



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 34
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	08 April 2021
Centre ID:	OSV-0007802
Fieldwork ID:	MON-0032159

## About the designated centre

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

Community Living Area 34 provides a residential home for 3 adult females with an intellectual disability. However, the centre can cater for both male and female residents if required. The house is situated in a rural setting in Co. Kildare and comprises of 3 residents bedrooms, one of which is en-suite. There is also a main bathroom, a kitchen/dining area and sitting room, as well as a sensory/activity room. Transport is available to support residents to access their local community, should they so wish. Residents have day service supports from their location. The emphasis is on activities that reflect individuals' choices and preferences. Residents are supported 24 hours a day, seven days a week by a staff team consisting of a person in charge, nursing staff and care assistants.

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

Number of residents on the date of inspection:	3
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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 8 April 2021	10:00hrs to 15:00hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

From what the inspector observed, from what residents told them and from reviewing documentation in the centre, it was evident that residents were in receipt of a good quality and safe service. There were three residents living in the centre at the time of the inspection and they had moved into the centre in late 2020. They had transitioned from a residential house, based on a campus where they had lived for many years. Residents told the inspector that they were happy living in their home, both during the inspection and in the questionnaires they completed in advance of the inspection. It was evident that staff and the local management team were striving to ensure that each resident lived in a supportive and caring environment, where they maintained their independence, and made choices in relation to their day-to-day lives and the running of the centre.

As this inspection was completed during the COVID-19 pandemic, the time spent with residents and staff was limited and done in line with public health advice. The inspector had the opportunity to meet and briefly engage with each of the three residents living in the centre.

The centre was found to be homely, spacious and designed and laid out to meet residents' needs. It was evident that every effort had been made to ensure that each resident was well supported to transition to their new home.

The provider was found to be self-identifying areas for improvement in the centre, and they were in the process of completing the required actions to bring about these improvements at the time of this inspection. These areas for improvement planned works to the premises including painting and decorating, the refurbishment of bathrooms and works relating to fire containment.

On the morning of the inspection, the inspector had the opportunity to briefly meet two residents as they were both relaxing in the living room following their breakfast. One resident told the inspector all about where they were born and how important their home place was to them. They talked about how long they had now lived in the local area and about how comfortable they were in their new home.

Later in the day the inspector had an opportunity to sit with all three residents in the dining room. They had just finished their lunch which consisted of quiche, salad and a home made potato cake. One resident talked about how different the food was in their new home and said they ate what they wanted, whenever they wanted it. They told the inspector that there was "nothing they would change" in the centre and that there was "nothing that could be done better". They were complimentary towards the staff team and said that if the staff were not good to them, that they would "let them know". Each of the residents indicated to the inspector that they were happy and safe in the centre and that they got on very well with each other. They indicated this either by verbalising it, or giving a thumbs up to the inspector.

During the conversations in the dining room, one resident told the inspector that a staff member had put their curlers in for them this morning. They then continued to tell the inspector about how they would usually go to the local hairdressers every week to have this done, but as they were closed they were happy that staff were supporting them to have it done at home.

Works had just been completed to the driveway and garden in the centre. The centre was situated in the countryside and residents had access to plenty a large garden. The external works which had just been completed had made the garden more accessible for residents' use. The centre was close to the designated centre where residents used to live which meant that they were familiar with the local amenities.

There were a number of private and communal spaces where residents could choose to spend their time. Throughout the inspection residents were observed spending time in different parts of the centre depending on what they wanted to do. They were observed relaxing in the living room, spending time chatting to each other and staff in the dining room, or to spend time in the bedrooms.

It was evident that residents were being involved in decisions relating to the design, layout and decoration of their new home. As they had only transitioned to the centre a number of months before the inspection, they were still in the process of putting personal touches in parts of their home. Each resident had their own bedroom which they were being supported to decorate in accordance to their individual likes and preferences. Residents' pictures and art work and crafts were on display throughout the centre.

COVID-19 restrictions had impacted on residents' access to the activities they usually enjoyed such as, going out for meals, to the hairdressers, to concerts, to bingo and classes and local events. However, residents were now enjoying more home-based activities such as card making and other arts and crafts, baking and cooking, watching their favourite television programmes, listening to music, chair yoga, board games, going for bus drives in their local community, and getting take away meals and snacks. Plans were in place to access their local community and take part in local groups and activities once the current level of restrictions relating to the pandemic were lifted.

At all times during the inspection, residents appeared comfortable in the presence of staff and happy with the levels of support offered to them. The inspector observed kind, caring and respectful interactions between residents and staff, and staff were observed to be familiar with residents' communication preferences and to be readily available to support them, should they require any assistance. During the inspection, staff were observed to knock on residents' doors and to wait for a reply prior to entering. Throughout the inspection, the inspector could hear residents and staff chatting and on a number of occasions they could hear laughter from the kitchen/living area.

In the questionnaires they completed in advance of the inspection, residents indicated that they were happy with care and support in the centre. Some of

comments included in residents questionnaires were; "I like the house, the pictures and photos around the place are nice", "I'm happy where I am", and "the dinners are good". One resident stated that they enjoyed "the comforts within their home" and stated that they had "good friendships" with the two residents they shared their home with. They also stated that "staff are very respectful and supportive of their choices" and "always show kindness".

Residents' meetings were held weekly to support residents to share information and express their choices. Discussions at these meetings were varied and often included discussions relating to social activities, upcoming events, menu planning, complaints, safeguarding, and the maintenance and upkeep of their home. It was evident that through these discussions, positive changes were occurring. For example, it had been identified at one of the meetings that improvement was required to the WiFi in the house. This had been fixed and it was documented in later minutes that the WiFi was now much improved.

There was information available for residents in an accessible format relating to areas such as, the availability of advocacy services, safeguarding, residents' rights, complaints, and COVID-19. Throughout the pandemic residents were being supported to maintain contact with their family and friends. They were doing this through telephone and video calls and by making and sending cards to their family and friends.

Residents' representatives feedback was captured as part of the provider's annual review of care and support. There was a 100% response rate to the latest surveys. Feedback was very positive and each person who responded indicated that they were happy with the service, quality of care, and levels of communication in the designated centre. Participants included comments such as; its a "good place", residents "are well cared for". They were also complimentary in relation to efforts by the staff team during the pandemic to ensure they remained in contact with their family members, with one saying "video calls" during the pandemic were "much appreciated". They described staff as "wonderful", "helpful" and "friendly".

In summary, residents appeared happy, content and comfortable in their new home. They were being supported to have control over how they spent their time and to make choices in relation to their day-to-day lives.

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 on the quality and safety of service being delivered.

## Capacity and capability

The provider had systems in place to monitor the quality of care and support for residents living in the designated centre. The centre was well organised and resourced and the staff team were motivated to ensure that each resident was

being supported to be happy and safe in their home. Residents were settling in well into their new home and plans were in place to make further improvements to their home. The provider was self-identifying areas for improvement and were in the process of implementing the actions required to bring about these improvements.

The management structure in the centre clearly identified the lines of authority and accountability and staff had specific roles and responsibilities. The person in charge and the person participating in the management of the centre (PPIM) were maintaining oversight of the centre by completing regular audits and reviews and identifying areas for improvement. The provider had systems in place to ensure that there was an annual review of care and support and six monthly visits completed in line with the requirements of the regulations. There were also systems in place to review incidents and to share learning following these reviews with the staff team.

The person in charge was full time and had the qualifications, skills and experience to manage the centre. They were also identified as the person in charge of two other designated centre. The inspector found that they had systems in place to ensure the effective governance, operational management and administration of this designated centre. They were very familiar with residents' care and support needs and motivated to ensure they were happy, safe, and regularly engaging in activities they enjoyed.

Residents were supported by a staff team who were familiar with their care and support needs. Residents were complimentary towards the staff team and the inspector observed kind, caring and respectful interactions between residents and staff throughout the inspection. Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. They were regularly accessing training and refresher training in line with residents' assessed needs. Staff who spoke with the inspector were aware of their roles and responsibilities and motivated to ensure residents were happy, safe and staying busy during the pandemic.

The provider had an admissions policy and procedures in place. The criteria for admissions was also outlined in the centre's statement of purpose. Residents' admissions were found to have occurred in line with the organisation's policies and procedures. 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 residents, and the fees to be charged.

## Registration Regulation 5: Application for registration or renewal of registration

In May 2020, the provider submitted an application to register this designated centre. They submitted all of the required information with this application in line with the requirements of the Regulations.



Judgment: Compliant

### Registration Regulation 8 (1)

In October 2020 the provider submitted an application to vary the registration of this designated centre to reduce the registered bed numbers from five to three, to change the centre to a home for three residents. The provider submitted all of the required information with the application to vary.

Judgment: Compliant

### Regulation 14: Persons in charge

There was a full time person in charge in post who had the qualifications, skills and experience to manage the designated centre. They were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy and safe.

They were identified as person in charge for three designated centre and were found to be engaged in the governance, operational management and administration of this designated centre on a regular basis.

Judgment: Compliant

### Regulation 15: Staffing

There were enough staff with the right skills and experience to meet the assessed needs of residents in the centre.

Nursing care was provided in line with the statement of purpose and residents' assessed needs.

There were planned and actual rosters in place and they were well maintained. It was evident from reviewing a sample of rosters in the designated centre that residents were in receipt of continuity of care as regular staff were completing all of the required shifts.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had access to training and refresher training in line with the organisation's policy. In addition, they had completed a number of trainings in line with residents' assessed needs.

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

## Regulation 22: Insurance

There was insurance in place against the risks in the centre, including injury to residents, or loss or damage to property. A copy was available in the designated centre.

Judgment: Compliant

## Regulation 23: Governance and management

The management structure in the designated centre clearly identified the lines of authority and accountability. Staff had specific roles and responsibilities for all areas of service provision.

The provider was self identifying areas for improvement in the centre and completing the actions to bring about the required improvements. They were completing regular audits including the six monthly unannounced review by the provider. Plans were in place to complete an annual review of care and support for residents for 2021.

Staff meetings were being held regularly and they were found to be resident focused. Agenda items were varied and included areas such as discussions relating to the reviews of accidents and incidents, actions from audits, residents' personal plans and goals, health and safety, infection prevention and control, safeguarding, complaints and compliments.

Judgment: Compliant

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

Residents were protected by the admissions policies, procedures and practices in the centre. Residents wishes, needs and safety, including the safety of other resident's already residing in the centre were considered as part of the organisation's admissions procedures.

Each resident had a contract of care which contained the information required by the Regulations.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a written statement of purpose in place and available in the designated centre. It had been reviewed in line with the timeframe identified in the Regulations. It contained the majority of information required by the regulations, but it did not clearly outline;

- the criteria for admissions including emergency admissions
- the details of specific therapeutic techniques and their supervision, and
- the fire precautions and associated emergency procedures in the designated centre.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A record of incidents and adverse events was maintained in the centre. The Chief Inspector was notified of all of the required incidents in line with the requirement of this regulation.

Judgment: Compliant

## Quality and safety

The provider and local management team were ensuring that residents were in receipt of a good quality and safe service. They were living in a warm, comfortable and safe environment and they were being regularly supported to participate in activities which they enjoyed. Their wellbeing and rights were supported and promoted and from speaking with residents, staff and reviewing documentation in the centre, it was evident that residents enjoyed living in the centre.

As previously mentioned the premises was designed and laid out to meet residents' current and future needs. Where the need for adaptations had been identified to a number of bathrooms, the funding had been secured and works were due to commence in the centre following the inspection.

Residents were protected by the risk management policy, procedures and practices in the centre. The policy contained the information required by the regulations and there was a risk register in place. General and individual risk assessments were developed and reviewed as required. There were systems in place to ensure that incidents and near misses were recorded, reviewed and that learning following these reviews was shared amongst the team.

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

Each residents had an assessment of need and personal plan in place. Residents were supported by keyworkers who they were meeting with regularly to review their personal plan and develop and review their goals. There was evidence that residents' plans were reviewed and updated regularly in line with their changing needs. A log was maintained of reviews that occurred and the changes made. However, the inspector was not presented with documentary evidence during the inspection to demonstrate that there was an annual review of residents' plans that was multidisciplinary and demonstrating the involvement of residents and/or their representatives.

Residents were being supported to enjoy best possible health. There were systems in place to ensure they could be supported to access a local general practitioner (GP) and other allied health professionals during the pandemic. They had assessments and care plans in place which were reviewed, as required.

For the most part, residents were protected by the fire precautions in place in the centre. However, improvements were required in relation to fire containment measures in the centre. The provider was aware of this and had secured funding for the installation of a number of additional fire doors and for the installation of self-closers. They were engaging in the tender process at the time of the inspection.

Suitable fire equipment was available and there was evidence it had been regularly serviced. There were adequate means of escape and emergency lighting was in place. The evacuation plan was available and on display and each resident had a personal emergency evacuation plan in place. These plans were sufficiently detailed to guide staff in relation to the support residents required to safely evacuate the centre. Fire drills were occurring regularly to ensure each resident could be supported to safely evacuate the centre in the event of an emergency. Staff who spoke with the inspector were knowledgeable in relation to the supports each resident required to safely evacuate the centre.

There were systems in place to ensure that residents were accessing and retaining control of their personal property and possessions. Documentation was maintained in relation to residents' expenditure, and this was checked and signed off by the management team regularly. Residents had financial assessments which identified the levels of support, if any, they required to manage their finances. For the most part, it was evident that staff and management had oversight of all of resident's spending and that they were regularly auditing residents' finances in line with their policies and procedures. However, they did not have access to account statements for one resident, and therefore could not complete these audits and reviews in line with the organisation's policy.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There was a system in place to ensure that should there be any allegations and suspicions of abuse, that these would be reported and followed up on in line with organisation's and national policy. Staff had completed training and those who spoke with the inspectors were aware of their roles and responsibilities in relation to adult protection.

Residents were being supported to exercise independence, choice and control in relation to their care and support. Their privacy and dignity was respected and promoted. Staff were supporting them to keep in regular contact with their families and friends during the pandemic. There was information available in the centre in relation to areas such as, residents' rights, advocacy, and complaints.

## Regulation 12: Personal possessions

For the most part residents were being supported to retain access to, and control over their belongings, and they were being provided with support to manage their financial affairs.

Each resident had a financial assessment in place and there were systems in place to record their income and expenditure. The provider had policies and procedures in place including checks and balances in relation to residents' cash in the centre, the maintenance of ledgers of residents' income and expenditure, the maintenance of receipts and evidence of withdrawals from residents accounts, bimonthly audits of residents' accounts, ledgers and cash.

However, the provider could not demonstrate full oversight of residents' finances and they did not have access to account statements for one resident and therefore could not complete financial audits in line with the organisation's policy.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises was found to be warm, comfortable and homely. The provider had identified that a number of improvements were required both internally and externally in the centre. They had secured the funding and the external works had been completed at the time of the inspection. The internal works were due to commence after the inspection. These works included a number of improvements to bathrooms to better suit residents' assessed needs and preferences, and the redecoration of a number of rooms.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents guide in place and it was available in the designated centre. It contained the majority of information required by the regulation. The provider submitted an updated residents' guide after the inspection which contained all of the information required by the regulation.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Each resident had been supported to transition to this designated centre, from another designated centre in line with the organisation's policy. They were provided with information on the services, facilities and supports available to them in this centre. They each had a transition plan in place which detailed steps taken to support them during their transition.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a risk register in place which was found to be reflective of the actual risks in the centre on the day of the inspection. General and individual risk assessments were developed and reviewed as required.

There were measures in place to prevent accidents and to respond to emergencies. There were also systems in place to ensure that vehicles were serviced, insured and roadworthy.

Judgment: Compliant

### Regulation 27: Protection against infection

Residents were protected by the infection prevention and control policies and procedures in the designated centre.

The provider had developed contingency plans for use during the COVID-19 pandemic. These were being regularly reviewed and updated.

The centre was found to be clean and there were cleaning schedules in place to ensure that each area of the house was being regularly cleaned. The inspector observed regular touch point cleaning during the inspection.

Residents were being kept up to date in relation to the pandemic and being supported to stay in touch with their family and friends. There were stocks of PPE in the centre and systems for stock control.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire fighting equipment was available and was being serviced regularly. Staff had received training in fire safety and on-site fire drill training. Fire drills were occurring regularly and learning from drills was being incorporated into residents' personal evacuation plans.

As previously mentioned, the provider was aware that works were required in relation to fire containment in the centre and were in the process of tendering to have fire doors and self-closing devices fitted in additional areas in the centre.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place. They were detailed in nature and found to be clearly guiding staff in relation to residents' care and support needs.

There was documentary evidence to show that residents' assessments and personal plans were being reviewed and updated regularly and these reviews included a review of their effectiveness. It was evident that residents were being supported in the development and review of their plans and that they were being supported by members of the multidisciplinary team. However, the inspector was not presented with documentary evidence that there was an annual review of residents' plans that was multidisciplinary and demonstrating the involvement of residents and/or their representatives.

Judgment: Substantially compliant

## Regulation 6: Health care

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

Residents were accessing allied health professionals in line with their assessed needs, and systems were in place to ensure they were supported to access National Screening Programmes in line with their age profile and assessed needs.

Judgment: Compliant

## Regulation 8: Protection

Residents were being supported to develop their self-awareness, understanding and skills for self-care and protection through regular discussions at residents' meeting and keyworker sessions.

There were policies and procedures in place and staff had completed safeguarding training. Staff who spoke with the inspector were found to be knowledgeable in relation to their roles and responsibilities should they become aware of an allegation or have a suspicion of abuse.

Residents told the inspector that they felt safe in their home and that they got on



well with each other.

Judgment: Compliant

### Regulation 9: Residents' rights

It was evident that residents were consulted with and participating in how the centre was planned and run. They could freely access information in relation to their rights and accessing advocacy services.

Residents were observed throughout the inspection to be treated with dignity and respect by staff, and personal care practices were respecting their privacy and dignity. For example, staff were observed to knock on doors and to support residents to make choices in relation to how and where they spent their time. It was evident that every effort was being made to ensure that residents' independence was being promoted. Staff were found to be very familiar with residents' likes, dislikes and preferences.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Community Living Area 34 OSV-0007802

Inspection ID: MON-0032159

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 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 has been updated to include the criteria for admission including emergency admission to the centre.</p> <p>Specific therapeutic techniques and their supervision is being addressed by the provider. A regional review happened on 07/05/2021 and supervision of therapeutic techniques will be updated on the statement of purpose of the centre. The centre will move to the HIQA Statement of Purpose template.</p> <p>Fire precautions and emergency procedures for the centre have been added to the statement of purpose</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The representative of one service user has been contacted by the person in charge to explain the need to provide an account statement so financial audit may be completed in line with provider policy. The regional director is also requesting in writing an account statement.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  Additional fire doors and door closers are approved and scheduled for installation  Remedial works have been completed on an existing fire door</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:  An annual multidisciplinary review with the individual service users and their representative is scheduled for July 2021 and will be carried out annually going forward</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	31/07/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2021
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	30/06/2021
Regulation 05(6)(a)	The person in charge shall ensure that the	Substantially Compliant	Yellow	31/07/2021

	personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/07/2021