Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 4
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	13 December 2021
Centre ID:	OSV-0005835
Fieldwork ID:	MON-0033132

About the designated centre

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

Designated Centre 4 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate, their family, the community, allied healthcare professional and statutory authorities. The centre consists of 3 separate detached houses in Kildare County. The centre can accommodate a maximum of 13 male or female adult residents. The centre is staffed by staff nurses, social care workers, care staff and a person in charge,

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 13 December 2021	10:00hrs to 16:45hrs	Ann-Marie O'Neill	Lead
Monday 13 December 2021	10:00hrs to 16:45hrs	Michael Muldowney	Support

What residents told us and what inspectors observed

This report outlines the finding of an unannounced inspection of this designated centre.

Inspectors ensured physical distancing measures were implemented as much as possible with residents and staff during the course of the inspection. Inspectors greeted all residents present in each house during the course of the inspection. At all times, inspectors respected residents' choice to engage with them or not during the course of the inspection.

In one residential house visited, inspectors were made aware that some residents may not wish to engage with unfamiliar people and therefore, inspectors were mindful to limit their interactions with those residents to ensure they remained comfortable and at ease in their home.

During the inspection, inspectors visited all three residential houses that made up the designated centre. All three homes were located across towns in County Kildare. Each residential home was approximately a 10 to 15 minutes drive from each other.

In the first house inspectors visited, no residents were present at the commencement of the inspection, however, two residents arrived to the house a short time later having returned from visits from home. Staff were available in the house to meet residents on their return and prior to their arrival had been tidying and cleaning the house and making it ready for their arrival.

In this house, inspectors observed the premises to be pleasantly decorated and homely in aesthetic. However, there were a number of premises improvements required.

The downstairs toilet was small and cramped with no light fixture overhead, in addition there was no splash back over the sink and a collection of mould had collected around the seal where the sink was affixed to the wall. The house also required repainting throughout as there were notable marks and cracked paintwork in areas.

While the overall cleanliness of the house was of an acceptable standard, inspectors observed areas where a deep clean would be required for example shower plugs had a build up of grime. High reach areas showed a build up of dust and the utility space was also quite dusty with a build up of lint and dust in the air vent of the room. Some kitchen floor tiles were cracked, and there were noticeable marks on the ceiling in the kitchen area where repairs and leaks had occurred but had not been painted over. Some window sills had been damaged by water and the carpet on the stairs and landing was marked and old in appearance.

Inspectors took opportunities to speak with both residents in this house. One

resident did not wish to talk directly to the inspector and chose to provide feedback about the service while talking to a staff member, but with the inspector present. They said they liked the house, they were happy living there and they missed their day service and meeting their friends.

The second resident told the inspector that they liked the food in the house and liked living there. The resident was recovering from a medical procedure and told the inspector that staff were helping them with their recovery. The resident said they were looking forward to Christmas and were planning to stay with family over the holiday period.

In the second house, visited by inspectors, some residents were seated in the kitchen/dining area. One resident had written Christmas cards for their friends with the help of staff in the centre. They showed inspectors the card they had written. Residents were happy to received visitors to their home and greeted inspectors verbally and with thumbs up gestures.

Staff were observed to speak to residents in a pleasant manner and told inspectors that they enjoyed working with the residents. Staff interactions with residents was kind and care provided to them was discreet and supportive. Residents did not wish to engage in verbal feedback about their home. Inspectors carried out a visual inspection of the premises in this house.

Overall, it was demonstrated that considerable refurbishment was required in this home to make it homely and less institutional in aesthetic. Different coloured linoleum flooring was present throughout the house, for example, in the hallway, living room area, landing and residents' bedrooms. The flooring was hard wearing and institutional in aesthetic and design. While functional, it did not provide the house with a homely feel.

The living room area was nicely decorated and comfortable however, a second space off the living room was used as an office area for staff and contained a computer, a desk, medicine cabinet and cupboards for medication administration records. COVID-19 and infection control information was laminated and affixed throughout the house. While the information was important, it did impact on the homely feel and appearance of the house and was for staff purposes only.

The person in charge discussed the need for a staff administrative station located near residents' communal living space. While it was acknowledged that the location of the staff administration station was to ensure staff supervision arrangements for residents, it impacted on the space and areas available for residents to use and further added to the institutional aesthetic of the house.

Inspectors also noted some fire containment upgrade works were required in this house. This related to the absence of fire doors leading from the utility space and also from the kitchen to the office space. It was however, noted the provider had self-identified this and had put arrangements in place for this to be addressed. There was also a large and inviting garden space for residents to use.

Inspectors then visited the third house that made up the designated centre. This

house was decorated and maintained to a good standard and was observed to be comfortable, homely and decorated to reflect the personalities and preferences of the residents.

Residents in this house preferred to spend time with familiar staff and inspectors therefore, did not engage in conversations or interactions with residents. An inspector however, did over hear and observe staff interactions with residents during the course of the inspection. Two residents were present in the house at the time of the inspection. Inspectors overheard staff singing with residents and helping them to operate their hand held electronic tablets to put on music, for example. Residents appeared very relaxed and happy in staff company.

Additionally, this house provided residents with two separate living room areas which suited their need to spend time on their own when they wished.

In summary, inspectors found the provider and person in charge had implemented the compliance plan from the previous inspection. Residents' assessed needs were being managed to a good standard albeit impacted by COVID-19 and restrictions in their access to day services.

A number of premises refurbishment works were required however, to ensure residents were provided with homely environments that were well maintained and could ensure and promote the most optimum infection control standards. Some fire safety improvement works were also required.

It was noted however, the provider had made governance improvements in the centre with the provision of two social care workers posts in the centre. Their role was to provide enhanced operational management systems within the centre and to support the person in charge in their role.

At the time of inspection, one social care worker was in place and located in one of the residential houses. Inspectors observed there were notable higher standards of compliance in this house in comparison to the remaining two houses. A second social care worker post was to commence in another of the residential houses the week following from the inspection, which would further bring about improved governance in the centre.

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

Capacity and capability

This centre had been previously inspected December 2020. On that inspection there had been poor findings across a number of areas relating to staffing, staff training, safeguarding and positive behaviour support management. The purpose of this

inspection was to review the provider's progress in implementing the actions they committed to implementing in their compliance plan response to the previous inspection and to also ensure all houses that made up the designated centre were visited. This inspection found the provider and person in charge had implemented the compliance plan from the previous inspection and there were improved compliance findings with regards to these key areas. However, improvement was required to ensure the provider carried out provider-led audits and reviews of the quality of service provision in the centre within the time frame set out in Regulation 23.

The person in charge reported to a programme manager who in turn reported to the director of care. The person in charge was knowledgeable of the needs of residents. They were responsible for this designated centre and one other designated centre. Each designated centre they managed comprised of a number of residential homes. To support them in their regulatory and management role, the provider had assigned two social care worker roles to this centre.

At the time of inspection, one social care worker was in place, with one social care worker role vacant. The social care worker worked as the assigned responsible person for the centre on a day-to-day basis and in the absence of the person in charge, for example. Their role was also clearly outlined in the statement of purpose for the centre which defined it as part of the overall management function within the centre. As discussed, inspectors noted there was a higher standard of compliance found in the residential house were a social care worker had been assigned. Inspectors reviewed the provider's progress in appointing a second social care worker post to the centre to strengthen the governance in the centre. It was noted this post was due to be filled within a short time-frame after the inspection.

An annual review had been completed for 2020 by the provider. This review met the requirements of Regulation 23. The provider had carried out one regulatory required visit to each house that made up the centre in 2021. While it was acknowledged that a provider-led audit had occurred in each house that made up the centre, the frequency of the visits were not in line with the matters as set out in the Regulations. The provider-led audits were however, comprehensive in scope and provided an improvement action plan to bring about enhanced compliance.

In addition, the person in charge completed operational day-to-day management audits in each house in the areas of environmental/premises reviews, risk management and medication management. Other audits present in the centre had been carried out by key stakeholders in the organisation, for example a fire safety audit had been completed and an infection control audit had been carried out by a clinical nurse specialist in each house also.

Staff team meetings were attended by the person in charge, took place on a monthly basis and were comprehensive in content. Agenda items included topics such as safeguarding, complaints, restrictive practices, and the daily routine and planning for the houses.

Staff training was made available to staff. The person in charge maintained an up-

to-date training audit for staff across all three houses that made up the designated centre. Inspectors reviewed the training arrangements for staff and noted staff had received up-to-date mandatory training. Refresher training was also made available to staff. Staff had received supervision meetings with their line manager also.

There had been a recent change to the programme manager post for the centre. The provider had submitted an updated statement of purpose to the Chief Inspector which reflected this governance change. However, a notification to inform the change of management stakeholder had not been received. The provider was required to submit a notification informing the Chief Inspector of the outgoing programme manager and an additional notification for the incumbent programme manager.

The provider had addressed the non compliance from the previous inspection relating to staffing by ensuring here was a full compliment of staff in the centre. Some improvement in the skill-mix of staff was required in relation to the whole-time-equivalent numbers of social care workers in the centre. While inspectors noted there was a vacant social care worker position, it was acknowledged the post had been filled with the staff member due to commence work the week following on from the inspection. Therefore, Regulation 15 was met with compliance.

A planned and actual roster was maintained in the centre which showed the hours staff worked in the centre, also addressing an action from the previous inspection. The person in charge identified that they intended to improve the documentation of staff names on the roster by ensuring staffs' full first and second names were recorded. This initiative would bring about further quality improvements in the recording of planned and actual rosters in the centre.

Registration Regulation 7: Changes to information supplied for registration purposes

There had recently been a change of programme manager for the designated centre.

The provider was required to notify the Chief Inspector of the incumbent new programme manager and to also notify the Chief Inspector of the outgoing programme manager for the centre.

This was required to ensure the Chief Inspector was notified, in a timely way, of any change to key management stakeholders for the designated centre and to ensure an accurate record of stakeholders was maintained and reflective of the centre's statement of purpose.

Judgment: Substantially compliant

Regulation 15: Staffing

The person in charge ensured that a planned and actual staff rota was properly maintained.

The registered provider was ensuring that the number, qualifications and skill mix of staff was appropriate and that residents were receiving continuity of care and support.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training including refresher training. The person in charge maintained a record of all staff training and reviewed the records on a monthly basis to ensure that they were up to date.

The person in charge was responsible for the supervision of the staff working in the centre and put in place formal and informal supervision arrangements to ensure that staff were appropriately supervised. The person in charge maintained formal supervision records which indicated that all staff had received supervision in line with the time frames outlined in the centres policy.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed an annual review for 2020 that met the requirements of Regulation 23.

The provider had carried out one provider-led audit in each house that made up the designated centre in 2021. While they were comprehensive in scope and identified areas for improvement, they had not been carried out in a time-frame that met the requirements of Regulation 23.

There was evidence of ongoing operational management auditing occurring in the centre. These audits were carried out by the person in charge and other organisational stakeholders.

The provider had appointed social care workers to the centre to enhance the governance oversight arrangements in the centre which in turn supported the

person in charge in their regulatory role.

While there was one vacant social care worker post at the time of inspection, the post had been filled and was due to commence within a very short time frame after the inspection.

Judgment: Substantially compliant

Quality and safety

This inspection found that residents were in receipt of a service that was person-centred and for the most part, meeting their social care needs. Some improvements were required in relation to the premises, fire safety precautions and infection control standards.

The provider had ensured residents lived in comfortable environments in each of the residential homes visited. However, not all homes were maintained to a good standard and as discussed, some homes were institutional in aesthetic with staff administration spaces impacting on their communal spaces.

One of the residential homes visited was pleasantly decorated and maintained both inside and out. This house required some small premises improvements in relation to repainting of some areas, for example. However, a number of premises enhancement and improvement works were required in the other two houses visited.

Toilet facilities in one house required improvement to ensure they were accessible for all residents, well illuminated and maintained in a manner that could provide optimum infection control standards.

Other aspects of the premises in one house presented as institutional in design and aesthetic. For example, staff administration work spaces, medication presses and administration storage cupboards were located in a communal space off the living room. Staff information, rosters and infection control laminated posters were also placed on the walls in this space. This area of the home was used as a work space for staff and did not have any provision for residents to occupy or use the space.

Hard wear linoleum flooring was present throughout the house and while functional was not aesthetically pleasing and added to the overall institutional design and feel of the home.

In addition, inspectors observed the presence of a clinical waste bin located on the landing area in the house. When reviewed with staff and the person in charge, this waste receptacle was placed there as a provision in the event of an infectious outbreak. However, at the time of inspection there was no infectious outbreak in the centre and the receptacle was being used as a general waste bin. Located on a

number of walls beside residents bedroom were additional infection control laminated posters for staff information purposes. These posters, though informative, contributed again to the institutional aesthetic of the home and were not useful for the residents that lived in the home.

There was a schedule of maintenance in place for fire safety equipment. Inspectors reviewed servicing check records in each residential home visited and noted they were up-to-date in each house with a record maintained and available for review in each house. Staff had received training in fire safety management with refresher training available and provided as required. One staff had not received refresher training in fire safety.

Each house had also undergone a fire safety audit by a stakeholder of the provider with a remit in fire safety and a fire safety improvement action plan was in place. The provider had begun to address actions from this audit and had installed a fire compliant door to leading to a utility space in one of the houses which improved the overall containment measures in that home.

Containment measures were adequate, for the most part, in each home. All residential homes had fire doors fitted with smoke seals and door closers. In some homes, fire doors were fitted with magnetic release mechanisms. However, in one home inspectors identified there were containment improvements required, a fire door was required for a utility room space and a door leading from a kitchen area.

Fire drills had been carried out during day and night time hours and recorded and maintained in fire folders in each house. Each resident had a documented personal evacuation plan which was in date maintained in the centre. Inspectors spoke to one staff member who demonstrated adequate knowledge on the fire evacuation procedures and plans.

Inspectors reviewed infection control management in the centre and noted good contingency planning was in place. Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Daily cleaning checklists were maintained and updated each day. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection.

There were appropriate sharps management arrangements and risk assessments in place. Additional infection control risk assessments were in place for incontinence wear disposal and catheter management.

The provider had also ensured a comprehensive infection control audit in each residential house had been completed by a clinical nurse specialist in Infection Control. This audit had not only reviewed matters relating to COVID-19 but had also reviewed other areas related to standard infection control precautions. These audits were comprehensive in scope and provided an action plan for the person in charge to address. It was noted a number of actions had been addressed by the time of inspection.

However, further areas of infection control management required improvement. It

was noted that some premises issues impacted on the infection control standards in the centre as some surfaces were not maintained in good working order. Inspectors observed the dust was required in high reach areas and a number of vents in bathroom and utility spaces required cleaning as there was a presence of dust and cobwebs.

Inspectors reviewed one resident's individual assessments and personal plans. Inspectors found that the assessments were comprehensive in identifying the health, personal and social care needs of the resident. Personal plans had been developed with the resident and in consultation with their circle of support.

Residents exhibiting behaviours of concern were supported by relevant members of the multidisciplinary team, and where required individualised behaviour support plans were developed. The behaviour support plans were reviewed as required, and were available to staff in the centre to guide them in supporting residents. Staff had up-to-date knowledge and skills to respond to behaviours of concern. A specific training package had been developed by members of the multidisciplinary team and delivered to staff working in the centre to support them in the implementation of behaviour support plans and associated strategies. Incidents of behaviour of concern were been recorded and reviewed at team meetings to identify learning or trends.

Staff working in the centre had received appropriate training on the safeguarding of residents from abuse. Inspectors spoke to one staff member about the safeguarding arrangements in the centre. The staff member explained how they would respond to safeguarding concerns and demonstrated a good understanding of the centres safeguarding policy. Safeguarding concerns were appropriately recorded and reported. The provider and person in charge had put measures in place to protect residents from abuse including the development of safeguarding plans, adequate staffing arrangements, review of all incidents, and support from relevant members of multidisplinary team.

Some residents had made complaints regarding their access to their day services. As a result of the COVID-19 pandemic access to day services for some residents had ceased. While the provider had provided additional staffing in the centre to support residents to engage in activities meaningful to them, some residents would still prefer to return to their day service even on a limited basis. Some residents had also made complaints in relation to access to the centres vehicle. The centre has one vehicle which was shared by the three houses and was not always readily available to support resident to engage in community activities. Residents had access to taxi services and some public transport. However, some residents did not like to use public transport and some would require significant staff support that is not always available.

Regulation 13: General welfare and development

Residents had opportunities to participate in activities of their interest. However,

some residents were not satisfied with access to their day services which had been curtailed due to the COVID-19 pandemic and had not resumed for them.

Access to transport was not sufficient to ensure residents were able to engage in community activities at their will.

Judgment: Substantially compliant

Regulation 17: Premises

Refurbishment upgrades were required across all three houses. However, this was more notable in two of the three houses.

- Repainting was required in areas of all three houses.
- The ceiling of one house was marked where there had been previous leaks and/or repair works carried out and not painted over.
- Door frames and jams were damaged in some houses exposing bare wood.
- Door frames, doors and skirting boards required repainting in some houses.
- Internal window sills in one house were water damaged and there was noticeable areas where the paint had lifted or come away.
- There was no toilet roll holder in one upstairs bathroom area.
- There was no overhead light in a downstairs toilet.
- Flooring in one house was institutional in design and installed throughout the house apart from the kitchen area.
- A resident communal space was being used a staff administration/office area and stored a medication press, administration cupboards, a staff work space, computer and printer.
- Laminated infection control posters for staff information purposes were posted on a number of walls in one house which impacted on the homely aesthetic of the premises.
- Inspectors saw the presence of dust, cobwebs and dusty air vents in high reach areas, which demonstrated not all areas of the premises were kept in a clean hygienic manner.
- There was no splash back behind a downstairs sink.
- Carpets on the stairs and landing in all houses were old and required replacing.

Judgment: Not compliant

Regulation 27: Protection against infection

Inspectors reviewed infection control management in the centre and noted good

contingency planning planning was in place.

Alcohol hand gels were maintained at key areas, resident and staff temperature checks were taken and recorded daily. Personal protective equipment (PPE) was available for staff and staff were observed wearing face coverings during the course of the inspection.

There were appropriate sharps management arrangements and risk assessments in place. Additional infection control risk assessments were in place for incontinence wear disposal and catheter management.

The provider had ensured a comprehensive infection control audit in each residential house had been completed by a clinical nurse specialist in Infection Control. These audits had been recently completed.

However, further areas of infection control management required improvement. It was noted that some premises issues impacted on the infection control standards in the centre as some surfaces were not maintained in good working order.

Inspectors observed the dust was required in high reach areas and a number of vents in bathroom and utility spaces required cleaning as there was a presence of dust and cobwebs.

Inspectors observed the presence of mould on the seal of a downstairs sink.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire containment measures, for the most part, were suitable and in place in all three residential homes that made up the designated centre.

However, in one house there was no fire door leading to the utility room and also there was no fire door leading from the kitchen to a resident communal space that staff were using as an office. Therefore, while inspectors saw good containment measures in a number of areas, improvements were required.

Staff had received training in fire safety and refresher training was also made available. One staff required refresher training in fire safety.

Residents had participated in day and night time evacuation drills which evaluated the effectiveness of fire evacuation procedures with the minimum number of staff available.

Each resident had a documented personal evacuation plan in place.

Servicing check records were maintained in each residential home and were found

to be up-to-date.

The provider had made arrangements for a fire safety audit to be carried out in each residential house. This audit had been carried out by a provider stakeholder with a remit in fire safety.

Inspectors noted the provider had drawn up a plan of fire enhancement works based on the findings of these audits and had commenced addressing these, for example, a fire door leading to a utility space had been fitted in one house.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge that ensured that a comprehensive assessment of the residents' health, personal and social needs had been carried out. Personal plans reflecting the resident's needs had been developed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge, training and skills to support residents with behaviours of concern. Where required, individualised behaviour support plans were developed and were available to staff to guide them in supporting residents.

Incidents of behaviour of concern were recorded and reviewed at team meetings to identify learning or trends.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had measures in place to protect residents from abuse.

Staff working in the centre had completed appropriate training in relation to the safeguarding of residents and were knowledgeable on the prevention, detection and response to safeguarding concerns.

Safeguarding concerns were appropriately recorded and reported. The provider and person in charge had put measures in place to protect residents from abuse including the development of safeguarding plans, adequate staffing arrangements, and support from relevant members of multidisplinary team.
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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 4 OSV-0005835

Inspection ID: MON-0033132

Date of inspection: 13/12/2021

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**
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: Completed on 13th December 2021.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Provider Lead audits have been completed for each house. However going forward these audits will take place every six months as per the regulations.	
Regulation 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Access to Day Services- A Will and Preference audit has been completed in each house and we await the overall results of same. This will determine what services will be available for each service user. This is currently being reviewed by the Director of Day Services. However, we are also sourcing a community day service for some of the residents in DC 4. This is currently a work in progress. Transport- Staff have commenced using their personal cars to transport service users in one house. Transport policy is being updated and reviewed currently. Standard checks are in place to ensure roadworthiness of cars which include copies of the following being submitted annually to HR Dept. -insurance certificate, tax certificate, driver license and	

NCT report if needed.

Staff can request additional transport from the Transport Manager. Going forward there will be an on line booking system put in place and staff will be able to book transport through this.

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All actions will be completed by September 30th 2022.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: An updated cleaning schedule has been put in place to address these issues. Completed on 21st Dec.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: New fire doors have been ordered and will be in place by 20th January 2022.	

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
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Substantially Compliant	Yellow	13/12/2021
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access	Substantially Compliant	Yellow	30/04/2022

	to facilities for occupation and recreation.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/09/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/09/2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Not Compliant	Orange	30/09/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2022

Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	21/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	20/01/2022

	detecting, containing and extinguishing fires.			