



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

Issued by the Chief Inspector

Name of designated centre:	Navan Road - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Short Notice Announced
Date of inspection:	27 May 2021
Centre ID:	OSV-0003062
Fieldwork ID:	MON-0032603

About the designated centre

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

This is a centre run by the Daughters of Charity Disability Support Services Company Ltd by Guarantee and is located on the outskirts of Dublin city. The centre can cater for the needs of eight adults, who have a mild to moderate intellectual disability and who are over the age of 18 years. The centre can also cater for residents with specific healthcare needs. The centre comprises one premises which is a two-storey dwelling. Each resident has access to their own bedroom, communal sitting rooms, kitchen and dining area, utility room, shared bathrooms, and a secure garden space is located to the rear of the centre. Staff are on duty both day and night to support residents and the staff team is comprised of a person in charge, a staff nurse, social care workers and carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 27 May 2021	09:40hrs to 17:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This designated centre provides full-time residential service to seven residents and a part-time placement to one resident. On the day of the inspection, the inspector had the opportunity to meet with the residents and the staff supporting them and review documentation that recorded the care and support provided. The inspector was informed that one resident had remained at home with family members during the pandemic crisis, and another resident was in the hospital recovering after a fall.

On arrival at the centre, staff were seen gently encouraging residents to mobilise around the centre and attend to their morning routines. The inspector observed staff and resident interactions and noted that staff were responsive to residents' needs and there was a friendly and sociable atmosphere. When the inspector was introduced to residents, it was evident that residents were aware of the inspector's role and spoke to the inspector about previous inspections.

The inspector met with one resident in the kitchen who told them about how their day was going. The resident was making their breakfast and was very at ease in the kitchen, choosing what they wanted. They offered to make the inspector tea and spoke about things they liked to do and how they liked to spend their time. They also talked about the impact of the COVID-19 pandemic and how they were missing spending time with their friends and going to their day programmes but that they were hopeful after being vaccinated that this would resume. They told the inspector when they had moved to the house and how they had requested a transfer from their previous home, and that they were happy living here.

Another resident was sitting at the kitchen table and was elbow bumping with staff to greet them. They requested a cup of tea from the other resident in the kitchen, who knew how they liked to have their tea. From what residents told the inspector and from what the inspector observed, residents liked to help out around their home and participate in the usual events and tasks of day-to-day life.

Later in the day, the inspector met with other residents before they went out in the houses vehicle to get coffee. Some residents shared how their day to day lives had changed due to the implementation of government restrictions; and explained that they were supported to engage in activities in their home and in the community, including video calls with their families and friends from day services. Some residents told the inspector that they enjoyed going on drives in the centre's vehicle, especially in recent months when access to other facilities had been limited. Some restrictions had recently lifted, and residents were able to attend their hairdressers, which everyone enjoyed. Residents spoke of their plans to attend shops to buy clothing, which had mainly been done through online shopping. The inspector observed warm interactions and positive engagement between residents and staff in both houses throughout the day. One resident told the inspector that "all staff are great and go out of their way for you".

Residents were encouraged and supported around active decision-making and social inclusion. Residents participated in weekly residents' meetings where household tasks, activities and other matters were discussed and where decisions were being made. Where appropriate, residents were encouraged to help out with household tasks. For example, residents were proud of their garden, and there were pictures on the walls showing residents attending to the garden.

Residents were empowered to exercise their rights, and their independence was promoted. For example, the provider supported a self-advocacy group within the organisation, and two residents were members of the group and met over video conferencing during the pandemic. The inspector identified that residents' choices were respected and accomplishments acknowledged. One resident who wished to move from the centre to another house of their choosing had met with the service manager to discuss their wishes. As a result, the provider had ensured an 'Individual preference and needs assessment' was completed respecting the right of the resident to choose where they live.

The inspector spoke with a family member after the inspection. The family member was highly complimentary of the service provided to their loved one by the person charge and staff. They told the inspector that staff were "excellent" and their loved one was very well looked after by everyone. They explained that the pandemic restrictions had been very tough as visits to the house and weekend trips home could not occur. The family member explained that trips home had recently commenced, and this was very important and welcomed by all the family.

As a result of this inspection, the inspector found that each resident's well-being and welfare was maintained to a good standard. Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff were striving to ensure that residents lived in a caring environment where they were supported to live their best life and one of their choosing. In general, residents had lived in the centre for many years, and this feeling of being "at home" was evident from the ease residents moved around their home and how they interacted with each other and staff. As their needs changed, cognisance was given to ensuring the environment met those changing needs. An area for improvement identified by the inspector and discussed further under the next two sections, 'capacity and capability and 'quality and safety', was the system used for refunding expenses to residents and aspects of governance and management.

Capacity and capability

This was a short-term announced inspection and was announced by the inspector on May 25 2021. The aim of this inspection was to assess the improvement made by the provider in key areas since the previous inspections, such as the staffing arrangements and training made available for staff. It also provided for the inspector to gain further information in relation to the centre's application for

renewal of registration. The inspector found that the registered provider had ensured that the majority of actions from the previous inspection had been appropriately addressed. As identified in the previous inspection, protected time for the person in charge required review to ensure they were able to fulfill their role and legal responsibilities.

The inspector found that the centre was managed by a suitably qualified, skilled and experienced person in charge. The person in charge was found to have a good knowledge of the care and support requirements for residents living in the centre and was in a full-time post. The person in charge was supported by a Clinical Nurse Manager 3. It was evident that the person in charge had regularly escalated and highlighted areas of improvement to the person participating in management, and other members of the senior management team, such as additional staffing supports, where required.

The provider had ensured the centre was appropriately resourced, ensuring residents received a good standard of care and that residents' individual and specific preferences were respected and provided for. This included sufficient staffing, suitable premises and appropriate facilities such as transport. The provider had also ensured staff were engaged in ongoing training and had provided staff with the required training to meet the needs of residents. To ensure oversight of the centre, the provider had been carrying out six-monthly unannounced visits as required by the regulations. Such visits focused on the quality and safety of the service provided. The inspector observed that the most recent provider audit had generated a number of quality improvement objectives which were in progress at the time of inspection. These included the review of care plan assessments and interventions and weekly health and safety walk-arounds. However, the inspector was informed that the provider had not produced an annual review of the quality and safety of the service for 2020. In addition, it was evident to the inspector through a review of the roster and discussion with the person in charge that they were working in excess of their required hours to ensure they were maintaining oversight of the administration in the centre. This is discussed further under regulation 23, governance and management.

A review of staff rosters demonstrated that the designated centre operated at the required staffing levels for the period of two months prior to inspection, and there was evidence of a stable workforce. Residents were supported by both a sleepover and waking night staff member and, during the day, three staff were rostered. The inspector noted that several shifts were being filled by a small pool of relief staff. These hours averaged two full-time equivalent staff (WTE) on a monthly basis. A senior member of management explained to the inspector that the centre was responding to emerging health needs and a change in dependency levels with regular relief staff. The manager further discussed the staffing requirements going forward and the recruitment of fixed contract posts to reduce the reliance on relief staff. However, the inspector noted that the staff team was well established and familiar to residents. There was clear evidence to demonstrate that there was continuity of care and support amongst the staff team. This had a positive impact for the residents who knew the staff members well and had developed good

relationships with them.

A review of staff training records found that all mandatory training courses were completed along with up-to-date refresher training for all staff members employed in the designated centre. Significant levels of training had occurred since the previous inspection. A review of training records found that all staff had completed the training outlined as required by the registered provider. There was additional training completed in areas such as infection control and prevention, and specific health conditions such as dysphagia. The inspector found that staff were appropriately supervised in both a formal and informal capacity in the designated centre. When the person in charge was not present in the centre, there were named 'shift leaders' on duty at all times, and support was available from a service manager if required. Formal one-to-one supervision meetings commenced in January 2021 and focused on training, key worker roles, and operational matters.

The inspector reviewed the incident log for the centre; the person in charge had maintained records of incidents occurring in the centre and notifications of any adverse incidents. All notifications had been appropriately made within the required time frames as viewed by the inspector.

The inspector reviewed the provider's admissions policy and procedures that outlined the arrangements in place for admitting and transferring residents within the centre. No new admissions had happened since the previous inspection. Each resident had a contract of care that contained information about care and support in the centre, the services to be provided for, and where applicable, the fees to be charged.

A review of the arrangements in place in the centre for the management of complaints was completed by the inspector who found that there was a culture of welcoming feedback from residents and their families with a view to the ongoing development and improvement of services. There was a complaints policy in place, and there were easy read complaints procedures on display. Two complaints had been made in the time since the last inspection and, when reviewed by the inspector, were found to have been appropriately followed up on by the registered provider.

Regulation 14: Persons in charge

A dedicated person in charge had been appointed in the designated centre. It was evident that this person held the necessary skills and qualifications to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff in place at the time of inspection in order to meet the assessed needs of residents. Staffing levels were higher than those set out in the statement of purpose, these had been increased in response to change of needs. The inspector found that staffing arrangements, such as recruitment and workforce planning, took into consideration any changing or emerging needs of residents and facilitated continuity of care.

The person in charge had prepared a planned and actual roster that accurately reflected the staffing arrangements in the centre. The inspector identified that nursing support was available as stated in the statement of purpose.

The person in charge also informed the inspector that no agency staff were employed as a control measure during the COVID-19 pandemic and relief staff that were working in the centre were only employed within this designated centre. Additionally, the provider had a clear contingency plan in place in the event of staff absences due to COVID-19.

Judgment: Compliant

Regulation 16: Training and staff development

There were effective systems to support staff to carry out their duties to the best of their abilities. Staff had access to appropriate training, including refresher training. All staff mandatory training was up-to-date on the day of inspection. This was regularly reviewed by management. Further training had been provided for all staff in response to the COVID-19 pandemic, in areas such as infection control, hand hygiene and the donning and doffing (putting on and taking off) of personal protective equipment.

Staff meetings were held regularly, and from a review of minutes, a range of issues relating to the care and support of residents, risks in the centre and new developments were discussed at these meetings.

Staff told the inspector they could raise concerns about the quality and safety of care and support provided to residents if needed, and the person in charge provided good support on an ongoing basis.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that effectively governed the service. The inspector found that there were clear lines of communication

between staff and management and that management personnel were clear with regard to their roles and responsibilities. A range of local audits were carried out to oversee the quality and safety of care provided to residents. The provider responded promptly to issues identified through these systems.

However, while six-monthly audits were being carried out on behalf of the provider, an annual review of 2020 had not been produced as required, taking into account residents and family's views of the service in order to drive improvement.

The inspector acknowledged that the person in charge was dedicated and had ensured that effective oversight of the quality of the service by working excess hours allocated to this role. The inspector was made aware by the provider a review was underway regarding this issue across a number of designated centres and the person in charges hours would be examined.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The provider had an admissions policy and procedures in place, and the criteria for admission was outlined in the centre's statement of purpose. Each resident had a contract of care which contained information in relation to care and support in the centre, the services to be provided for, and where applicable the fees to be charged.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was knowledgeable of their responsibility to give notice of incidents that occurred in the centre. It was found that all incidents that required notification had been submitted to the Chief Inspector of Social Services within the appropriate time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector found that the registered provider had established and implemented effective systems to address or resolve issues raised by residents and their representatives. It was evident that solutions were found to resolve complaints

made by residents to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

The inspector found that the centre provided a homely and pleasant environment for residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. Since the previous inspection, the inspector found a key improvement in residents' rights to privacy had been made, through the removal of a communal office that was used at night-time, amongst night managers. Good practice was also noted in areas such as infection control management and fire safety. The inspector identified that some improvements were required to the systems for monitoring residents finances and health care assessments.

The designated centre was a large detached two-storey residence. All residents had their own single-occupancy bedroom decorated and personalised with the resident's tastes in mind and personal items. Residents had the use of three accessible bathrooms and several communal areas. There was a combined kitchen and dining area, which did not appear to accommodate all residents and staff at one time. However, there were other rooms both upstairs and downstairs that residents liked to use to watch television, make tea and have meals as per their wishes. The house was observed to be kept in good repair, and the person in charge had escalated any property issues to the maintenance department. The inspector had noted there was an issue with a broken cupboard door for the fridge when a resident had struggled to open it. This was brought to the attention of the person of charge who had arranged for maintenance to attend to this concern during the inspection.

The registered provider had ensured that safe and effective fire management systems were in place in the designated centre. The provider had assured that the systems in place were fit for purpose for all residents. For example, flashing lights and vibrating devices were activated for those with hearing loss when the fire alarm sounded. Following a walk around the premises, the inspector observed adequate containment measures, emergency lighting, and fire fighting equipment. Staff and residents were regularly completing evacuation drills. These were completed in an efficient manner, simulating both day and night-time conditions.

Care in the designated centre was person-centred and was found to promote residents' individuality and independence. Staff knew the residents well, and staff and resident interactions were marked by respect and empathy. Residents told the inspector that staff were always available to assist them. Residents said that they had the freedom to do whatever they chose with their day, although the current COVID-19 restrictions had a significant impact on their lives in the centre. Despite the restrictions and constraints on movements and travel, residents partook in

exercise and activities which brought pleasure to them. The inspector observed residents engaging in household duties, making tea and chatting with each other and staff. There was a garden area that was suitable for growing plants. Since the COVID-19 restrictions came into operation, residents and staff had spent much time cooking, baking and trying other creative initiatives. It was reported that residents' participation in the running and operation of the centre had increased.

All residents had assessments of need and personal plans in place, which were subject to regular review. Each resident had individual activation plans in place, which had been adapted to reflect activities that could be completed during the COVID-19 lockdown period. These included garden activities, house chores, feeding the birds, doing puzzles, video conferencing classes, and going for drives. Residents' plans also had multidisciplinary input and included an assessment of each resident's health, personal and social care needs. There was good family involvement in the care planning, and they were updated regularly. Overall, the plans showed that they were up-to-date and informed practice. For example, a care plan for one resident had been reassessed by a physiotherapist. Additional supports to maintain good posture and safety were put in place following this reassessment. There was evidence that when palliative care was required, specialised care and support were sought. Some improvement was needed to ensure all residents had their wishes recorded in their end-of-life plan.

Infection prevention and control had been a priority in the centre over the past year due to COVID-19 and the vulnerability of some residents. Staff had completed additional training in hand hygiene, infection control, and the donning and doffing of PPE. Other measures were implemented, such as temperature checks, regular symptom checks, assessing contact risks, and providing education to residents on the use of masks. At the time of the inspection, the centre had remained COVID-19 free.

The provider had ensured that there were systems in place to respond to safeguarding concerns. The person in charge had also ensured that all staff members had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse. The inspector reviewed an active safeguarding plan and found that the person in charge and provider had responded appropriately to the incident and that learning had also been prioritised following the incident.

There were some environmental restrictive practices in use in the designated centre, and the inspector found these were appropriately assessed, monitored and reviewed in line with best practice. None of these restrictive practices were used for the management of behaviours of concern and instead were used to support residents with medical conditions. There was evidence that the restrictive practices were kept under regular review to ensure that the least restrictive practice was implemented at all times.

The inspector reviewed the systems in place to safeguard residents' finances and the recording of daily expenditure. Residents' personal finances were stored securely, and checks and balances were being completed regularly. From a review

of files, residents were supported to manage and access their finances, paid into bank accounts in the residents' name. Bank statements were available for review, and these formed part of the auditing system to ensure all transactions completed were made by the resident or on their behalf. The inspector identified one area for improvement, the refunding of monies to residents from the provider on certain expenditure, for example, essential taxis. While it was clear that the money was refunded to the resident when receipts were sent to the provider, there was no written protocol for staff to follow to guide practice. The inspector found two such receipts that had not been sent to the provider for a refund, and this system required review to ensure all refunds were processed and checked.

Regulation 12: Personal possessions

The person in charge ensured that each resident had access to and retained control of their personal property and that support was provided to them to manage their finances. However, further improvements were required to ensure the system used to track refundable expenses by residents was easy to use and monitor.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was accessible for residents who were availing of its services.

All residents had their own bedrooms which had been personalised to suit their own preferences. The premises was well maintained by the registered provider both internally and externally. Any maintenance issues were responded to promptly.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector reviewed documentation related to COVID-19 preparedness, associated policies, training, and infection control processes. The review found that the provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health

Protection Surveillance Centre (HPSC) guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents.

The inspector noted that due to the complexity of some residents' personal evacuation plans, an overall fire action plan had been developed that detailed how the individual evacuation plans worked in conjunction with each other, so staff were clear on the evacuation process.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that all residents had an assessment of need and personal plan in place that was subject to regular review. Assessments of need, clearly identified levels of support required. These were subject to regular review and reflected the residents most current needs.

There was a key working system in place and key workers supported residents to achieve set personal social goals in place which were agreed at residents personal planning meetings. Goals in place promoted residents to develop independent living skills.

The inspector found that residents' personal plans demonstrated that, prior to COVID-19 restrictions, residents were supported to be involved in their local community in accordance with their individual interest.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans and adequate support was provided to residents to experience the best possible health.

Appointments with allied health professional were facilitated with records maintained of these.

Records showed that appropriate care and comfort was available for residents at end of life. This included access to general practitioner (GP) and specialist palliative care when required. Where the resident wanted their family to be with them this was supported by staff in line with the current guidance for compassionate visiting. However some improvements were required in the documentation of end of life care plans to ensure that each resident's wishes and preferences, in as far as they were known, were recorded.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector was informed that residents did not require support to manage behaviours of concern but staff had attended recent training in positive behaviour support.

Restrictive practices were logged and regularly reviewed, and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Residents were safeguarded in the centre. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. All residents had individual plans in place to support them with their personal care. Some safeguarding risks were identified in the centre and staff were implementing measures at all times to reduce the risk of safeguarding incidents.

Staff spoken with were knowledgeable on the types of abuse and on the response required in the event of a safeguarding concern, and on the current measures in safeguarding plans.

Judgment: Compliant

Regulation 9: Residents' rights

The ethos of the centre was to ensure that residents could exercise choice and control in their daily lives, for example, in the activities residents engaged in and where they lived. Residents were seen to be treated in a respectful manner throughout inspection. Regular house meetings were taken place where residents were consulted in relation to the running of centre and given information on their rights such as complaints. Residents were also supported and encouraged to be part of the residents' advocacy group if they chose to do so.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	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	Compliant

Compliance Plan for Navan Road - Community Residential Service OSV-0003062

Inspection ID: MON-0032603

Date of inspection: 27/05/2021

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Provider will complete the Annual Review for 2020.</p> <p>The Provider is reviewing the supernumerary hours for all PIC, s.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A system for trekking service user finances will be accurately documented including instructions for refunding money to service user accounts. The Provider has issued guidance in relation to taxi fares for hospital visits.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The PIC will liaise with family members and staff team who knows the resident well.</p> <p>The service user future plan will be documented, taking into account her wishes and preferences.</p>	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	01/08/2021
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	30/12/2021
Regulation 23(1)(d)	The registered provider shall ensure that there	Not Compliant	Orange	15/08/2021

	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 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Substantially Compliant	Yellow	01/08/2021