



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

Issued by the Chief Inspector

Name of designated centre:	Rea Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	14 February 2022
Centre ID:	OSV-0005029
Fieldwork ID:	MON-0027465

About the designated centre

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

Rea services provide full-time residential care and support for up to six adults with a disability. The centre comprises of two houses both located in a rural setting. One of the houses is a single storey building which has three self-contained apartments, two of the apartments are occupied by residents with the third being used as staff accommodation. Each of the residents' apartments contains a bedroom, bathroom, kitchen diner and sitting room. The second house is a dormer style, two storey house which has four self-contained resident apartments. Three of the apartments have a bedroom, bathroom, kitchen, dining and sitting room facilities. The fourth apartment has its own bathroom and separate sitting room, with access to the centre's communal kitchen, sitting and dining room facilities. Residents are supported by a team of social care workers in each house. Staffing levels are directed by residents' assessed needs with three staff being available during the day in house one. There are between two to three staff available during the day to support residents' needs such as support at day service provision in house two. Residents in both houses are supported by overnight sleeping staff, who are available to provide assistance if required during the night, with additional waking night support being in place in house one due to residents' assessed needs. In addition, the provider has arrangements in place to provide management support to staff outside of office hours, weekends and public holidays.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 14 February 2022	09:30hrs to 16:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an announced inspection carried out to monitor ongoing compliance with the regulations. The centre comprises of two houses both located in a rural settings. There are four residents accommodated in one house and two residents in the other house, all residents are individually accommodated in self contained apartments. The inspector visited both houses and met with the person in charge, staff on duty and five of the residents.

On arrival at both houses, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Staff on duty were observed to be correctly wearing face coverings in line with national guidance. Daily monitoring of staff and residents for signs and symptoms of COVID-19 was taking place.

From conversations with staff and residents, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

Residents were observed to be familiar with and comfortable in their surroundings. There were stable staffing arrangements in place and the inspector noted that staff knew the residents well. Some residents spoken with told the inspector that they had lived in the centre for several years, were happy living in the centre, liked their accommodation and had a good relationship with staff. Some residents were unable to tell the inspector their views of the service but appeared in good form, were smiling, content and comfortable in the company of staff. There was an atmosphere of friendliness in both houses visited. Staff spoken with were very knowledgeable regarding residents support needs, wishes, preferences and interests.

Throughout the day, residents were observed following their own routines, getting up when they wished, relaxing in their apartments, listening to music, watching television, having their meals and snacks, interacting with staff in a familiar way and getting ready at their own pace to go out on planned activities.

Residents were supported to engage in meaningful activities that they enjoyed. Some residents spoken with told the inspector what they most enjoyed was being able to get out and go places every day. Each resident had their preferred activity schedule documented in a suitable format. Some residents were supported to attend day service programmes while others were supported to partake in their own individualised and preferred daily activity programme. Some activities were planned in line with agreed care and support protocols which included the avoidance of crowded environments. Residents were supported to do both their personal and food shopping, as well as go on walks and visit places of interest they enjoyed. On the day of inspection, some residents went for drives and walks, some went for their

regular take away coffee, others went for their daily grocery food shopping and one resident was attending day services. Some residents reported that they enjoyed eating out, getting take away meals and going for a weekly pint of Guinness. Others mentioned how they had enjoyed attending a national sporting event and were looking forward to attending an upcoming sporting event planned later in the year. The inspector saw many photographs of residents enjoying a wide variety of activities including visits to animal farms, to places of scenic and historic interest, religious sites, overnight stays away and meetings with friends and families. There were vehicles available for use by residents living in the centre.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, ongoing communication with residents and their representatives. Each resident had their own self-contained apartment and the inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. Staff interactions with residents throughout the day were dignified and in accordance with any agreed support plans. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. Each resident had their own living space to meet with visitors in private if they wished. Some residents were supported to meet family members outside of the centre, some regularly visited family members at home and stayed overnight. All residents were supported to maintain contact through regular phone calls with family members. Other residents were supported to visit family graves which was of great importance to them.

Residents' apartments very generally spacious, comfortable and were decorated to reflect individual preferences and assessed needs. Residents spoken with confirmed that they were happy with and liked their apartments. However, some apartments were in need of some repair and redecoration. For example, the walls to some apartments required repainting, worn wooden flooring required repair, furniture items with torn upholstery needed to be repaired or replaced. One resident's apartment was very sparsely decorated and due to their behavioural needs showed evidence of wear and tear relating to frequent incidents of damage to the property. Since the last inspection, staff had continued to advocate for this resident who they believed would benefit greatly from living in a more appropriate environment better suited to their needs. They also felt that the rural location of the centre impacted upon this residents opportunities to access activities they may enjoy such as walking, swimming and attending a gymnasium. The person in charge confirmed that more suitable accommodation had been procured and an application to register it had been made to the Chief Inspector. A transition plan for this resident had been documented based on the recommendations of the positive behaviour support therapist. The person in charge undertook to ensure that this apartment was fully

repaired and redecorated once vacated.

The inspector noted that many areas of the centre including some equipment used by residents were not maintained in a clean condition. It was evident that many parts of the centre were not thoroughly cleaned on a regular and routine basis. The person in charge undertook to review cleaning processes and routines.

Throughout the inspection, it was evident that staff continually strived to ensure that the care and support provided to residents was person-centred in nature and effective in meeting their needs, although some improvements were required in relation to maintenance and cleaning of the centre.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

This was an announced inspection carried out

- following an application to the Chief Inspector to renew registration of the centre.
- to monitor compliance with the regulations.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre. This centre had a good history of compliance with the regulations. Improvements required in relation to issues raised at the last inspection in relation to one apartment were in the process of being addressed, however, further oversight was required in relation to infection prevention and control, upkeep and cleaning of the centre.

There were effective governance and management arrangements in place that were accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management arrangements within the centre were in line with those outlined in the statement of purpose. There was a full-time, suitably qualified and experienced person in charge who was supported by the area manager and team leaders. The person in charge was actively involved in the running of the centre, knowledgeable regarding the assessed needs of residents and ensured a good quality of care was provided. There was an on-call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

On the day of inspection, there were sufficient, suitably trained staff on duty to support residents' assessed needs in line with the statement of purpose. Staff spoken with confirmed that the current staff team knew the residents well. The

person in charge advised that recruitment was in progress for a team leader post which was currently vacant.

Training was provided for staff on an ongoing basis. There was a training schedule in place for 2022. The training matrix reviewed identified that staff had completed all mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. The inspector reviewed a range of policies and noted that they were informative and up to date.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review had been completed for 2020 and the person in charge advised that the annual review for 2021 was in progress. Consultation with residents and their families, including an annual satisfaction survey as well as an overview of key areas of regulation, were used to inform the reviews. Unannounced audits were being carried out twice each year on behalf of the provider. Actions as a result of these reviews had either been addressed or were scheduled to be addressed. For example, the recruitment and filling of vacant posts was in progress.

Regular reviews of identified risks, infection prevention and control, medicines management, accidents and incidents, incidents of challenging behaviour, medication errors, and use of psychotropic medicines were carried out regularly by the person in charge. The person in charge had also completed outbreak reviews following two recent outbreaks of COVID-19 in the centre. The person in charge met regularly with staff working in the centre to discuss identified risks, share information and learning and to facilitate staff to have discussions or raise concerns about the service.

The inspector was satisfied that complaints when received were managed in line with the centre complaints policy. There was a comprehensive complaints policy in place. There was an easy read complaints procedure available in each residents file which had been discussed with them and their families. There were systems in place to record and investigate complaints. The person in charge advised that there had been no complaints received during 2021. Feedback from satisfaction questionnaires completed by family members indicated satisfaction with the service provided.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Staffing rosters reviewed showed that this was the regular staffing pattern. Recruitment was in progress for a team leader post which was currently vacant.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including medicines management and in various aspects of infection control.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to monitor and review the quality and safety of care in the centre, however, further oversight was required in relation to infection prevention and control, upkeep and cleaning of the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose submitted with the recent application to renew registration contained the information set out in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff.

There were no open complaints at the time of inspection. The person in charge advised that no complaints had been received during 2021 and to date in 2022.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a range of comprehensive policies to guide staff in the delivery of a safe and appropriate service to residents. There were systems in place to review and update policies.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality and person-centred service where residents' rights and individuality were respected. Residents spoken with stated that they enjoyed living at the centre, were comfortable in their environment and with staff supporting them. Improvements were required to the maintenance and upkeep of parts of the premises, to infection prevention and control and assurances were required in relation to the integrity of fire doors.

The privacy and dignity of residents was respected by staff. All residents had individual apartments with their own bedroom and bathroom. Staff were observed to knock and request permission before entering bedrooms. Staff were observed to

interact with residents in a caring, respectful and dignified manner.

Residents' health, personal and social care needs were regularly assessed and care plans were developed, where required. Support plans were found to be informative, individualised and guided staff in the support needs of residents. Staff spoken with were familiar with and knowledgeable regarding residents up to date support needs.

Residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care appointments. Residents had access to general practitioners (GPs), consultants and a range of allied health services. Throughout the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face-to-face consultations. A review of a sample of residents files indicated that residents had been regularly reviewed by their GP, psychiatrist, psychologist, positive behaviour support therapist, speech and language therapist (SALT), chiropractor, dentist and optician. Residents had also been supported to avail of vaccination programmes.

Residents were supported to identify and achieve personal goals and these were kept under review. Annual meetings were held with residents and their family representatives where appropriate. Regular meetings were held to review progress of the goals. Residents had achieved many of their goals set out for 2021 while some goals had been postponed due to COVID-19 restrictions in place. Some residents spoken with confirmed that they had enjoyed achieving their goals. There was also photographs available to view in the personal plans which showed residents' achievement of goals, for example, enjoying a mini break in Killarney, trip to the Irish Open, purchase of a new coffee machine, kitchen accessories and smart TV and meeting with family and friends.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable accessible format that they could understand. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. The provider had ensured that residents had freedom to exercise choice and control in their lives. Staff had established residents' preferences through the personal planning process and ongoing communication with residents and their representatives. Residents religious rights were upheld and staff supported residents to visit religious shrines, family graves and light candles in the local church. Residents' rights were kept under regular review and they were supported to be as independent as possible through the identification of skill building goals, such as learning to independently complete various personal and household tasks including cooking, cleaning and laundry.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. Both houses were located in rural areas, however, the centre had its own dedicated vehicles which were used for residents' outings or activities. One of the residents was due to move to more appropriate accommodation as staff felt that the rural location of the centre impacted upon this residents opportunities to access activities they may enjoy and

benefit from, such as walking, swimming and attending a gymnasium. Residents and staff spoken with advised that all residents had the opportunity to go on an outing of choice each day. Residents were involved in deciding on their preferred daily activity and where they would like to go. During the inspection, some residents spent time doing things they enjoyed including listening to music, watching television, relaxing and interacting with staff. Some residents spoke of enjoying art and crafts, feeding the birds, going bowling, going for a pint, visiting Shannon airport and other places of interest, their preferred music, television programmes and films. Residents were supported to go for drives and walks, visit religious sites, visit local businesses including shops, restaurants and coffee shops. There were plans in place to recommence other activities that some residents enjoyed which had been postponed due to the COVID-19 pandemic such as swimming.

Practices at the centre had led to positive and consistent improvements in the management of residents' challenging behaviours and safeguarding concerns. Staff had up-to-date knowledge and skills to respond to behaviour that was challenging and to support residents manage their behaviour. Arrangements for the management of challenging behaviour was subject to regular multi-disciplinary team (MDT) review. Behaviour support plans and support protocols were comprehensive in content and clearly guided staff on supports required both from a proactive and reactive standpoint, and ensured a consistency in approach for residents. Where behavioural supports warranted the need for a recommended restrictive practice, this was agreed through the provider's Human Rights Committee which involved where possible the resident or their representatives. Restrictive practices in use at the centre had clear rationales on when, how and why they would be used and were the least restrictive option in light of the identified assessed need.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required.

Apartments in both houses were generally comfortable, spacious, furnished and decorated in a homely style, however, parts of both houses required some repairs and maintenance. For example, the walls to some apartments required repainting, worn wooden flooring to one apartment required repair, furniture items with torn upholstery needed to be repaired or replaced, missing and broken wardrobe doors needed to be replaced. One resident's apartment was very sparsely decorated and due to their behavioural needs showed evidence of wear and tear relating to frequent incidents of damage to the property. This apartment was due to be vacated in the near future and the person in charge had a plan in place to address the issues.

Improvements were required to the systems in place to control the spread of infection in the centre. It was noted that many areas and some equipment used by residents were not maintained in a clean condition and showed obvious lack of

thorough and regular cleaning. Staff informed the inspector that there was no dedicated housekeeping staff and that cleaning was the responsibility of all staff on duty. Staff spoken with were unclear in describing the cleaning procedures and systems in use. There was insufficient guidance in place to direct thorough cleaning and disinfection of the facility, there was no comprehensive cleaning schedule in place and staff did not demonstrate a clear understanding of cleaning versus disinfection. The laundry facilities for one house was located in an external open shed at the rear of the house. Due to the open and exposed nature of the external building, the lack of readily cleanable wall and floor surfaces this area was not suitably constructed for use as a laundry facility.

Overall, there were good arrangements in place to manage risk in the centre. There was a health and safety statement, health and safety policy, risk management policy, fire safety guidelines, COVID-19 contingency plan, and individual personal emergency evacuation plans for each resident. There were systems in place to ensure that the risk register was regularly reviewed and updated.

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents, however, assurances were required in relation to the integrity of internal fire doors. The person in charge advised that a member of the maintenance department had completed a recent assessment of all fire doors, but a report on the integrity of the fire doors had not yet been received. However, the person in charge advised that he was of the understanding that many of the doors needed to be replaced. Regular fire drills had been completed simulating both day and night-time scenarios, involving all staff and residents. The fire equipment and fire alarms had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training, staff and residents spoken with confirmed that they had been involved in fire safety evacuation drills and were knowledgeable on what to do in the event of fire.

Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance. All residents were accommodated in individual apartments and could meet with visitors in private if they wished. Some residents were supported to meet family members outside of the centre, others regularly visited family members at home and stayed overnight. All residents were supported to maintain contact through regular phone calls with family members.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs.

Judgment: Compliant

Regulation 17: Premises

Some parts of the premises required repair and maintenance, such as:

- worn wooden flooring in one apartment required repair
- walls to some apartments were marked and damaged and required repair and repainting
- furniture items with torn upholstery needed to be repaired or replaced
- missing and broken wardrobe doors needed to be replaced

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Improvements were required to the systems in place to control the spread of infection in the centre. Many areas and some equipment used by residents were not maintained in a clean condition and showed obvious lack of thorough and regular cleaning.

- There was evidence of dust, flies and cobwebs in many areas particularly behind doors and furniture.
- The kitchen cupboards, under sink units and inside of drawers in some apartments were found to be stained and visibly dirty.
- The external wooden surfaces to some kitchen cupboards were sticky and greasy to the touch.

- Bathrooms fixtures, fittings, floor tiles and grouting were visibly dirty and stained.
- There was an accumulation of dust, dirt and builders rubble inside a unit used to house the hot water cylinder.
- Some equipment used by residents including a shower chair and breathing device were visibly dirty.
- Staff spoken with were unclear in describing the cleaning procedures and systems in use.
- There was insufficient guidance in place to direct thorough cleaning and disinfection of the facility.
- There was no comprehensive cleaning schedule in place.
- The externally located laundry facilities for one house were not suitably constructed, due to the open and exposed nature of the external building and due to the lack of readily cleanable wall and floor surfaces.

Judgment: Not compliant

Regulation 28: Fire precautions

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents, however, assurances were required in relation to the integrity of fire doors to ensure that they were adequate to contain fires and protect residents and staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners (GPs), healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required support with behaviours of concern had plans in place which included multidisciplinary input, reflected the resident's specific needs and promoted a consistency of approach within the staff team. Staff had received training in managing behaviours of concern. Where restrictive practices had been recommended due to the needs of the resident, these were proportionate to the identified need and were the least restrictive option available.

Judgment: Compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rea Services OSV-0005029

Inspection ID: MON-0027465

Date of inspection: 14/02/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC will ensure that there is greater oversight in relation to Infection prevention control, the general upkeep and the cleaning of the Centre. This will involve significant improvements to the flooring, surfaces, décor and fixtures & fittings within the Centre. Comprehensive cleaning schedules will be put in place and these will be audited regularly by the Team Leader & PIC and by unannounced Provider visits. Training and guidance will be provided to all staff to ensure they clearly understand the difference between cleaning and disinfection and are competent in executing both. Extra resources will be provided where necessary to ensure cleaning is to the highest standard.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Centre will be upgraded to include new flooring, new kitchen units & worktops, and new furniture and fittings as required to meet standards. All damaged surfaces will be replaced / repaired and all areas requiring to be repainted will be addressed.</p>	
Regulation 27: Protection against infection	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Comprehensive cleaning schedules will be put in place and will be regularly audited & monitored by the Team Leader & PIC and by the Provider at unannounced inspections. Staff will receive training & guidance on cleaning & disinfection and will understand how to perform both and the difference between both. Should extra resources be required to ensure that cleaning is completed to meet standards, this will be put in place. Damaged & worn surfaces which are difficult to clean will be replaced as outlined above under regulation 23 & regulation 17.</p> <p>A laundry facility in one area of the Centre, fit for purpose, will be provided and maintained in a clean manner to meet the regulation and standards.</p> <p>All equipment used by Persons Supported will be kept in a clean condition. This will be ensured by putting in place a daily cleaning schedule immediately.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All fire doors will be checked to ensure that that they meet regulations and are adequate to contain fires and protect People Supported and staff. Those which need to be changed will be replaced.</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 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	16/09/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	16/09/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	16/09/2022

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.	Not Compliant	Orange	16/12/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	16/12/2022