



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

Issued by the Chief Inspector

Name of designated centre:	St. John of God Kildare Services - DC 9
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	08 April 2021
Centre ID:	OSV-0003575
Fieldwork ID:	MON-0032020

About the designated centre

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

St. John of God Kildare Services Designated Centre 9 is a respite service for children aged between seven and eighteen years, and adults with an intellectual disability. Children and adults wishing to avail of respite services within Designated Centre 9 must be attending St John of Gods school or day services within the catchment area. The service is provided to both groups on alternate weeks. The individuals who avail of the respite service are supported by a staff team that comprises of a clinical nurse manager, a social care leader, nurses and social care workers. The centre consists of a two storey dwelling that provides services for a maximum capacity of five individuals. The length of stay varies from two to seven nights and depends on the needs of the individual and their family. Each person who avails of a respite break is supported to access and participate in meaningful social activities, leisure pursuits and outings in the local community. The maximum capacity of children that can be accommodated at one time is four, and for adults it is 5. As part of the COVID-19 restrictions, the capacity of the centre has been reduced to two.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Thursday 8 April 2021	10:00hrs to 15:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The inspector met with two children that were availing of respite on the day the inspection was carried out. To reduce movement in the house as a result of the COVID-19 pandemic, the inspector was located in an office upstairs in the designated centre. The inspector was introduced to both respite users during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE).

At the time of the inspection, to adhere to public health guidelines, the centre was providing a significantly reduced service in order to implement infection control measures. Consequently, there was a reduced capacity from five adults, or four children, to two. As a result, there was a significant decrease in the availability of respite nights currently.

Since the onset of the COVID-19 emergency, the respite centre closed in March 2020. It reopened in August 2020, during phase one of the planned reopening respite process, to support a reduced number of residents daily from Monday to Saturday. Overnight stays on three alternative days recommenced from January 2021. The inspector was informed during the inspection that full service provision for seven nights would resume at the end of April as the restrictions imposed during the COVID-19 pandemic decreased.

A total of 46 respite users availed of the service, 30 adults and 16 children and both groups were accommodated on alternative weeks. Before COVID-19, the length of stays varied from two to seven nights depending on the needs of the individual and their family. This reduction in the availability of respite had understandably caused distress for some respite users and their families that had relied on the service. The inspector acknowledged that the provider was following the Health Service Executives' (HSE) guidance document, "Guidance to Support the Resumption of Centre-Based Respite Services for people with disabilities", in line with COVID-19 Restrictions. This resulted in the provider undertaking a gradual increase in service delivery to ensure that essential services were provided with a minimal level of risk of infection to service users, their families and staff.

There was a sense of fun and enjoyment in the centre at the time of the inspection, and the inspector observed a friendly and kind approach from the staff team when supporting respite users with their needs. The two children availing of respite had arrived that morning, and laughter and excitement could be heard when the children were putting their personal items in their bedrooms. In the afternoon, staff supported the children to bake chocolate buns, and one child very proudly presented the inspector and person in charge with a bun they had baked. The inspector observed that the resident seemed relaxed and happy in the company of staff.

Compatibility of resident groups was a focus prior to admissions. The staff team

were aware of the personal preferences of respite users who liked to be in the designated centre together and endeavoured to facilitate this wherever possible.

It was clear that the staff team knew the respite users and their individual needs very well. For example, staff members learned the dietary preferences of each individual and what activities they liked and enjoyed. At the front of each respite users' personal folder contained a document 'Things to prepare for my visit', which outlined favourite foods that should be purchased in advance of the visit and how the bedroom should be arranged, for example, placing a night light in the room.

Respite users were facilitated and encouraged to engage in their community in a meaningful way. Due to the current health pandemic restrictions, community activities were limited. However, respite users were supported to choose from a number of community activities they enjoyed, such as drives in the surrounding areas, walks in the local parks, movie nights and baking.

The inspector reviewed feedback that families had submitted as part of the annual report consultation process. The families expressed that they were satisfied with the quality of care and support provided to their family members. The inspector observed thank you cards in the centre from family members after their loved one had received a respite stay thanking staff. The person in charge had implemented suggestions raised by families in how the service could be improved. For example, pictures of staff being made available before a stay so respite users knew who would be supporting them on their stay. Also, the going home report was amended to include activities completed so families could speak to their loved ones about on their return home. The person in charge also informed the inspector that they were researching phone apps that could be used to share information with families.

It was clear to the inspector that respite users and families alike cherished the respite breaks made available to them. Respite users attending the respite service and their families regularly communicated that they thought of their respite stay as a holiday. While there were some negative impacts for respite users from the ongoing restrictions associated with the COVID-19 pandemic, the management team and staff members were making substantial efforts to maintain services for the respite users and their families during this time. There was a regular management presence in the centre, and staff support was appropriate to meet the needs of the current respite group. The inspector looked at a number of areas that impacted the care and support provided to residents, including staffing, management, complaints procedures, fire safety, risk management, behavioural support, admissions, infection control, personal plans and safeguarding. While some issues were identified regarding the premises, staff training and the statement of purpose, the inspector found that management and staff were striving to provide a safe service to service users during their respite stay.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted the quality and safety of the service being delivered.

Capacity and capability

This was a short-term announced inspection that the inspector announced on 06 March 2020. This inspection aimed to monitor the centres' ongoing compliance with the regulations as it was two years since the previous inspection. It also provided for the inspector to gain further information in relation to the centre's application for renewal of registration.

The inspector found an effective management arrangement in place that ensured the safety and quality of the service were consistent and closely monitored. There was a clear management structure in place and a regular management presence in the designated centre with a full-time person in charge. They had been appointed to the role in September 2020. They had previously worked in the centre for several years as a clinical nurse manager. They reported to the residential coordinator who previously held the role of the person in charge, so there was a strong knowledge about the support needs of each resident and the operation of the centre.

To ensure oversight of the centre, the provider carried out annual reviews and six-monthly unannounced visits as required by the regulations. Such visits focused on the quality and safety of the service provided. The most recent six-monthly unannounced audit carried out by a person nominated by the provider had been carried out the week prior to inspection. While the inspector identified some areas for improvement, the majority of which were self-identified by the auditor, and there was a timebound plan in place to address them.

A consistent staff team was in place providing care and support, which was clearly identified on the centre's staff rota. The roster had been reviewed and rearranged so that staff worked in pods to reduce the risk of transmission of the COVID-19 virus. The inspector was informed that some vacancies existed, including a social care leader and staff nurses. This currently had not impacted the service as it was operating at a reduced capacity, and there was recruitment underway so an entire staff team would be in place when full services resumed.

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 respite users and their families with a view to the ongoing development and improvement of services. This was evident by the changes implemented by the person in charge that was suggested by family members. Respite users and their families had many opportunities to comment and provide feedback on the service provided or submit complaints and compliments. There was evidence of regular respite user meetings, pre-admission assessments, feedback forms regarding respite stays, correspondence records and complaints and compliments records. The inspector identified that some improvement was required in the record-keeping of the satisfaction levels and closing out of complaints.

A sample of incident, accident and near-miss records maintained in the centre were reviewed by the inspector, who found that required notification of incidents to the

chief inspector had been completed as per the regulations. There were clear admission criteria in place should an individual wish to avail of the respite services. The person in charge completed assessments of need before determining if the respite service could meet the needs of the individual. The person in charge also reviewed what groups of service users availed of respite together by looking at their support needs, compatibility matrix and potential risks, including safeguarding risks.

The inspector found that overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. Staff had received training in risk assessment, children's first, safeguarding, fire safety and evacuation, first aid, food safety, safe medical administration, manual handling and training relating to COVID-19. There were some gaps in this training, but the provider was aware of these gaps, and the person in charge had made arrangements to address some of the training gaps and was awaiting dates and availability for those remaining gaps. The provider had a staff supervision system in place, and staff received appropriate supervision.

Regulation 14: Persons in charge

The person in charge was appointed on a full-time basis and was a clinical nurse manager (CNM2). They were found to have the required experience and qualification to meet the criteria of regulation 14 and the role of the person in charge.

The inspector found that the person in charge actively participated in the centre; this provided reassurance that practices were appropriately supervised and managed.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of the service operating at the current reduced capacity. There was a requirement for additional staff in order to operate the service at a normal capacity; however, recruitment was underway for this.

The person in charge had prepared a planned and actual roster that accurately reflected the staffing arrangements in the centre. The provider and the person in charge had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus. The staff team were arranged into two pods as part

of this contingency plan.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were observed to have access to appropriate training, including safeguarding of vulnerable adults, children's first aid and safe administration of medicines. Training also included updated infection, prevention and control training in the areas of hand hygiene, donning and doffing of personal protective equipment (PPE), transmission-based precautions and breaking the chain of infection in response to the COVID-19 pandemic.

Gaps were, however, identified in the safeguarding training matrix. A number of staff had not completed refresher training in dysphagia, and two staff members were out of date for fire safety training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector was satisfied that good governance and management arrangements were in place, including effective management to ensure the risk of the introduction of and the transmission of infection, was minimised.

The provider had ensured that an annual review of quality and safety of care was completed, and the report took into account the national standards. It was evident that respite users and families views were sought and considered throughout the review as a driver for improvement. The provider also ensured that unannounced visits were taking place to ensure that service delivery was safe and that good quality service was provided to respite users. The inspector saw that the person in charge carried out a schedule of local audits throughout the year, including audits relating to the care and support of respite users.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a clear and comprehensive pre-admission and admission process in place prior to respite users availing of respite in the centre. Respite was determined on the basis of clear criteria, and all respite referrals are discussed and considered at

the regional respite committee.

Respite information was posted to respite users and their family two weeks prior to availing of respite. This detailed service users' respite dates and times and was used as a communication tool between the centre and respite users to highlight any issues such as medication changes and healthcare needs. An inventory list of all service users belongings was maintained to prevent missing items and protect residents possessions. COVID-19 and associated risks were also assessed prior to admissions.

As actioned in previous inspections, not all respite users had an up to date contract of care, and six respite users were found to have had no contract of care. However, the inspector was informed that fees that were previously applicable had been removed, and all contracts of care would be streamlined to reflect this change.

The provider was also required to ensure that the criteria and protocols in place for room sharing arrangements were detailed in the admissions procedures and contract of the provision of services.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose, a document that describes the service, was available. The statement of purpose consisted of a statement of aims and a statement as to the facilities and services which were to be provided to respite users.

The provider was required to submit additional information regarding the arrangements in place for the double occupancy bedroom.

Judgment: Substantially 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 within the appropriate time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

It was found that feedback was actively sought in order to make improvements within the service, the majority of which were very positive. The provider appeared to have good working relationships and open lines of communication with respite users and their family members.

The inspector observed a number of compliments and thank you cards that had been received from respite users and their families regarding their respite stays and the service provided.

On review of the complaints log, it was observed that when concerns or issues arose, these were responded to promptly. The inspector identified that improvement was required in documenting the record of the action taken and whether the complainant was satisfied with the outcome.

Judgment: Substantially compliant

Quality and safety

The inspector was satisfied that respite users were provided with a good quality of service when they were staying in the centre. It was observed that residents were appropriately supported and treated in a respectful manner while availing of respite stay. Overall a good level of compliance was found, but some improvement was required in relation to the premises and personal planning.

The inspector took the opportunity to carry out a visual inspection of the premises before the respite users arrived. Overall, it was observed the provider had ensured residents were afforded a pleasant environment during their respite stay. The premises was a large, two-story building in a quiet estate. A playroom was available for children when they were using the service, and this was changed into a sensory room when adults were availing of the service. There were four bedrooms upstairs and one ground floor bedroom with an ensuite, which was the only accessible room available. A secure garden area was located to the rear of the centre that provided children with outdoor recreational areas. The inspector noted that due to the closure of the respite centre for many months, the garden area and equipment required attention and replacing. This is further detailed under regulation 17.

The downstairs bedroom was used as a shared bedroom to increase the availability of accessible accommodation to respite users before COVID-19. The provider reviewed concerns raised during previous inspections regarding maintaining the privacy and dignity of respite users, and they had planned to structurally divide the room in two. The inspector was informed, however, that this could not be architecturally carried out. Discussions were held during the inspection for the need for clear admission criteria to the shared room that would also be reflected in the centre's statement of purpose, the respite users contract of care and privacy and dignity policies. The inspector recognised that some respite users requested to share

this room together, and that right should be protected.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that there were satisfactory systems in place for the prevention and detection of fire. The mobility and cognitive understanding of respite users were adequately accounted for in the evacuation procedures and the respite residents' individual personal evacuation plans (PEEPS). The inspector found that the PEEPS had been updated after a fire drill to document any learning. The provider had improved the fire containment measures in the house with the addition of automatic closers to fire doors.

Infection prevention and control had been a priority in the centre over the past year in order to reopen safely. There was access to the infection control lead, who provided support as required. Staff had completed additional training in hand hygiene, infection control, and the donning and doffing of PPE. Additional measures had been implemented, including facilitating handovers with families by phone, regular symptom checks and assessing contact risks. The respite house had also restructured its opening hours to facilitate deep cleaning.

Before arriving at the designated centre for a respite break, the inspector found that respite users, or where appropriate, a respite users family member, were contacted about their upcoming respite stay. Any changes or updates relating to residents' medication, health and wellbeing were addressed at this stage, and a further follow-up call was made nearer to the date of the respite stay. Pre-assessments and pre-admission process's and criteria were clear, and residents appeared to have access to a range of activities during their respite stay. However, the inspector found that improvements were a required to residents individual assessment of needs to ensure that residents' plans were reflective of their current needs and were kept up to date.

A review was completed of the arrangements in place to support respite users with behaviours of concern. There were positive behaviour support plans available for those who required them, and there was a positive behaviour support policy in place in the centre. Some restrictive practices were in use in the centre, including the use of bed rails and monitors. Restrictive practices were in place with a clear rationale with corresponding individualised risk assessments for any restriction use. Any restrictive practices in place were reviewed and approved by the service restrictive practice committee.

Regulation 17: Premises

The inspector found the interior of the premise to be clean and in good condition. Some outdoor improvements were required to ensure the centre was maintained in line with regulatory requirements and the recreational needs of children were met.

- The trampoline was rusty in places, and parts of the cover were broken and torn.
- The accessible wheelchair swing was not operational.
- Parts of the garden fence had come down.

- There was a broken swing set in the sitting area.
- The playhouse required cleaning.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was a local risk register that detailed associated generic risks. Risk assessments were also completed and reviewed for risks pertaining to each respite user.

The person in charge had ensured that the risk register had been updated to reflect the risk of infection of COVID-19 to respite users and staff working in the centre. The controls were discussed and observed throughout the duration of this inspection.

Clear records were maintained of any accidents or incidents in the centre, and the person in charge completed a review of these and subsequently completed risk assessments and implemented risk measures when necessary.

Judgment: Compliant

Regulation 27: Protection against infection

As previously mentioned, a number of infection and control measures had been implemented to reduce the risk of COVID-19 virus due to the short term nature of respite and the resulting turnover of individuals utilising the service. Environmental cleaning was carried out at various times during the day, and deep cleaning took place between respite users.

Management and staff were adhering to national guidance for the management of COVID-19 in residential care facilities. At the commencement of each shift, staff temperatures were taken and again during their shift as per operational procedure. The centre was visibly clean on arrival, and all staff were observed wearing face masks. The inspector observed that staff were engaged in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

There was a detailed and specific contingency plan in the event of a COVID-19 outbreak in the centre. This highlighted that agency staff were not used to avoid additional footfall and the inability to trace where the staff member worked, again reducing the risk.

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.

A tour of the premises demonstrated that fire compartments were maintained by fire doors that closed when the fire alarm sounded. There were also suitable fire containment measures in place, and the provider had installed self-close devices on doors in higher risk areas to further improve containment arrangements.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that overall, the systems in place regarding respite residents' assessment of need required reviewing. While residents' plans contained relevant information to reflect their assessed needs, not all information was current or reviewed within the last year. However, this was previously identified by management, and the person in charge had undertaken to improve residents' personal plans to ensure they contained information relevant to their assessed support needs.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where respite users presented with behaviours of concern, the provider had arrangements in place to ensure these respite users were supported and received regular review.

Any restrictive practices that were in use in the designated centre were appropriately assessed, monitored and reviewed in line with best practice. Efforts were also being made to reduce restrictive practices where possible.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding risks at the time of inspection. There was evidence that where safeguarding risks had been identified in the past, these were screened and reported appropriately, and safeguarding plans were implemented where necessary.

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of respite users availing of the services of the centre. Compatibility of service users availing of respite was a focus prior to admissions. All service users had intimate care plans in place, and all staff had received training in the safeguarding and protection of vulnerable adults and children.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. John of God Kildare Services - DC 9 OSV-0003575

Inspection ID: MON-0032020

Date of inspection: 08/04/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff who require refresher fire and safeguarding training will have completed same by 30th May 2021. All staff have completed dysphagia training and are in date. Staff are booked for refresher training in advance of their expiry date and new systems are being established to forward plan for additional training needs.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: A review of the contracts of care for the centre will take place to ensure that all information is accurate and reflects the service provision being offered. The contracts will include information about bedroom sharing for those it applies to. For all new admissions to respite, the contract of care will be issued to them during their transition to the centre.	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of purpose will be amended to reflect the local procedure on bedroom sharing. It will also reflect the current level of respite service being provided at the moment due to covid-19, which has resulted in reduced capacity and substantial infection control procedures.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints procedure will be discussed at a team meeting to ensure that all staff can respond to complaint locally and reflect this in their documentation of the complaints. The satisfaction of the complainant with the outcome of their complaint will also be captured in the documentation.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All garden maintenance issues will be highlighted on the maintenance log and will be addressed by the team.</p>	
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> <p>Audits of each respite users Personal Plan to be undertaken and actions arising from these audits will be implemented by key workers in a time bound plan. Families will be included in the review of All about me assessments.</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 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	30/05/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas	Substantially Compliant	Yellow	30/09/2021

	are provided which have age-appropriate play and recreational facilities.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	24/09/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/05/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there	Substantially Compliant	Yellow	30/10/2021

	is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
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