Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bealach Beag
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	08 June 2023
Centre ID:	OSV-0007889
Fieldwork ID:	MON-0030898

About the designated centre

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

Bealach Beag provides full time residential care for up to four adults with an intellectual disability. It is a two-storey house with five bedrooms situated in a suburb of Co. Dublin. It is close to a number of local amenities such as shops, hairdressers, coffee shops and restaurants. Residents have access to a bus to and the house is close to good public transport links including a railway station and bus routes. Residents are supported by social care workers and care staff 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 8 June 2023	10:40hrs to 18:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection. This was the third inspection of the centre since it opened in late 2020. There were three residents living in the centre at the time of the inspection, with one long-term vacancy. Residents had moved to this community house from a large, congregated, campus-based setting.

The inspector met with two residents during the inspection. One resident was in hospital at the time of the inspection. Residents were introduced at times during the day that fitted in with their individual daily routines. There were three staff members supporting the residents during the inspection, and the inspector spoke with two staff members and observed their interactions with residents. The centre had a very pleasant atmosphere, and staff chatted in a casual and encouraging manner with residents.

Similarly to the previous inspection, residents remained involved in cooking, baking and the upkeep of their home. Staff reported that residents had a sense of enjoyment from these activities. In the residents' previous living environment, meals were prepared mostly by a chef at set times in a large kitchen. On arrival, the inspector was introduced to one resident in the dining room. They were preparing ingredients to bake a cake. Staff informed the inspector this activity was part of their goal to develop a cookbook of low-sugar desserts as a health promotion goal for a health condition. The inspector was offered some of the cake when it was made. The inspector also observed residents preparing lunch and snacks with staff.

There was a calm presence in the house, and at times residents were heard to vocalise their needs to staff which were responded to promptly. Residents were reported to get along well with each and were used to each others' needs due to having lived with each other for a number of years. Residents chose not to interact for long periods with the inspector, and this was respected so as not to impinge on their daily routines and chosen activities. The inspector was able to observe interactions between residents and the staff team. These were observed to be positive in nature, and all interactions were observed to be respectful while promoting the residents' means of communication. Staff spoken with were knowledgeable of the support needs of the residents and the measures in place for the day-to-day operations of the centre.

There was a large garden space out the back of the house that included a rockery with potted plants. The inspector was informed that residents enjoyed spending time in the garden with staff. One resident was observed sitting near a patio door, helping staff with watering plants during the inspection.

The person in charge had identified that individualised activities for residents and

their meaningful day could be improved upon, and this had been actioned. It was clear from speaking with staff that the priority for residents was to ensure they were facilitated to explore and develop their interests. Of the staff who met with the inspector, they each were very familiar with each resident's preferences for social activities and endeavoured to ensure that the weekly scheduling of social interactions, were very much based on the interests of residents, so as to maximise the potential of their social interactions. The inspector was informed that a favourite activity of residents was to attend their local hairdressers, and residents were supported with this environmental change. Previously, residents had a hairdresser attend their campus-based setting. Staff detailed that residents liked to go for coffee or lunch as part of this outing.

All three residents were of retirement age and chose not to engage in formalised day services programmes. Instead, residents were supported from their home by staff to take part in centre and community-based activities in line with their will and preferences. One resident liked to travel to mass that had a choir. Another resident attended autism-friendly film screenings at a cinema and was being supported to attend a similar initiative being run by a large supermarket chain.

During the inspection, the inspector was made aware of an intimate care check practice being completed on a monthly basis by healthcare assistants on all residents. On further investigation of the practice, the inspector identified that staff were not trained in such an examination, and the practice originated as a legitimate control measure implemented when residents were living on campus. While the measure was initially performed by nursing staff, it was unclear how it continued in the absence of clinical oversight. The inspector brought this to the attention of the person in charge at feedback, and the inspector was informed that the practice would be ceased immediately

The inspector observed the physical environment of the house to be clean and in good decorative and structural repair. The house was homely and welcoming. Throughout the communal areas, there were photographs, pictures, ornaments and memorabilia that were important and meaningful to residents. Residents' bedrooms were bright, tastefully decorated and well-kept.

A family survey was undertaken in 2021, and relatives of all residents were invited to participate. There was one response to this survey which indicated that they were overall satisfied with the support being provided with an acknowledgement of the service provider's response to the COVID-19 pandemic and how their family member was supported during this time. The director of quality, risk and safety visited the centre and met with all three residents during the annual review for 2021.

In summary, through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that they were striving to ensure that residents lived in a supportive and caring environment. Initiatives and goals had been implemented to support the residents in becoming active participants in their new community. Throughout the day, the inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring

interactions.

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

Capacity and capability

There were good management systems in place to ensure that the service provided to residents in the centre was safe, consistent and appropriate to their needs. However, some improvements were required in the effectiveness of the oversight systems.

This centre was last inspected in September 2022 as part of a programme of inspections directed at the national standards in infection prevention and control in community services. The findings of that inspection were positive; the inspector found that there were good infection prevention and control measures in the centre and that residents were content and comfortable in their home.

Over the previous year, there had been a number of key personnel changes in the centre that impacted on the operations of the centre. Since the centre opened at the end of 2020, five changes in the persons in charge had been notified for the centre. Some of these held dual higher management positions and acted as the person in charge until the post was recruited. While they endeavoured to visit the centre weekly, the absence of a full-time person in charge was evident in the outcomes of reviews and audits completed in the centre in 2022.

A full-time person in charge was in place from October 2022 until June 03 2023. Prior to the inspection, the provider notified the Chief Inspector of Social Services that the person participating in management (PPIM) had been appointed as the person in charge as an interim measure. The PPIM was very familiar with residents' care and support needs having previously worked as the person in charge of the centre.

As discussed during the inspection, due to the ongoing recruitment of the post, a new person in charge had not yet been identified. The provider was aware of the large management remit of the PPIM and was committed to appointing a suitable person for the position. The PPIM was also the person in charge of two other designated centres on an interim basis. However, their main role was as a clinical nurse manager as part of the governance structure of the provider's large congregated campus setting. During the inspection, the PPIM had to return to the campus for some time to carry out the duties and responsibilities of their main role.

The PPIM met with the previous person in charge on a regular basis to monitor any issues that were arising and track actions that were completed or required completion or escalating. During the period the person in charge had been absent,

the PPIM had ensured that the audits had been completed and were up-to-date when they had taken on the role while it was under recruitment.

The provider had made arrangements for the implementation of statutory required monitoring systems. This included the annual review of service provision and six-month unannounced visits to the centre. A detailed six-monthly unannounced visit had taken place in December 2022 to review the quality and safety of care and support provided to residents. The inspector noted the audit quality was of a high standard, with clear rationale and evidence of the method used, findings and areas for improvement. The audit also reviewed the progress on actions identified on the previous six-month review. The auditor found that, overall, due to the absence of the person in charge, it was difficult to ascertain what tasks were completed and which were ongoing.

Many of the staff working in this centre had worked with the residents for many years as they transitioned with the residents from campus into the community house. As a result, staff were very familiar with the residents and their assessed needs. This had a positive impact for residents, as it provided them with continuity of care by ensuring they were consistently supported by staff who knew them well.

In order to support the centre's staffing arrangement due to two vacancies, relief and agency staff were required to meet the rostering needs of this service. To ensure this did not impact residents, regular relief and agency staff, who were familiar with the service and the needs of residents, were allocated to provide this additional support. Over the course of the inspection, the inspector had the opportunity to speak with individual staff members. Each were found to be very knowledgeable of residents' assessed needs and spoke respectfully about residents' preferred daily routines. Of the interactions observed by the inspector, the staff interacted in a friendly and respectful manner with residents.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff to ensure the delivery of quality, safe and effective service for the residents. Overall, staff training was up-to-date including refresher training.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to register this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

Although the appointed person in charge knew the residents and their assessed needs well and demonstrated strong knowledge of their regulatory responsibilities, given the additional responsibility they also held for other services operated by this provider, this placed limitations on their capacity to effectively oversee and monitor this centre.

Judgment: Substantially compliant

Regulation 15: Staffing

There was a core staff team available to support the needs of the residents. There was an actual and planned rota in place which reflected some of the changes being made due to unexpected or unplanned events. The inspector reviewed a sample of staff rosters and found that staffing arrangements included enough staff to meet the needs of the residents. There were two staff vacancies in the centre, totalling a whole-time equivalence of 1.5 staff (WTE). There was evidence that regular relief and agency staff were used to cover any gaps while recruitment was underway to allow for consistency when providing care and support to residents.

A review of Schedule 2 files took place prior to the inspection and were found to contain the required information. However, the provider did not have formal arrangements in place to ensure Schedule 2 information and documents were available for agency staff used in the centre. While the person in charge was able to request some of these records from the agency recruitment provider during the inspection, not all were retrievable for the inspector to review.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence of ongoing review of staff training requirements for 2023. All staff had completed mandatory and refresher training as required by the provider, including on-line training in human rights. Any staff requiring refresher training in any areas had scheduled training dates supplied to them.

The provider had self-identified gaps in supervision and team meetings in 2022, with none having occurred between September 2022 and January 2023. The inspector noted an improvement in the frequency of these events for 2023. Staff spoken with were able to locate a copy of the Health Act as amended 2007. Information was available to staff on regulatory notices communicated by the Chief Inspector, infection prevention and control and assessment judgement framework used by inspectors.

The person in charge identified that an increased handover between team members was required to ensure staff were aware of changes if they had been off shift for some days. They also recognised that staff meeting agendas minutes required review to ensure staff were appropriately informed of what was discussed during meetings when absent.

Judgment: Compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

While there had been gaps in the day-to-day governance of the centre resulting in missed audits, training, supervision and meetings relating to the quality and safety of the centre in 2022, the inspector found these were well known by the provider and therefore actioned. The inspector noted that improvement to these areas had been completed in recent weeks within the centre by the current named person in charge. A compliance tracker was used to monitor actions from audits to ensure that they were progressed and achieved. The inspector observed that 22 actions rising from a variety of auditing sources had been completed, two were not due at the time of the inspection, and six were identified as being late for completion.

The provider had completed an annual review of the quality and safety of care and support in the designated centre as legally required. The inspector identified that, similar to other inspections in the provider's designated centres, improvements were required to the timeliness of these reviews. The purpose of the review is for the provider to measure their performance against the national standards and to identify areas for ongoing improvement. While the annual review for 2021 was completed by a senior management team member, involving a visit to the centre and provided a clear centre-specific overview, it was completed in September 2022. As a result, there was a delay in identifying some actions resulting from a 2021 operational and system review perspective. The schedule for the 2022 review was also impacted as a result of this delay.

As mentioned previously, there had been two extended periods without a full-time appointed person in charge in post in the centre since 2020. Due to the large remit of the interim current person in charge and difficulties experienced by the provider in recruiting persons in charge, the inspector was not assured that the provider

could effectively resource the centre.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The centre had one vacancy, and the person in charge discussed the transition of one resident, which had taken place over a number of months but ultimately had not been progressed to the resident moving in. The inspector found a good level of consultation and engagement with the resident and also good oversight of the admission process in line with the centre's statement of purpose and the current needs of the residents living in the centre.

Residents had a written agreement with the provider that outlined the terms of residency. The fees and charges that were the responsibility of the resident had been outlined in the agreement. The care and support that the residents would receive were detailed in the agreement.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some amendments were made during the inspection to clarify the name of the person in charge in two places.

The governance structure of the centre contained within the statement of purpose required review to ensure it was accurate. While a CNM1 post appeared within the staffing arrangements, this role had been vacant for a number of years and did not appear on the centre's organisational structure.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented. For the most part, the policies had also been reviewed within the prescribed time frame, with all of the 21 required policies, bar

one, having been reviewed.

Judgment: Compliant

Quality and safety

The inspector found that residents enjoyed living in this centre, and they were supported to engage in a good range of activities. They were also active in their local communities, with residents assisted in accessing local facilities and services. Residents chose their activities in accordance with their will and personal preferences.

The inspector found effective fire safety arrangements in place and ongoing monitoring of the systems to ensure they were appropriate to meet residents' needs. The provider increased staffing numbers at night as an interim measure to support a resident following surgery, as their evacuation needs had changed as they recovered from the surgery. Regular fire drills were occurring in the house and the outcome of these gave assurances to the provider, that in the event of fire, staff could support all residents to evacuate the centre, in a timely manner.

Assessments of residents' care needs had been carried out, which informed the development of personal plans. The inspector viewed a sample of the residents' assessments and care plans. The plans were up to date and provided sufficient guidance for staff in order to effectively support residents with their needs. The residents' healthcare needs were well met in the centre. Residents had access to medical practitioners, dentists, and other health and social care professionals as required. Each resident's plan provided information regarding the resident's day-to-day care, health and social care needs, and communication needs and outlined the level of support required to meet these needs. The inspector found that one healthcare plan required review to ensure it provided sufficient detail to staff in supporting a resident with a healthcare condition.

Where required, positive behaviour support plans were developed for residents. Staff also completed relevant training in behaviour support to support them in this area. A sample of behaviour support plans were reviewed. They had been recently reviewed and outlined proactive approaches to prevent or reduce the likelihood of an incident occurring, and also response plans to be implemented if required.

The provider had ensured effective systems were in place to guide and support staff on the timely identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents.

The inspector found the residents, visitors and staff were protected by the risk management policies, procedures and practices in the centre. There was a central risk register which had just been updated in line with residents changing needs and any incidents in the centre. In addition, residents had individual risk management

plans in place, which were reviewed recently and updated to ensure the risk control measures were relative to the risk identified. The risk management policy contained the required information, and arrangements were in place to identify, record and learn from incidents or adverse events in the centre.

Regulation 11: Visits

The layout of the house offered residents to have the opportunity to meet with their visitors in private, if they so wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents' personal development was promoted through the actions of the staff team and management of the centre. The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation. Residents were also supported to develop and maintain personal relationships and links with the community. A review of records also indicated that they were out and about in the local area and community on a daily basis.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs and objectives of the service and the number and assessed needs of residents. Rooms were of a suitable size and layout and included suitable storage arrangements. The house is located in a mature, quiet residential cul-de-sac, a short walk from local amenities for residents.

The ground floor comprises of a living room, dining room, small bathroom, kitchen, staff office and small visitor area directly off the dining room. There is also a bedroom downstairs with an en suite bathroom. A separate building to the rear of the house consists of a laundry room and a multi-purpose room with an adjoining bathroom. The upstairs consists of four bedrooms, one of which is used as a staff sleepover room, and two bathrooms.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One resident was in hospital at the time of the inspection. The inspector found that the resident received continued care and support from the registered provider and staff during their stay in the hospital. This included advocating on behalf of the resident, allied health professional reviews, including physiotherapy and occupational therapy and one-to-one support from the staff team. Social stories regarding the temporary discharge had been devised for the resident to better understand what was happening.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge held responsibility for managing risks within the centre and comprehensive risk assessments were in place for issues which had the potential to impact upon resident's individual safety or the overall delivery of care. Risk assessments were subject to regular review and they were also amended to reflect where changes in care had occurred. For example, an assessment by a physiotherapist had been completed for residents at risk of falls. Assessments completed by a speech and language therapist were in place where risks of choking had been identified.

Judgment: Compliant

Regulation 28: Fire precautions

The provider was found to have good measures in place to protect residents and staff in the event of a fire. The person in charge had prepared evacuation plans to be followed in the event of the fire alarm activating, and each resident had their own evacuation plan which outlined the supports they may require in evacuating. Regular fire drills were completed, and the provider had demonstrated that they could safely evacuate residents under day and night time circumstances. A minimal staffing fire drill took place in May 2023, with no issues reported. Staff were aware of evacuation routes and the individual supports required by residents to assist with their timely evacuation.

Regular reviews of fire safety action plans, including night-time evacuation plans, were consistently documented. In addition, fire safety measures were regularly audited for effectiveness. The six-month unannounced audit in December 2022 identified that locked side gates could impede the successful evacuation of

residents. The inspector observed these had been replaced with keypads to avoid the requirement to fetch and operate keys in the event of a fire. There was evidence that fire safety was discussed at staff and resident meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was evidence of residents collaborating and being informed with easy-to-read documentation relating to their personal goals, and person-centred information was available for each resident. Each resident was supported by a key worker, and all personal plans were subject to regular review. The person in charge had a schedule of when each annual review was due to be completed in 2023. There was consistent documentation of each resident's goal progression, with monthly references to residents' views, interactions and responses being recorded.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were met through timely access to healthcare professionals and the ongoing monitoring of their healthcare needs. Residents had an annual review of their healthcare needs with their general practitioner (GP), and had access to a range of professionals such as a physiotherapist, optician, speech and language therapist, dentist and chiropodist. Regular reviews with allied healthcare professionals had been facilitated, and healthcare plans were updated based on the recommendations made by professionals. Records of health appointments attended to by residents were documented in their personal files.

When residents had an identified healthcare need, these, for the most part, were supported by an appropriate plan of care. The inspector viewed a diabetic care plan and found it required additional details relating to normal values of blood sugar readings and the protocol to take if the readings fell outside of these values. Care plans relating to high blood pressure and oxygen levels contained the relevant details and emergency responses.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Actions from an inspection in May 2021 whereby positive behavioural support plans were absent or had not been reviewed by the relevant healthcare professional had been completed.

Residents were supported with their behaviour and emotional needs, and could access the services of a psychiatrist and a behaviour support specialist. Behaviour support plans were developed by the behaviour support specialist, and were in line with risk assessments. Behaviour support plans outlined the proactive and reactive supports to help residents manage their emotions, and to ensure their safety.

There were no restrictive practices notified to the Chief Inspector or observed by the inspector. There was evidence that residents' emotional support needs had reduced since moving into the community house as a result of living in a quieter living environment.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents from abuse. The systems were underpinned by comprehensive policies and procedures. Staff working in the centre completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns.

The inspector found that safeguarding concerns were reported and screened, and safeguarding plans were developed as required. Staff spoken with able to describe the safeguarding procedures and were knowledgeable on the safeguarding plans. At the time of the inspection, there was one safeguarding plan in place regarding a peer-to-peer incident while in the car.

Judgment: Compliant

Regulation 9: Residents' rights

Following a review of residents' recording charts for this practice, it was evident that some residents had expressed each month they were not providing consent, and this refusal was acknowledged and respected. However, the purpose and rationale for the continuation of these checks were not considered from a rights perspective. They also did not align with the individual intimate and personal care needs of residents who, in particular, could display behaviours of concern at these times.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bealach Beag OSV-0007889

Inspection ID: MON-0030898

Date of inspection: 08/06/2023

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 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: Provider is currently advertising and recruiting the role of Person in Charge position in the designated centre.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Once a fulltime Person in Charge has been recruited and commences in their post this will ensure effective governance and day to day management of the designated centre. The Person in Charge will maintain an action log to identify and record the progress of audits to include HIQA inspections and annual reports. The team are currently supported by the PPIM and night managers	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The center's organizational structure in the Statement of Purpose has been updated to reflect the current vacant CNM1 post.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The Person in Charge has reviewed and updated a resident's diabetic specific care plan with information to include reference to normal values of blood sugar readings and a protocol has been devised if these readings fall outside of these values.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	

The Person in Charge has ensured that the intimate care check practice being completed on a monthly basis by healthcare assistants on all resident's has ceased.
The rights of all individual residents will be respected as per their will and preference.

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(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	31/01/2024
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 safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2024
Regulation 23(1)(d)	The registered provider shall	Substantially Compliant	Yellow	31/01/2024

	ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	08/08/2023
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	14/06/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	08/08/2023