



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

## Issued by the Chief Inspector

Name of designated centre:	Bayview Respite Service
Name of provider:	RehabCare
Address of centre:	Leitrim
Type of inspection:	Short Notice Announced
Date of inspection:	14 January 2020
Centre ID:	OSV-0005886
Fieldwork ID:	MON-0027073

## About the designated centre

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

Bayview Respite Service provides respite services to adults and children with Autism, Intellectual Disability and/or Physical and Sensory Disabilities. The centre is located in a rural area close to a nearby town. Children and adults will be supported on an alternating weeks. The adults range in age from 18-65 and children range in age from 9-18 years old. The centre is a two storey building. The ground floor consists of four bedrooms and two bathrooms, two living rooms and a kitchen diner with a utility, store room and toilet adjacent. The rooms on the first floor consist of two bedrooms, one bathroom and office area. The service operates from Monday - Friday from 16.00 to 09.30 for adults and 14.00 to 09.30 for children. This is a nurse led service. Residents have access to a range of amenities in the local community including a playground, GAA facility, horse riding, swimming and shops.

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

Number of residents on the date of inspection:	5
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## 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 - 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
Tuesday 14 January 2020	08:45hrs to 18:45hrs	Stevan Orme	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet and speak with all five residents who were accessing respite care at the centre on the day of inspection. Residents spoke with the inspector both individually and as a group around the kitchen table.

Residents told the inspector that this was either their first respite stay at the centre or they had previously stayed on only one other occasion. All residents said that they liked coming for stays at the centre so far and got on well with the staff. Residents said that they were supported to enjoy activities in line with their personal preferences and those that had visited previously had gone out for a meal in a local public house as well as seeing a movie at the cinema. Residents also said that the recent acquiring of a centre vehicle in December 2019 meant they could access more amenities locally, as previously they had been reliant on the availability of taxi cabs to do so.

During the inspection, residents were observed to be relaxed and comfortable with all staff on duty, and enjoyed jokes and conversations around the kitchen table both in the morning prior to going to their day service and upon their return in the late afternoon. The inspector also observed residents being encouraged by staff to decide upon what activities they wished to do for the evening, with the five residents opting to go for a cinema trip on the evening of the inspection.

## Capacity and capability

This was the first inspection of Bayview respite service since its registration on the 30 May 2019. During the course of the inspection, the inspector found that although residents' care and support needs were met during their stays at the centre, further improvements were needed to governance and management arrangements to ensure the effective oversight of the care and support provided at the centre.

Governance and management arrangements at the centre had been subject to change following the centre's registration in May 2019. The centre's person in charge had changed on three occasions, with the current person in charge commencing in post in September 2019. The inspector spoke with the person in charge who was a qualified nurse, and found them to be knowledgeable about the care and support needs of residents who came to the centre for respite stays as well as the day-to-day running of the centre. The person in charge was employed full-time at the centre and was present on a daily basis ensuring that they could supervise the effectiveness of the care and support provided. The person in charge was further supported in their governance of the centre by an Integrated Service Manager who was based in the local area and following a recent provider audit in

November 2019, the senior manager was now present at the centre once a week, which the person in charge felt was having a positive impact.

In addition, to the increase in support from local senior management, the person in charge also told the inspector, that as of the beginning of January 2020, they now had a full staff team. The person in charge felt that with a full team of both team leaders and care workers, she would be further able to build upon governance and management arrangements she had commenced since September 2019, which would greatly improve the oversight of care and support provided at the centre.

A review of management audits in place at the centre which were completed by either staff or the person in charge were found to not be comprehensive in nature, focusing only on practices relating to health and safety and fire prevention at the centre. Although regularly completed, and actions were taken when improvements were required, audits did not look at all aspects of care and support provided at the centre. The effectiveness of audits completed to date, had been reviewed by the provider during their unannounced provider-lead audit in November 2019 and reflected the inspector's findings during the day.

Following the provider audit, an action plan had been developed by the person in charge in consultation with local senior management, which included the introduction of a wide range of management audits on all aspects of the centre's service. However, said audits had not commenced by the day of inspection, although the person in charge planned to undertake them in the coming months as well as delegating responsibility for some audits to the centre's team leaders now that full recruitment had been achieved. Although, the inspector was assured that the provider had plans to address the effectiveness of oversight arrangements at the centre, completed audits to date including the unannounced provider-led audit had not identified all issues found by the inspector during the inspection, such as for example residents' contracts of care and arrangements for emergency admissions to the centre.

Although the provider had an up-to-date admissions policy, the provider had not ensured that aspects relating to emergency admissions at the centre were in place in line with the policy's content. For example, although the centre as reflected in its statement of purpose accepted emergency admissions, it had not developed a service specific policy on what constituted an emergency admission and the remit by which said admissions would be accepted at the centre as required under the provider's policy. Furthermore, in relation to residents' contracts of care although in place, the provider had not ensured that they reflected all charges associated with a respite care stay and they had not been signed by a representative of the organisation.

As stated earlier in this report, the centre had recently recruited its full complement of staff. However, records reviewed and discussions with staff did not suggest that the care and support provided to residents had been impacted upon by vacancies previously at the centre. The inspector found that during their respite stays at the centre, residents were supported in line with their assessed needs, and had been facilitated to enjoy activities in the local area as well as continue to access their

school and day centre placements. The inspector spoke with staff on duty during the inspection about the care and support needs of residents currently accessing the service. Staff were both knowledgeable on residents' needs and showed a commitment to ensuring that residents had an enjoyable time while they were away from their families at the centre. Staff also spoke about how current staffing arrangements ensured that residents could access community activities either as a group or individually, and although not required to date, felt that additional staff resources could be accessed for activities if planned in advance. Staff also spoke about how the allocation of a vehicle to the centre in December 2019, further increased their opportunity to support residents to access amenities in the local area.

Staff also spoke with the inspector about opportunities they had to access training to ensure their practices were up-to-date and equipped them to effectively support residents' needs. Staff expressed that training was frequently available, with some staff attending a fire safety course on the day prior to the inspection. Training records showed that in addition to mandatory training, staff had accessed resident specific training such as epilepsy awareness. Records further showed that staff who had recently commenced employment at the centre in January 2020 were scheduled to complete their mandatory training over the next three months. The person in charge also spoke about future training plans for the centre which included themselves and team leaders attending supervision for managers training, in order that formal supervision arrangements for staff could be introduced at the centre in 2020. However, although staff had good access to training, records did show that one staff member who had been employed at the centre since September 2019 had not completed all required mandatory training to date.

Although the introduction of formal staff supervision arrangements was subject to the person in charge and team leaders completing relevant training, staff practices were supervised by both the daily presence of the person in charge during office hours, and a team leader being allocated to all shifts both during the day and at night-time. Care workers told the inspector that if they required support to meet residents' needs or clarification on any aspect of their role this was readily available from either the team leaders or person in charge. Staff also spoke about regular monthly team meetings facilitated by the person in charge. Meetings were held on Monday mornings, which ensured that all staff attended as residents were not expected to arrive at the centre until the afternoon. Both discussions with staff and records reviewed showed that meetings were used to update staff on any changes to residents' care needs since their previous respite stay as well as aspects of the operational management of the centre.

The provider's risk management practices at the centre ensured that residents were kept safe from harm and procedures were in place to effectively respond to adverse accidents and incidents which might occur. Due to the nature of the centre, not all residents referred to access respite stays at the centre had done so to date, and therefore risk management arrangements were subject to frequent revision to ensure their effectiveness. Where risks had been identified, they were assessed in line with the provider's risk management policy and appropriate control measures had been implemented to mitigate their impact on residents. In addition, all

accidents and incidents which occurred at the centre were recorded on the provider's computer software system, which enabled the person in charge to review them and if necessary escalate to senior management for further action. The software facility also according to the person in charge enabled them to analyse recorded events to identify any trends or patterns which could lead to revisions in care and support practices at the centre. However, although comprehensive the provider's accident and incident process had not ensured that all events to be notified to the Chief inspector had been completed in line with the regulations. Records showed that three notifiable events in September 2019 which required notification within three working days, had not been submitted until January 2020. The person in charge was aware of the late submissions of said notifications and was in the process of reviewing practices at the centre to ensure future compliance with the regulations.

#### Regulation 14: Persons in charge

The person in charge was based full-time at the centre and was suitably experienced and qualified to undertake their role in accordance with the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

Appropriate numbers of suitable skilled staff were in place at the centre to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice. However, staffing rosters reviewed did not clearly indicate hours worked by staff including their start and finish times each day.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Staff had access to training opportunities, which ensured they were suitably skilled to support residents' assessed needs and their practices reflected current developments in health and social care. However, not all staff had completed the provider's mandatory training although in post since September 2019.

Judgment: Substantially compliant



### Regulation 19: Directory of residents

The provider had ensured that a directory of residents was in place at the centre which contained all information required under the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Although a clear management structure was in place at the centre and six monthly unannounced provider visits had commenced, further improvements were required to ensure the effective oversight of practices and procedures at the centre.

Judgment: Substantially compliant

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

The registered provider had not ensured that a local policy had been developed for emergency admissions to the centre in line with its admissions policy. Furthermore, although contracts of care were in place for residents accessing respite care, they did not include information on all charges associated with their respite stay and had not been signed by a representative of the provider.

Judgment: Not compliant

### Regulation 31: Notification of incidents

Although all notifiable events under the regulations had been submitted to the Chief Inspector, the person in charge had not ensured that they were received within the prescribed regulatory time frames.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The provider had measures in place to ensure that in the event of a complaint being

received, they were investigated in line with the provider's policy and documented the complainant's satisfaction with the outcome.

Judgment: Compliant

## Quality and safety

During the course of the inspection, the inspector found that residents who came for respite stays at Bayview respite centre received a good standard of care in line with their assessed needs. Residents were supported to enjoy activities of their choice both at the centre and in the surrounding area during their stays and were kept safe from harm. However, further improvements were required to practices and facilities at the centre to ensure they were effective in nature, and especially met the needs of children who used the centre.

Personal planning arrangements at the centre were clear and reflective of the respite nature of the centre. Staff and the person in charge told the inspector that when residents were referred to the centre a detailed needs assessment was completed which identified and guided staff about their care and support needs, prior to them accessing their first stay at the centre. Following their first admission to the centre for respite care, their allocated key worker within the staff team commenced the development of their personal care plan which was known as 'My Support Plan'. Reviewed personal plans for residents who had accessed respite care on more than one occasion since the centre was registered in May 2019, were reflective of their assessed needs and clearly guided staff on how to meet their needs. Staff during discussions with the inspector were knowledgeable about the needs of residents accessing the centre on the day of inspection, and reiterated comments made by the person in charge that the personal plan was a 'live document' which was subject to revision on each respite stay as both residents and staff got to know each other. However, although initial personal plans had been developed for residents who had, had several or frequent respite stays at the centre; and these were detailed in nature, the provider had not commenced the development of easy read or accessible versions of said plans to inform residents about how their care and support needs would be met when at the centre.

Furthermore, although personal plans which had been developed were comprehensive in nature and where appropriate guided staff on how to support residents with behaviours of concern, this aspect of the plan required updating to ensure it was relevant to the residents' needs when at the centre. Staff discussions with the inspector showed that they were knowledgeable on residents' support needs in this area; however, behaviour support plans and guidance reviewed was not based on residents' experiences when accessing respite care. For example, one residents' behaviour support plan was dated May 2017 and based on their assessed needs at their day service. The inspector found that the said plan although comprehensive and detailing both proactive and reactive support strategies, had not

been reviewed to ensure it relevance to when the individual accessed respite care, even though they had been accessing the centre since June 2019.

Discussions with residents accessing the centre on the day of inspection as well as staff and a review of records, showed that residents were supported to participate in activities both at the centre and in the local community of their choice when on respite stays. During the inspection, residents and staff were observed planning a trip to see a movie at a local cinema. Residents also told the inspector that during previous respite stays they had gone out for a meal in a local public house and had enjoyed their time at Bayview. Resident also told the inspector that on the first day of their respite stay they would meet with staff to discuss what activities and meals they would like, which was further reflected in discussions with staff and records reviewed.

During the course of the inspection, the inspector observed several restrictive practices in operation at the centre, which included the use of window locks, door entry keypads and locked storage cabinets. However, documentation was only available on the use of window locks to meet the assessed needs of one resident at the centre. Furthermore, no evidence was available to show that the use of window locks had been reviewed and sanctioned by the provider's restrictive practices committee which was further confirmed by the person in charge. The inspector also found in relation to the other restrictions listed in this report that no information was available on the rationale for their use, which residents required their use and to show that they were the least restrictive practice available.

Fire safety arrangements were comprehensive in nature at the centre, with appropriate equipment in place relating to the detection, containment and fighting of a fire. Arrangements were also in place to ensure that all fire equipment was checked regularly by staff on duty to ensure their effectiveness as well as routine scheduled checks during the year by external contractors. Residents were made aware of the centre's fire evacuation procedures on the first day of each respite stay by staff, and residents spoken to were aware of where the building's fire exits were and the designated assembly point. However, observed information on the centre's fire evacuation procedures was not available in an accessible or easy-to-read version to assist the understanding of all residents referred to the centre for respite care.

In addition, as residents accessed the centre for respite stays, staff had developed individual 'personal emergency evacuation plans' (PEEPs). PEEPs for those residents staying at the centre on the day of inspection were reviewed, and they clearly guided staff on what supports they would require during a fire evacuation, the plans further indicated what training had been given to residents or whether they had been involved in a simulated drill. The person in charge further told the inspector, that residents' PEEPs were subject to ongoing review on each respite admission to ensure they were up-to-date and effective.

The provider had also ensured that simulated fire drills had occurred at the centre since its registration in May 2019. Records showed that three drills had been completed to date, one of which had involved staff undertaking the role of residents requiring evacuation. Although records showed that the drills had been successful,

with residents when involved leaving the premise in a timely manner, a simulated fire drill had not been undertaken under minimal staffing/maximum resident occupancy conditions to ensure the effectiveness of fire procedures under all circumstances

The centre's premises was well maintained and decorated to a good standard, with its design and layout meeting the assessed needs of residents accessing the centre on the day of inspection. In addition, four out of the five resident bedrooms were located on the ground floor of the building and accessible to wheelchair users. Following a previous site visit to the centre to inform a registration decision, improvements had been made to doors leading from two bedrooms which shared an accessible bathroom. Observed improvements both ensured that doorways accommodated an overhead hoist facility from each room and residents' privacy when using the bathroom.

However, as part of the previous site visit's findings, the provider had agreed to purchase and install outdoor play facilities for children who would access respite care at the centre by early June 2019 and ensure compliance with the regulations. The inspector observed that outdoor play facilities were not in place on the day of inspection, although the person in charge provided assurances that funding had been secured for their purchase.

### Regulation 10: Communication

Residents' communication needs were assessed as part of the personal planning arrangements, with clear guidance available for staff on how to support residents to express their views and choices while at the centre.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to both access and participate in a range of activities which reflected their assessed needs, wishes and interests while accessing respite care at the centre.

Judgment: Compliant

### Regulation 17: Premises

The centre's premises were well-maintained, homely in nature and decorated to good standard. However, the provider had not ensured that outdoor age appropriate play and recreational facilities were available for children using the centre.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Arrangements were in place to ensure that residents had healthy and nutritious meals while at the centre and could exercise choice. Furthermore, personal plans contained guidance for staff on residents' dietary needs to ensure they were consistently met when on respite breaks.

Judgment: Compliant

### Regulation 26: Risk management procedures

Governance and management arrangements ensured that risks to residents' safety were identified and appropriate control measures implemented. In addition, risk management interventions were subject to regular review to ensure they were effective in nature and protected residents.

Judgment: Compliant

### Regulation 27: Protection against infection

Arrangements were in place at the centre to safeguard residents from the spread of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate equipment and arrangements were in place at the centre for the detection, containment and fighting an outbreak of fire. Residents accessing the centre on the day of inspection were aware of the evacuation procedure, and simulated fire drills had been completed. However, the provider had not ensured

that fire drills had been carried out under all circumstances such as minimal staffing to ensure their effectiveness in an emergency. Furthermore, easy-to-read or accessible information was not available to all residents accessing the centre to ensure their understanding of actions to take in the event of a fire.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Medication administration arrangements in place at the centre ensured that residents received their medication as prescribed by suitably qualified staff while accessing respite care.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Where residents had been completed their first respite stay at the centre, personal plans were developed which clearly guided staff on how to consistently meet their assessed needs. In addition, personal plans were subject to regular review on each stay at the centre to ensure they were up-to-date and reflected any changes in care and support needs. Although detailed in nature, where personal plans had been put in place, the person in charge had not commenced the development of an easy read or accessible version to inform residents about how their needs would be met while at the centre.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' healthcare needs were assessed as part of both the referral and personal planning arrangements at the centre, with clear guidance in place to ensure staff met individuals' needs consistently.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Although staff were knowledgeable about individual resident's behaviours of concern, behaviour support plans had not been reviewed to ensure their appropriateness and effectiveness at the respite centre. Furthermore, not all staff engaged at the centre had completed the provider's mandatory behaviour management training. In addition, several restrictive practices were in use at the centre, and these had not been approved by the provider's restrictive practices committee to ensure the least restrictive practices were adopted. Also protocols were not in place to clearly guide staff on why, when and how said restrictive practices should be used at the centre to support residents.

Judgment: Not compliant

### Regulation 8: Protection

The provider's safeguarding arrangements ensured that residents were protected from possible abuse and regular training opportunities kept staff knowledge up-to-date and in-line with current developments in health and social care practices. However, training records showed that not all staff employed at the centre had completed 'Children's First' training.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents were supported to be actively engaged in make decisions about their care and the day-to-day running of the centre while they were on a respite stay.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Bayview Respite Service OSV-0005886

Inspection ID: MON-0027073

Date of inspection: 14/01/2020

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Planned and actual worked rosters are now maintained in the service. Start and finish times each day are clearly shown on the roster and approved by PIC weekly	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>The PIC will ensure that all staff have completed mandatory training by April 30th 2020. Staff training folder will be maintained and audited to ensure refresher training is scheduled for all staff. Staff supervision will identify further training needs.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

- Weekly and Monthly Service level audits will be completed, these will ensure that key systems in the service are continually reviewed and monitored and actions can be taken in a timely manner. This will be fully implemented by February 29th 2020.

Regulation 24: Admissions and contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

- Local Policy to be developed to govern emergency admission to Bayview House, which will be reflected in the Statement of Purpose. This will be completed by April 30th 2020.

- Contracts of Care to be updated to include all charges associated with Respite Care. These updated forms will be re-issued to families for acceptance then co- signed by PIC. This will be completed by April 30th 2020.

Contracts of Care to be updated to include all charges associated with Respite Care. These updated forms will be re-issued to families for acceptance then co-signed by PIC. This will be completed by April 30th 2020

Regulation 31: Notification of incidents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- Further training will be delivered for all staff on HIQA Regulations, this training will include reporting requirements. PIC will ensure going forward that reportable events are notified to HIQA within required timeframes . this will be completed by 17th February 2020.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Outdoor Play Equipment to be purchased for the service which will ensure age appropriate recreational opportunities. This will be completed by May 31st 2020	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Accessible visual information in respect of fire evacuation has been developed and is on display in the hallway.</li> <li>• Fire Marshall has completed a full occupancy/minimum staff fire drill, evacuation time was within organisational timelines. This was completed on January 14th 2020 and will be conducted quarterly going forward.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• Easy read versions of all Service User support plans will be developed and easily accessible for all Service Users. This will be completed by 30/04/2020</li> </ul>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> <li>• Restrictive Practice Self-assessment will be completed by PIC and Restrictive practice log will be set up and maintained in the service. This will be completed by March 31st 2020</li> <li>• PIC has liaised with the Behaviour Therapist with regards to Restrictive Practices, these will now be put forward for approval by March 31st 2020</li> <li>• Existing Behaviour Support Plans will be reviewed and updated to reflect the respite environment. For those Service Users who require and do not currently have Behaviour Support Plans, these will be developed by March 31st 2020.</li> </ul>	

- MAPA training will be completed by two staff by 2nd April 2020.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- All staff have completed Children First training and Safeguarding training. Both items will be a standing item on the Staff Meeting agenda going forward.

## 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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/01/2020
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	30/04/2020
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas are provided which	Substantially Compliant	Yellow	31/05/2020

	have age-appropriate play and recreational facilities.			
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	29/02/2020
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2020
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/04/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/01/2020

	evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/01/2020
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	17/02/2020
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/04/2020
Regulation 07(2)	The person in charge shall	Not Compliant	Orange	31/03/2020



	ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	31/03/2020
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	31/03/2020
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	31/03/2020

Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	28/02/2020
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