, attentive and caring manner. Two residents were relaxing in bed while the other resident was away on holidays with their family. Residents in this house were of an ageing profile and the provider ensured that residents' choices were protected and promoted with regard to their daily activities. For example; some residents were supported by staff to remain at home throughout the day while some residents in the house were reintegrating back to an external day service. One resident spoke with an inspector prior to going to their day service. They were travelling there by the centre's vehicle, accompanied by staff. They appeared happy and reported that they were looking forward to going to the day service that day. They said that they liked living at the centre. Inspectors met with all other residents later in the day. One resident was relaxing watching music programmes in the sitting-room and they interacted with inspectors in their own way. Inspectors also spoke briefly with residents who were relaxing in the dining-room. With support one resident spoke about a recent change in their care plan and about foods that they enjoyed. Another resident who had moved to this house since the previous inspection by HIQA, said that they were happy living in the house, when asked. It was reported that the transition went smooth and was a positive experience for the resident. Residents appeared content and relaxed in each other's company and with staff. A family member was visiting

one resident on the day, and they spoke with inspectors. They reported that they were very happy with the supports provided to their family member.

This house (House 1 for the purposes of this report) was well maintained, nicely decorated, clean and homely. Each resident had their own bedroom which had been personalised to their individual preferences and were also a suitable size and layout for the resident's individual needs. Some residents also had their own television in their bedroom. Residents' personal photos and posters of their favourite musicians were proudly displayed throughout their rooms. Although residents had access to a spacious garden to the rear of the property, the garden required some work which the provider had identified in their own audits.

One inspector met with four residents in the second house (House 2 for the purposes of this report) after they returned from day service. One resident showed the inspector around part of the house, including their bedroom which was nicely decorated. The resident said they liked living at the centre adding that they can choose to go to bed when they like. All residents agreed to meet and speak with the inspector and spoke about their day-to-day lives and interests. Residents attended day service and one resident had a job in a local shop, which they worked one day per week. Residents showed the inspector their personal folders, where there were various easy-to-read documents and photographs of personal goals and achievements. Residents all reported that they liked living in the home, that they got on well together and that they would go to staff if they had a concern. One resident who had a part-time residential placement reported that they would like to live in the centre full-time and this was observed and reported to be a goal for them. Residents in this house had two staff supporting them some evenings and weekends, with one staff covering a sleepover shift. The inspector was informed that if residents chose particular activities on days where only one staff was working, that the activity would be facilitated and the staffing made available. One resident spoke about going to Westport on holidays for a few nights recently where they attended a music concert. Other activities that residents reported to enjoy, were going to Knock, doing pottery, attending music concerts, going for drives and out for meals. Two residents were involved in advocacy groups and they spoke briefly about this.

One inspector met with all three residents in the third house (House 3 for the purposes of this report) after they returned from day service. Two of the residents chose to engage with the inspector and expressed their satisfaction with the service being provided to them. One resident gave the inspector a tour of their house, there was a warm and homely atmosphere in the house. The house was recently painted and residents told the inspector that they chose the colours for their bedrooms and the sitting room from a paint colour catalogue. There was good comradery between residents, one resident proudly showed the inspector a photograph of all three residents that was taken at Christmas time. This resident told the inspector that they were best friends in the house and that they enjoyed spending their evenings together. The other resident told the inspector they enjoyed living in the centre, they felt safe and they liked all staff members. They told the inspector about their favourite activities including going to bowling, the cinema, bingo and concerts of their favourite country music star Nathan Carter. They also told the inspector that

they enjoyed the food in the centre and that they were always offered choice with regard to their food choices and meal times. Residents also had access to a garden area with garden ornaments. There was also outdoor furniture where residents enjoyed socialising and spending time together when there was good weather. Residents in this house enjoyed gardening and were growing lettuce and scallions in the garden.

Staff spoken to on the day of the inspection had worked in the service for a number of years and it was evident that they were very knowledgeable of the care and support needs of each resident. Inspectors observed positive interactions between staff and the residents in which staff spoke to residents in a caring and respectful manner at all times. Staff ensured that the rights of residents were protected, promoted and supported and it was clear that this was embedded in the culture of the service. Residents were supported to access religious services of their choice and the inspector saw photographs of a day out in which two residents visited Knock Shrine.

A range of easy-to-read documents, posters and information was displayed in the centre in a suitable format. For example; easy-to read versions of the human rights charter, information on staying safe, bullying, the procedure for making a complaint and infection prevention and control protocols were available to residents. One resident had also attended a National Advocacy Conference in October 2022.

There was also evidence that residents were given every opportunity to participate in their local community. Two residents had taken part in a six week inclusion art programme facilitated by a local artist. One resident was activity involved in the local tidy towns and recently received the 'best participation' award for their involvement in the community. A photograph of the resident being presented with the award was published in the local newspaper. Residents also participated in a local fishing programme, attended their local dementia café and attended a ceile event as part of Fleadh Cheoil.

Overall, inspectors found that Fuchsia Services provided person-centred care and support and residents appeared comfortable and content in their homes.

The next sections of the report describe the governance and management arrangements and about how this impacts on the quality and safety of care and support provided in the designated centre.

## Capacity and capability

Inspectors found that Fuchsia designated centre was well managed, with arrangements in place for the oversight and monitoring of practices. However, the monitoring of staff training and the assessment of risks required improvements.

The local management team had identified that residents' needs were changing in

one location of the centre. Some actions had been identified. This included plans for double doors to be installed in a number of bedrooms in the event that bed evacuation may be required. It was reported also that a request for the person in charge to be full-time supernumerary was in progress. A behaviour support plan reviewed noted that the staffing ratios in this location did not lend itself well to providing individualised care and 1:1 support. It was noted in meeting notes held in February 2023 that a business case was to be submitted to increase numbers in this location. The local management team spoke of some residents being supported to return to day services to try to address this. However, a more comprehensive review of this location was required to ensure that all residents' needs could be met in line with the staffing arrangements in this location.

The person in charge worked full-time and had responsibility for this designated centre only. They were on leave at the time of inspection, but chose to come to the centre to meet with inspectors on the day of inspection. The person participating in management (PPIM) and a service co-ordinator for the provider were available throughout the inspection.

The person in charge had the skills, qualifications and experience to manage the centre. They worked directly with residents and provided nursing support for two shifts per week in one location. They were knowledgeable about the needs of residents and risks that arose from incidents.

The skill mix of staff included nurses, social care workers and community connectors/support workers. In House 1 residents had various health, behavioural and mobility needs, and included one resident who was diagnosed with dementia. An environmental assessment had been completed to review the environment to make it more dementia friendly and recommendations had been implemented.

There were three staff working here during the day with six residents. The staffing skill mix included one staff nurse who worked some days. In addition, there were one waking night staff and one sleepover staff each night. Residents had varying needs, including two residents who required 2;1 hoist transfers and one resident who required 1;1 time to minimise behaviour risks. While the local management team spoke about reviewing the staffing need in this house, as mentioned earlier, a comprehensive assessment was required to assess the emerging risks and issues with the staffing ratio that were highlighted in behaviour reports. This would ensure that all risks affecting residents' care and support were captured and assessed. This is covered under Regulation 26; risk management.

There was a system in place for auditing of practices in the centre, which occurred weekly and monthly. These were completed by the person in charge for each of the three locations that made up the centre. A review of these audits found that in general they were effective in identifying actions for improvement. Areas audited included; fire safety, rosters, incidents, restrictive practices, infection prevention and control (IPC) and finances for example. In addition, there were six monthly 'safe environmental checks' completed for each location to review health and safety.

The provider completed six monthly unannounced visits to the centre in line with the



regulations. The last one completed was in December 2022 where areas for improvement had been identified. This included an action in premises, where a plan for maintenance had been noted. Actions regarding the development of the garden area was in progress for House 1. In addition, House 3 required some work on the paving slabs in the garden to make them level. The management team were aware of the actions required and were in progress of following up on this. The annual review of the service was completed for 2022, and included consultation with residents and their representatives and also included actions, some of which were in progress.

Staff members were consulted about the running of the centre and could raise concerns through team meetings. It was noted through a review of the team meetings that the PPIM also attended. Staff spoken with said they felt well supported.

Staff were provided with training to support them in their role. The person in charge spoke about training that they had identified for staff in one location in relation to dementia care. The completion and oversight of some other staff training required improvements. For example; a review of the training matrix found that some staff were due training in behaviour management and refresher training in fire safety. Some of the training gaps had been identified with plans for some staff to complete behaviour management training in September; however some other gaps had not been identified until the inspection. The monitoring of this required further improvements to ensure that all staff had the required training.

In summary, inspectors found that there were arrangements in place for oversight and monitoring of all parts of the centre; however some improvements as noted above were required.

#### Regulation 14: Persons in charge

The person in charge commenced in their role in November 2022. They had the experience, qualifications and skills to manage the designated centre. They had responsibility for Fuchsia designated centre only and they were found to be knowledgeable about the needs of residents living there.

Judgment: Compliant

#### Regulation 15: Staffing

The centre was found to have the numbers of staff to support residents at this time. There was an actual and planned rota in place which was found to be well maintained.

However, a review of the staffing ratio to residents due to recently changing needs in one location required further review. This is covered under regulation 26; risk management.

Judgment: Compliant

### Regulation 16: Training and staff development

An up-to-date training record was not available on the day; however this was made available to inspectors the day after inspection and reviewed. The following was found in relation to staff training:

- A number of staff required refresher training in behaviour management. For example, from a review of the training matrix, eight staff required refresher training, with three reported to be scheduled on the next training in September 2023.
- One locum staff had not completed behaviour management training and was reported to be scheduled for this in September 2023.
- Thirteen staff required refresher training in fire safety, two of whom were overdue this training since September 2022.

While it was reported that some staff been scheduled for behaviour management training in September, some of the training gaps had not been identified until the inspection.

Judgment: Not compliant

### Regulation 23: Governance and management

In general, there were good arrangements for oversight and monitoring by the person in charge and the provider; however the following was found;

- Staff training requirements for some staff had not been identified through management reviews and monitoring arrangements.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

A statement of purpose and function was available at the designated centre. It was recently updated in February 2023 and accurately described the designated centre's

aims, objectives and services provided. It also included all required information as outlined in Schedule 1 of the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Compliant

### Regulation 31: Notification of incidents

Inspectors found that all events that were required to be submitted to the Chief Inspector of Social Services had been completed as required in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had effective systems in place to address and resolve issues or concerns raised by residents or their representatives. The complaints process in place was user friendly and was presented to residents in an accessible format. It was displayed prominently throughout the designated centre. There was no evidence of any complaints made in 2023. There was also a fair and objective appeals process in place.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that Fuchsia designated centre provided a good quality service where residents' needs were kept under ongoing review. The service provided was found to be person-centred and strived to support residents to engage in activities that were meaningful to them and that would enhance their general welfare and development. Completion of actions to enhance the garden areas, and a more comprehensive review and assessment of residents' various needs and the staffing arrangements in one location, would further enhance the care and support provided.

The person in charge ensured that assessments were completed on each resident to assess their health, personal and social care needs. There were a range of care and support plans in place where the need was identified. Residents were supported to identify personal goals through personal planning meetings and reviews. A review of documentation, and residents spoken with said, that they attended meetings about

their care and support.

Inspectors found that residents' healthcare and overall wellbeing were promoted in the centre. Residents in two locations attended day services or work each day. In another location, residents were supported to do activities at home and some residents had recommenced availing of an external day service. In addition, residents were supported to access a range of allied healthcare professionals, including community healthcare supports such as public health nursing and palliative care as required. Residents were supported with recommendations made to enhance their health. There was easy-to-read information for residents who had healthcare needs to help to support their understanding. One family member met with complimented the supports provided to their family member at times when the resident's healthcare needs had changed.

Residents who required supports with behaviours of concern had comprehensive behaviour support plans in place. These were found to be kept under review and up-to-date. Residents who required multidisciplinary therapy team (MDT) input had this in place, including input by behaviour specialists where required.

There were a number of restrictive practices in place in the centre for various residents. These were found to be kept under review and monitored regularly by the provider and local management team to review that they were proportionate to any risk identified. It was noted that some restrictive practices had been reduced recently following reviews, which demonstrated ongoing monitoring in this area.

Safeguarding of residents were promoted through incident reviews, staff training and the implementation of policies and procedures in safeguarding. The person in charge had instigated an investigation for a safeguarding concern that arose in March 2023 and had been notified the Chief Inspector of Social services in line with the regulations. This investigation remained in progress and actions were taken to ensure residents' protection. Ongoing monitoring of one resident's behaviours was occurring, to assess if there was any negative impact on others living in this house.

There were good arrangements in place to promote fire safety in the centre. This included management audits for reviewing fire safety arrangements at weekly and monthly intervals. A review by a fire officer had been completed recently in one location, and actions identified to further ensure safe evacuation. This included actions to put in double doors in some bedrooms and to address a possible obstacle for evacuation of a comfort chair at the exit doors. These actions had been noted on the fire risk assessment as additional controls required to further minimise risks.

In summary, this inspection found that Fuchsia service provided a good quality and person-centred care and support to residents. Some improvements in the premises, staff training and risk management would further enhance the safety and quality of care provided.

## Regulation 13: General welfare and development

Residents were found to be provided with opportunities for leisure and recreation in line with their wishes, interests and developmental needs. Residents in two houses attended an external day service each day. One resident spoke about a job that they had in a local shop that they really enjoyed. In addition, there were plans for residents in one other house to return to day service with some having commenced this and reported that they enjoyed this.

Residents reported to enjoy a wide range of activities of choice, such as going to the cinema, attending concerts, going on holidays and day trips to various amenities of choice. In addition, residents had opportunities for leisure and recreation in their homes such as doing art work, baking, gardening, playing games on technology and residents had access to music players and televisions.

Judgment: Compliant

### Regulation 17: Premises

Overall, all three houses were found to be well maintained, clean and spacious for the needs of residents. However, the following was found in relation to premises;

- The back garden area in one house required work to ensure that it was well maintained.
- The back garden paving slabs in one house required review to ensure that they were level and did not create a trip risk.

The provider was aware of these actions and the local management team spoke about plans to progress this.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Overall, there were good arrangements for the management of risk in the centre, which included plans to respond to a range of emergency situations. In addition, there was a risk register for each location of the centre, where assessments had been completed on identified risks. These were found to be kept under regular review. However, as noted earlier in the report, the following was found;

- The risk of residents' changing needs and current behavioural needs being unmet with regard to the staffing ratio in one house required further review to ensure that all risks were comprehensively assessed. For example; a review of behavioural incidents that occurred in February 2023 with a member of the MDT team found that an increase in one resident's behaviour

incidents appeared to coincide with other residents' increased support requirements.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place in each location of the centre, which were found to be kept under regular review. Fire drills were completed regularly which helped to ensure that residents could be evacuated to a safe location. Each resident had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on the arrangements to ensure a safe evacuation from the centre. Residents spoken with were aware of what to do in the event that the fire alarm went off.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment of the health, personal and social care needs was completed for each resident. The personal plans were also subject to regular review and reflective of individual and person-centred care. The provider ensured that the designated centre was suitable for the purposes for meeting the assessed needs of each resident for example an environmental assessment was completed for one resident who was diagnosed with dementia. The provider had implemented a number of recommendations from this assessment including visual aids at eye level to indicate each room and changing the lighting to ensure that it was of a dementia friendly design.

Judgment: Compliant

### Regulation 6: Health care

The registered provider ensured that the appropriate healthcare was made available for each individual resident. GP services formed part of the service provided to all residents. Residents also had access to services provided by allied health professionals including palliative community care, physiotherapy, audiology, speech and language therapy, occupational therapy and chiropody.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents who required supports with behaviours of concern had comprehensive behaviour support plans in place which included input from behaviour specialists. Behaviours of concern were under ongoing review through incident review and analysis.

Restrictive practices in place in the centre were found to be assessed and kept under review to ensure that the least restrictive option was used for the shortest duration.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected through staff training, the ongoing review of incidents and discussions at team meetings and residents' meetings about safeguarding. Where concerns of a safeguarding nature arose, these were found to be responded to and reported to the designated officer.

In addition, consultation with the designated officer had been completed recently to review if one resident's behaviours may impact the other residents in the house. As a result, a tracker document was in place to monitor this behaviour and to review the possible impact on others, and this was found to be under ongoing review.

Residents had access to easy-read information about safeguarding and abuse. Residents had intimate and personal care plans in place, which detailed the supports required in this area. Residents spoken with said they felt safe in the centre and would go to staff if they had any concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were consulted about the running of the centre through regular residents' meetings where information about the centre was shared and choices about their day-to-day lives were discussed.

Residents spoken with enjoyed a range of activities that were individual to them and

their personal preferences with regard to their faith and interests. For example; some residents were supported to go to visit religious amenities in Knock and some residents were active participants of advocacy groups.

Judgment: Compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially 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 Fuchsia Services OSV-0004471

Inspection ID: MON-0035500

Date of inspection: 17/07/2023

## 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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A full review of the training needs within this designated centre has been carried out. A plan has been developed to ensure all mandatory and essential trainings will be completed within a specified timeframe. This will be completed by 30/09/2023</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new governance audit tool has been developed to ensure all training needs are captured. The local management team will receive training in how to generate a current and accurate training matrix, which is reflective of staff training needs. This can then be monitored on a regular basis by the local management team.</p> <p>This will be completed by 30/09/2023</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Quotations and plans are being prepared for garden works in two houses within this designated centre. Works will commence on procurement of a suitable contractor. These works are planned for completion by 01/04/2024

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The structure of people's daily schedule within one service has changed as some people supported have now resumed attending their day service in line with their will and preference. An updated risk assessment has been completed that is reflective of the additional day service staffing resource. 01/08/2023

This will be monitored regularly and updated as per changing needs of people supported within the designated centre.

In addition, a full interdisciplinary meeting will be scheduled with the management team to review ongoing future planning for people in two houses in this designated centre. 31/10/2023

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/09/2023
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	01/04/2024
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	Substantially Compliant	Yellow	30/09/2023

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/08/2023