



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

Issued by the Chief Inspector

Name of designated centre:	Community Houses Tallaght
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Short Notice Announced
Date of inspection:	12 November 2020
Centre ID:	OSV-0004364
Fieldwork ID:	MON-0026684

About the designated centre

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

Community Houses Tallaght comprises of three houses which are two storey and located in community residential locations in a large suburb of co. Dublin. They provide residential care to people with mild to moderate intellectual disabilities, seven days a week, 365 days a year. The three houses accommodate 10 residents in total, both male and female. All three houses have single occupancy bedrooms with a communal kitchen, sitting room and dining area. The care and support provided to each resident is based on their individual needs and assessments. Care and support is provided by a staff team of nurses, social care workers and healthcare assistants. Access to other allied healthcare professionals is also available through the service. This includes access to psychiatry, psychology, dieticians, behavioural support professionals, nurse specialists, occupational therapy and speech and language therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

8

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 - 2015 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 12 November 2020	09:30hrs to 15:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to visit one of the three houses in the designated centre, during the inspection, and to meet the three residents living there. In addition, the inspector spoke to two residents' representatives on the phone, and three residents had completed a residents' questionnaire prior to the inspection.

There were eight residents living in the designated centre on the day of the inspection, and one resident was due to transition into one of the houses a few days after the inspection. A number of residents told the inspector that they were excited about this resident coming to live with them. One resident was happy they were moving in, as they felt they would be great company for another resident in the centre. One resident told the inspector they had lived in the centre for over 20 years and another for over 30 years. All three residents said they were happy and felt safe in their home, with one resident saying they would not like to move anywhere else.

Residents described staff as very nice, special, and caring. Each of them described the important role of each member of the staff in their lives. They talked about firstly going to the staff on duty if they were worried or concerned about anything, and then said they would go to the clinical nurse manager or person in charge. One resident described the person in charge as "superwoman" and said they would ring her if they had any concerns at all. Another talked about how much they liked the clinical nurse manager and how they felt they could talk to him about anything.

One resident talked about how staff used to change a lot in the house in the past, but that now they were being supported by the same regular staff. They said they were very happy about this. Another resident told the inspector about the importance of taking their time to get to know and trust new staff. They said that sometimes they would find it difficult to tell new staff if they had a problem, but that they could always talk to the person in charge.

In 2019, residents living in the centre brought it to the attention of the provider that they were not happy that their house was closed and that no staff were not available in the house during the day on weekdays. In response, the provider had reviewed staffing arrangements to ensure that the house would remain open and staff were made available during the day to support residents. Residents were supported by an independent advocate at this time. One resident described the positive impact that this had for them. They talked about how they would be lost without the staff supporting them during the day now, especially during the pandemic. They also talked about the importance to them of having a key to their home and not having to wait for staff to let them in.

Two residents told the inspector that they were particular about the food they liked and what time they liked to eat. During the visit a staff member was preparing the evening meal and told the inspector that they were cooking three different meals to ensure each resident enjoyed their meal. Residents described how to safely

evacuate the house in the event of an emergency. They talked about regularly taking part in fire drills and described how they would get to the fire assembly point.

Residents described activities they enjoyed both at home and in their local community. They all discussed the impact of restrictions relating to the COVID-19 pandemic, on their access to activities they usually enjoyed in their community such as swimming and going to shopping centres. However, they also described things they were doing to keep busy such as going for nice walks, watching their favourite television programmes, listening to their favourite radio programmes, and doing puzzles. A number of residents talked about looking forward to fully going back to day services and college. They described how they were keeping in touch with staff in day services and one resident talked about attending a number of sessions in day services twice a week.

Two residents talked about how important their independence was to them. They talked about using public transport to get to where they wanted to go. One resident talked about a very important life dream they had to travel to another country to meet someone who was very important to them. They talked about all the support they had received from the staff team to reach this goal. They described how they reached the goal and discussed how much it meant to them. They described their sense of achievement once they reached this very important goal.

One resident told the inspector about how much they were looking forward to Christmas and going to their friends house. They talked about how they were keeping up to date with public health advice and levels of restrictions, by watching the news. They said they were hopeful that the current level of restrictions would be lifted so that they could enjoy Christmas with their friend.

In their questionnaires, residents indicated that they were happy with the comfort of the centre, their bedroom, supports from the staff team and the complaints process. One resident stated in their questionnaire that there was nothing they would like to change about the designated centre. Residents indicated that the food was tasty and mealtime choices were good. They also indicated that they were happy with the amount of choices and control they had in their daily lives. For example, they were happy with the time they got up at and went to bed, what they ate, activities they took part in, the amount of privacy they had and how their dignity was protected. Each resident indicated in their questionnaire that they felt safe in their home.

Residents listed activities they enjoyed in these questionnaires. These included, shopping, going for walks, going to college, listening to music, going out for a coffee, knitting and art and crafts. Each resident stated that they had a care and support plan and that they felt that they were getting the supports they needed to allow them to reach their goals.

A number of residents described improvements that they would like to see relating to either their environment or access to services. One resident indicated in their questionnaire that they would like to have their room painted a different colour and they also told the inspector this during the inspection. They said they would talk to the person in charge about this once they had decided what colour they wanted

to paint it. Another resident told the inspector they would like new curtains for their room and again said that they would discuss this with the person in charge after the inspection. Another resident described difficulties they were having sourcing suitable footwear. They were being supported by allied health professionals such as a physiotherapist and occupational therapist and the person in charge was supporting them to look at options to source the appropriate footwear.

Residents' representatives who spoke with the inspector were complimentary towards the care and support for their family member. They both discussed difficulties relating to visiting and home visits during the pandemic, in line with public health advice and government restrictions. One residents' representative stated that they could not praise the staff enough and described them as "marvelous". They both said they were always made to feel welcome in the centre.

One residents' family member talked about how they were kept up to date in relation to their relatives care and support needs and that prior to the pandemic they had been attending annual reviews with their family member in the centre. They said that they felt their relative was well supported, happy and safe in the centre. They also said their relative was keeping in touch with them regularly by phone and had recently told them about how excited they were that a new resident was moving into the centre.

They both said they were aware of the complaints procedures and said they would speak to a member of the staff team or person in charge if they had any concerns. One residents' representative detailed some concerns they have previously brought to the attention of the provider. They stated that some of these concerns had not been fully addressed and described the importance of relief staff being made aware of these concerns. During the inspection, the inspector viewed evidence that these concerns had been documented and steps taken to address them recorded. However, some of the actions remained outstanding.

Residents representatives were also offered the opportunity to complete a questionnaire annually in relation to areas of care and support for their relatives. Questions relating to, levels of care, personal planning, safety, home environments, food and nutrition, staffing, visiting and complaints were included in these questionnaires. From the sample reviewed for 2020 it was evident that residents representative's were happy overall with the care and support for their relative. They indicated in these surveys that they were aware of the complaints process and who to go to if they had any concerns.

Capacity and capability

The registered provider was monitoring the quality of care and support for residents, and there was evidence that they were striving to ensure residents were happy and safe in their home. Residents were being supported to develop and maintain their independence, and to make choices and decisions in relation to what they were

doing on a day-to-day basis.

The provider was completing regular audits and reviews and identifying areas for improvement in line with the findings of this inspection. These included an annual review and 6 monthly reviews by the provider. From these audits they were creating action plans with clear timeframes for completion of actions. It was evident that the local management team were striving to complete these actions in line with the identified timeframes. However, a number of actions from these audits and reviews had not been completed, with the majority of these relating to the maintenance and upkeep of the three premises. The inspector viewed evidence of correspondence and actions taken by the person in charge and person participating in the management of the designated centre (PPIM) to escalate these concerns and a member of the estates team had reviewed the required works and there was a priority list developed. Other actions outstanding from these audits related to staff training and improvements relating to documentation in the centre.

There were clearly defined management structures in place. Staff who spoke with the inspector were clear in relation to their roles and responsibilities and aware who to escalate concerns to. Each staff who spoke with the inspector stated that they were well supported in their role. Residents and staff were very complimentary towards the person in charge and told the inspector they were always there for support if they needed it. The local management team consisted of a person in charge, three clinical nurse managers and a staff nurse. They were supported by the director of nursing. It was evident that they were visiting the areas regularly to support residents and staff, and to complete audits and reviews. These included management walk about audits where aspects of residents' care and support and the day-to-day management of the centre were reviewed.

The management team were meeting regularly and had identified the need for laptops in each of the houses to support staff to keep up to date with communications from the provider, and to support the more effective use of time while completing documentation. The provider had sourced laptops and was in the process of preparing them for use. There was an audit schedule in place for all the houses which included audits relating to, medicines management, restrictive practices, personal plans, residents' rights and advocacy, supervision, and food safety. There had been a reduction in the number of staff meetings in the centre in 2020. This had been recognised by the local management team and they were in the process of setting up meetings via video link. In the interim, the person in charge and clinical nurse managers were e-mailing updates to the areas, visiting each of the houses and speaking with staff by phone daily.

Residents were supported by a staff team who were familiar with their care and support needs and motivated to ensure they were happy, safe and engaging in activities they enjoyed. Residents told the inspector they were very happy that they were being supported by staff who they trusted and were familiar with their needs. Improvements had been made since the last inspection in relation to the numbers of staff and their availability to residents at all times in the houses. There was one staff member on unplanned leave at the time of the inspection and to ensure continuity of care, regular agency staff were covering the required shifts. There was a

contingency plan in place for staffing in the event that staff could not report for duty due to suspected or confirmed cases of COVID-19. There were no staffing vacancies in the centre, but due to learning in relation to how residents liked to spend their time, and due to residents' changing needs plans were in place to review staffing numbers and shifts to ensure staff were available to support residents at key times.

Staff had access to training in line with the organisation's policies. They had also completed additional training in line with residents' needs. However a number of staff required some training or refresher trainings. The inspector viewed evidence that staff were booked onto some of these course. Formal staff supervision had commenced in the centre and each staff had an opportunity to take part in supervision in 2020. From the sample reviewed, it was evident that staff were being supported and their roles and responsibilities were being discussed along with their training needs.

Regulation 15: Staffing

The provider had recognised the need to increase staffing numbers in the centre since the last inspection. They had recruited to fill vacancies and were utilising regular agency staff to support residents during the day. They were keeping staffing numbers and shifts under review in line with the pandemic and residents' changing needs.

There were planned and actual rosters and they were well maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in the organisation. However, a number of staff had not completed training or refresher training in food safety, manual handling, and CPR. The inspector viewed evidence during the inspection that staff were booked onto some of these training courses.

Formal staff supervision had commenced in the centre. There was a supervision schedule in place and each staff had recently had supervision.

Judgment: Substantially compliant

Regulation 21: Records

There were gaps across a number of documents in the centre which required review. Some of these related to documentation regarding residents' care and support and some to other documentation relating to the day-to-day running of the designated centre. These were not found to be contributing to any significant risk for residents, but required review to ensure they were accurate and up to date.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were clearly defined management structures in place. Staff were clear in relation to their roles and responsibilities and aware of how and when to escalate concerns.

The provider had systems in place to monitor the quality of care and support for residents. These included six-monthly reviews and an annual review. There was evidence that these reviews were bringing about positive changes for residents in relation to their care and support and their home. However, the provider had not completed all of the actions from these reviews in line with the timeframes identified. For example, planned works to bathrooms and other maintenance works had not been completed. There was evidence that the local management team including the person in charge were completing actions and escalating concerns relating to outstanding actions to the provider.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were admissions policies and procedures in place. Residents and their representatives were offered the opportunity to visit the centre prior to admission.

Each resident had a contract of care which outlined the care, support and services available to them and the fees to be charged.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief inspector was notified in relation to incidents occurring in the centre, in line with the requirement of the Regulations.

Judgment: Compliant

Quality and safety

The provider and person in charge were striving to ensure that residents were in receipt of a good quality and safe service. Residents were being supported to make choices and spend their time doing things they enjoyed. Each resident who spoke with the inspector said they liked living in the designated centre. The provider had recognised the need to refurbish and complete works in the centre. These works were not progressing in line with the provider's projected timeframes.

The inspector visited one of the three houses in the designated centre. This house was found to be clean and comfortable. However, there were areas of the house which required painting, decoration and refurbishment. The provider had recognised the need to complete works in all three houses. These works were on a priority list within the organisation. It was evident that the local management team were following up with the provider regularly in relation to these required works. These outstanding works included, the refurbishment of the bathrooms and replacement of flooring in a bedroom in one house, paving at the front of another house due to falls risk for residents, and the house required refurbishments of bathrooms and works to fix and leak and damage to floors and ceilings as a result of this leak. Other areas for improvement noted in audits in the centre included, the need for painting and decorating in a number of house, the replacement or grouting of tiles and the replacement of a number of kitchen counter tops. There was also damp reported in one of the downstairs bathrooms which required review.

Residents were protected by the risk management policies, procedures and practices in the centre. There was a risk register and general and individual risk assessments were developed for each resident. These documents were reviewed and updated regularly. There were plans in place to review the template used for the risk register and to further strengthen the systems in place to ensure staff were made aware of any updated risk assessments, at the start of their shift. There were systems in place for recording, investigating and learning from serious incidents and adverse events. Learning following review and trending of incidents was shared among the team during staff meetings.

During the inspection, the premises visited was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. The provider had developed policies, procedures, guidelines and contingency plans for use during the pandemic. They had also updated existing policies, procedures and guidelines. There were systems for ensuring adequate supplies of PPE were available at all times. Staff had completed training in infection prevention and control and the use of PPE.

Each resident had an assessment of need in place which was being reviewed at least annually. They had personal plans and it was evident that each resident was involved in the development and review of their personal plan. These were also updated in line with their changing needs. Care plans were developed, as required, and those reviewed were clearly guiding staff to support residents with their assessed needs. Residents had goals in place in relation to things they wanted to do, or things they wanted to achieve. They were meeting with their keyworkers regularly and discussing their goals and achievements. Staff who spoke with the inspector were motivated to ensure they were supporting residents during the pandemic by keeping them informed of any changes in relation to public health guidance or levels of restrictions. They were also motivated to ensure residents were engaging in meaningful activities and keeping in contact with their family and friends.

Residents were being supported to enjoy best possible health. There were systems in place to ensure residents could be supported to access a general practitioner (GP) and other allied health professionals during the pandemic. They had assessments in place and care plans were developed, as required. Each resident had a hospital passport and appointments with allied health professionals were logged and the advice and guidance from these professionals was then updated into their personal plans. Residents were being made aware of, and supported to access National Screening Services, if they so wish.

There was a restrictive practices register maintained in the centre. There were no restrictive practices in place in the centre at the time of the inspection. However, there was evidence that when they had previously been in place, that they were regularly reviewed to ensure they were the least restrictive and used for the shortest duration possible. Residents had access to allied health professionals in line with their assessed needs. A behaviour specialist was available to support residents and staff. Staff who spoke with the inspector were knowledgeable in relation to residents' support plans. Staff had access to training to support residents in line with their care and support needs.

There were systems in place to ensure residents were protected from abuse. Residents were being supported to develop their knowledge, understanding and skills in relation to self-care and protection during keyworker meetings and at residents' meetings. Allegations and suspicions of abuse were being reported and followed up on in line with both national and the organisation's policy. Safeguarding plans were developed and reviewed as required. Staff were in receipt of training to ensure they were aware of their roles and responsibilities in relation to safeguarding.

Residents were being supported to make decisions in relation to their care and support, and the day-to-day running of the centre. They were meeting with their keyworkers and residents' meetings were occurring regularly. Agenda items at residents' meetings included staffing supports, voting, advocacy, health and safety, maintenance and housekeeping, complaints, safeguarding, handwashing, social distancing and current levels of restrictions in line with the pandemic. Residents were accessing advocacy services in line with their wishes and

a number of residents talked to the inspector about how supportive they found their advocates in the past. One resident living in the centre was on the local advocacy committee and represented their peers, as required.

Information relating to the complaints procedure, advocacy services, and residents' rights were available and on display in the designated centre. There was a folder available in each of the houses relating to COVID-19. It contained accessible documents, posters and information booklets. For example, it contained information on topics such as minding yourself during the pandemic, how to access reliable resources, connecting with friends and staying healthy. There were booklets with ideas on activities to try at home during the pandemic such as mindfulness and meditation, sensory activities, reminiscence, music, exercise, crafts, beauty and pampering and taking part in virtual tours of museums and zoos. There was easy read information on viruses and using public transport, and social stories on COVID-19, testing and social distancing.

Regulation 17: Premises

The provider had identified in their audits that a number of works were required in the three premises in the designated centre. These included the installation of a new driveway in one of the houses, refurbishment of a number of bathrooms, the replacement of flooring in one bedroom, tiling and the replacement of kitchen counter tops in a number of houses and maintenance works to fix a leak in one of the houses. They had also identified that all three houses required painting and decoration.

Judgment: Not compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policy, procedures and practices in the centre. The risk management policy contained the information required by the regulations and there was a risk register in place which was being reviewed and updated regularly.

General and individual risk assessments were developed and reviewed as required. There were systems in place to respond to emergencies and to identify, record, investigate and learn from incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies and procedures in place in relation to infection prevention and control. They provider had developed and adapted existing policies and procedures to guide staff practice during the COVID-19 pandemic.

There was a COVID-19 folder in each of the houses which contained information for residents and staff. These folders were updated regularly to ensure the most up to date information was available to them.

Staff had completed hand hygiene, infection control and PPE training. There were supplies of PPE available and systems in place to access more if required.

The premises visited was clean and there were cleaning schedules in place to ensure all are as of the houses were regularly cleaned, including regular touch point cleaning.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need and a personal plan developed in line with their assessed needs. There was evidence that they were regularly reviewed and updated to ensure they were reflective of residents' needs.

There was evidence documentary evidence that residents were involved in the development and review of their plans.

Residents were supported by a keyworker and they were meeting regularly to discuss goals, achievements and plans for the future.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as required.

They had access to allied health professionals in line with their assessed needs and were being supported to access National Screening Programmes in line with their

wishes and age profile.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had the knowledge, skills and training to support residents. Residents had support plans in place which were regularly reviewed and updated in line with their changing needs.

There was a restrictive practice log and evidence that restrictive practices which had been in place were reviewed regularly to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training and those who spoke with the inspector were aware of their roles and responsibilities in the event of a suspicion or allegation of abuse.

Allegations and suspicions of abuse were escalated and followed up on in line with organisational and national policy. Safeguarding plans were developed and implemented as required.

Each resident who spoke with the inspector stated they felt safe and named who they would go to if they had any concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings and keyworker sessions were occurring regularly. Complaints, advocacy and rights were discussed at these meetings.

There was evidence that residents were participating in the day-to-day management of the centre. Residents told the inspector that they were happy about the choices available to them and with the levels of support available to them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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 Community Houses Tallaght OSV-0004364

Inspection ID: MON-0026684

Date of inspection: 12/11/2020

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p> <p>In response to the area of training found under the regulation Regulation 16(1)(a) The Person In Charge shall ensure that all staff shall undergo and participate in specified training which included CPR, Manual handling and food safety within the specified timelines.</p> <p>A schedule of training is planned for each quarter and will be made available to staff.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.</p> <p>In response to the area of record keeping found under the Regulation 21(1)(b) The Registered Provider will implement the following actions to ensure full compliance with standards</p> <p>The annual review will be supplemented with the following the documents</p> <ul style="list-style-type: none"> • Resident feedback in the form of the HIQA questionnaire will be completed with every resident within the Designated Centre 	

- Information relating to Family survey will also be recorded and evidenced in service improvement initiatives

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

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.

In response to the area of monitoring the quality of care and support for residents through reviews and actions been met within timeframes identified as found under regulation 23(1)(C)

The Registered Provider shall continue to review the quality of care and support and set realistic timeframes for service improvements identified through self-audits, Inspections and self-assessment against appropriate standards.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

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.

In response to the area found Not complaint under regulation 17(1)(b)

The registered provider shall ensure that a priority list is developed with realistic timeframes and actions are reviewed regularly

In response to the area found Not complaint under regulation 17(1)(c)

The registered provider shall ensure the premises of the centre are clean and suitably decorated by compiling a priority list of what houses need to be painted and continue with the already established quarterly deep cleaning of all houses.

The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He/she, will regularly review accessibility with reference to the statement of purpose and carry out any required alterations to the

premises of the designated centre to ensure it is accessible to all.

In response to the area found Not complaint under regulation 17 (6)

The registered provider shall continuously review and promote the accessibility of the premises through on-going assessment of residents through care planning and access to the primary care services. This is also supported through Risk Management process where risks that are deemed to be of a higher order escalated and prioritized accordingly

The Provider Representative will also ensure a full review of the Designated Centre is undertaken to identify and address all infrastructural deficiencies and/or access restrictions.

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.	Substantially Compliant	Yellow	31/12/2020
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.	Not Compliant	Orange	31/03/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2021
Regulation 17(6)	The registered provider shall	Not Compliant	Orange	01/06/2021

	ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/12/2020
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	31/12/2020